

NJ Transit - 76108 (Rail)	Dental Triple Option Plan			Dental Option Plan	
BENEFIT PERIOD	Calendar Year			Calendar Year	
NETWORK	PPO/TRADITIONAL/NATIONAL GRID PLUS			PPO/TRADITIONAL/NATIONAL GRID PLUS	
DEDUCTIBLE					
Individual	\$35			\$25	
Family	\$105			\$75	
BENEFIT PERIOD MAXIMUM	\$2,000 (per person)			\$2,000 (per person)	
OON Reimbursement	90th Percentile FHV(Fair Health Value)			90th Percentile FHV (Fair Health Value)	
Orthodontics Eligibility Adult & Child(To Age 19)					
Orthodontics	50%			50%	
Orthodontics Maximum	\$1,000			\$1,000	
COINSURANCE	PPO INN	TRADITIONAL INN	OON	INN	OON
Preventive Diagnostic					
Exam and Preventive Services Exams	100%	90%	80%	100%	100%
Fluoride Treatment	100%	90%	80%	100%	100%
Sealant Application	100%	90%	80%	100%	100%
Adult Prophylaxis	100%	90%	80%	100%	100%
X-rays (Bitewing & Full Mouth)	100%	90%	80%	100%	100%
Treatment and Therapy					
Space Maintainers	80%	75%	70%	80%	80%
Amalgam Restorations	80%	75%	70%	80%	80%
Composite Restorations - Anterior & Bicuspid	80%	75%	70%	80%	80%
Denture Adjustments	80%	75%	70%	80%	80%
Denture Repairs	80%	75%	70%	80%	80%
Simple Extractions	80%	75%	70%	80%	80%
Endodontics					
Root Canal Therapy – Anterior & Bicuspid	80%	75%	70%	80%	80%
Root Canal Therapy – Molar	80%	75%	70%	80%	80%
Periodontics					
Scaling & Root Planing	80%	75%	70%	80%	80%
Gingivectomy	80%	75%	70%	80%	80%
Periodontal Maintenance	80%	75%	70%	80%	80%
Osseous Surgery	80%	75%	70%	80%	80%
Oral Surgery					
Surgical Extractions	80%	75%	70%	80%	80%
Partial Bony Extractions	80%	75%	70%	80%	80%
Complete Bony Extractions	80%	75%	70%	80%	80%
Prosthodontics					
Bridgework	50%	50%	50%	50%	50%
Partial Dentures	50%	50%	50%	50%	50%
Crowns and Onlays					
Crown – porcelain fused to high noble metal	50%	50%	50%	50%	50%
Implantology					
Implants	Not Covered	Not Covered	Not Covered	50%	50%
Eligibility	Dependent children of enrolled employees are covered to age 26.			Dependent children of enrolled employees are covered to age 26.	