

Dental Insurance

T&M offers three dental plans through Delta Dental of NJ. Diagnostic and preventive services are covered at no cost on all three plans.



Delta Dental of NJ

1-800-452-9310 • www.deltadentalnj.com

Register and find providers at
www.tandmbenefits.com/dental

BENEFIT	PPO PLAN	PPO + PREMIER PLAN	ENHANCED PPO + PREMIER PLAN
DEDUCTIBLE & ANNUAL MAXIMUM			
Deductible - Individual / Family	\$25 / \$75	\$50 / \$150	\$75 / \$225
Annual Maximum (per covered person)	\$1,750	\$1,500	\$2,500
SERVICES			
Diagnostic & Preventive (Exams, Cleanings, X-Rays, Fluoride, Sealants)	\$0	\$0	\$0
Basic Services (Fillings, Root Canals, Oral Surgery)	30% after deductible	40% after deductible	25% after deductible <i>Also includes Posterior Composites</i>
Major Services (Crowns, Inlays, Onlays)	30% after deductible	50% after deductible	40% after deductible <i>Also includes Implants</i>
Orthodontia for Child (Lifetime)	50% after deductible Max: \$1,000	50% after deductible Max: \$1,000	50% after deductible Max: \$2,000
BI-WEEKLY PAYROLL DEDUCTIONS			
Employee Only	\$4.48	\$4.65	\$7.84
Employee + Spouse	\$8.57	\$8.92	\$15.00
Employee + Child(ren)	\$7.50	\$7.81	\$13.13
Employee + Family	\$14.23	\$14.80	\$24.89



Carryover Maximum: All dental plans include a carryover maximum, which allows you to carry over a portion of unused benefit dollars from the previous year to use on expenses the following year. Learn more at www.tandmbenefits.com.