Delta Dental of New Jersey, Inc.
Rate Proposal for: Evesham Township (Group No. 03076-9002, 9004 (1097, 1153))

PPO Fixed Copay Complete

Delta Dental PPO

Diagnostic Code	Copayment Amount
D0120 Periodic oral evaluation - established patient	$0
D0210 Intraoral - complete series of radiographic images	$0
D1110 Prophylaxis cleaning - adult	$0
D1120 Prophylaxis cleaning - child	$0
D1351 Sealant - per tooth	$0
D2140 Amalgam - one surface, primary or permanent	$0
D2330 Resin-based composite - one surface, anterior	$0
D2391 Resin-based composite - one surface, posterior	$0
D2740 Crown - porcelain/ceramic substrate	$0
D2791 Crown - full cast predominantly base metal	$0
D2952 Post and core in addition to crown	$0
D3310 Root canal - endodontic therapy, anterior tooth	$0
D3330 Root canal - endodontic therapy, molar	$0
D4260 Osseous surgery	$0
D4341 Periodontal scaling and root planing	$0
D4910 Periodontal maintenance	$0
D5110 Complete denture - maxillary	$0
D5213 Maxillary partial denture	$0
D7140 Extraction, erupted tooth or exposed root	$0
D7240 Removal of impacted tooth - completely bony	$0
Orthodontics (Adult & Child)	$0

The Delta Dental PPO – Fixed Copay program, or Fixed Copay PPO, combines the predictable copays of the Flagship Dental Health Maintenance Organization (DHMO) program with greater access to dentists through our Preferred Provider Organization (PPO) network.

Benefits are available only for Covered Services you receive from a Delta Dental PPO Dentist. If you receive services from a Delta Dental Premier Dentist or from a Non-Participating Dentist, you shall receive no Benefit, except in the case of an emergency service that is limited to an emergency exam and palliative treatment with a maximum annual benefit payment of $300.

Dependent children are covered to age 26.

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Contract tier	Assumed enrollment	Fully Insured monthly rates
Employee only	12	$45.29
Employee & spouse	5	$89.86
Employee & 1 child	3	$89.86
Employee & children	2	$156.79
Family	8	$156.79
Total enrollment	30	
Monthly Premium		$2,830
Annual Premium		$33,963

Underwriting policies and requirements

-Proposed rates are valid for 01/01/2026 - 12/31/2026.

-Delta Dental reserves the right to adjust rates if the actual enrollment varies by 10% or more from the assumed enrollment.

-The rates are contingent upon the employer contributing 100% of the premium for all eligible employees and 100% for dependents.

-The above rates include the following broker commission: 10% of the first $5,000 of annual premium, 4% of the next $95,000 of annual premium, 3% of annual premium over $100,000.