Mount Laurel Township

RETIREE Dental Plan Effective 2/1/2025

	Delta Dental PPO Plus Premier
Deductible	$50 per person, but not more than $150 total; waived for Preventive Care
Copayments	None
Coinsurance	Varies per service; see below
Annual Benefits Maximum	$1,500 per person
Selected Services	**Some services listed below may be covered subject to deductibles and coinsurance.**
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%
X-Rays	Covered subject to limitations; Plan pays 100%
Cleanings (Oral Prophylaxis)	Two cleanings per calendar year; Plan pays 100%
Fluoride	Covered only for children under age 19 twice per calendar year; Plan pays 100%
Tooth Sealants	Covered for children under age 19 (with restrictions); Plan pays 100%
Routine Fillings	Plan pays 70%; after deductible
Simple Extraction	Plan pays 70%; after deductible
Crowns	Plan pays at 50%; after deductible
Root Canal (Endodontics)	Plan pays 70%; after deductible
Dentures	Repair of existing dentures covered at 70%; New or replacement dentures covered at 50%
Oral Surgery for Removal of Impacted Tooth	Plan pays 70% after deductible; Considered under the medical plan first then dental will consider
Periodontics	Plan pays 50% after deductible (with limitations)
**Member is responsible for the amount the dentist charges above the reasonable and customary allowances when using out-of-network providers.*	

-This overview is being provided as a convenient reference tool for the Delta Dental PPO Plus Premier plan. Some plan limitations may apply. Please refer to the plan documents provided by the carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.