MoorestownTownship Board of Education
Dental and Vision Plans Effective 7/1/2026

	Delta Dental	Delta Dental
	PPO + Premier	PPO
	Max Allowable Charge	Max Allowable Charge
General		
Deductible	N/A	N/A
Calendar Year Maximum	$1,350	$1,350
Carryover Max Feature		
Max benefit for addt'l accumulated benefit	$675	$675
Max benefit for next coverage period	$337.50	$337.50
Max benefit to be accumulated	$1,350	$1,350
Preventative Services		
Consultations, Exams, X-Rays	100%	100%
Cleanings (2 per year) & Fluoride	100%	100%
Space Maintainers, Sealants	100%	100%
Basic & Crown Services		
Fillings (composite & amalgam)	100%	100%
Extractions & Oral Surgery	100%	100%
Endodontics & Periodontics	100%	100%
Crowns & In-lays	100%	100%
Prosthodontics		
Bridgework, Full & Partial Dentures	80%	80%
Orthodontia Max	$1,000	$1,000
Orthodontia	80%	80%
Single	$39.00	$31.00
Employee/Child(ren)	$78.00	$63.00
Employee/Spouse	$78.00	$63.00
Family	$141.00	$112.00
Please circle the tier of coverage under the plan you wish to elect.	**Single Employee/Child(ren) Employee/Spouse Family**	**Single Employee/Child(ren) Employee/Spouse Family**

VSP Vision		
VSP Signature Network		
	In Network	Out of Network
Exams		
Primary Eyecare	$20 Copay	Up to $50
Exams & Glasses	$25 Copay	Up to $50
Frequency	All - Every 24 Months	
Eyeglass Lens Options		
Single Lenses	Included in Exam	Up to $50
Bifocal Lenses	Included in Exam	Up to $75
Trifocal Lenses	Included in Exam	Up to $100
Progressive Lenses	$50 Copay	Up to $75
Standard Polycarbonate for Children	Included in Exam	
Polarized	Discounted	N/A
Lenses/Frames		
Conventional Lenses	Up to $120 & 20%	Up to $105
Medically Necessary	$0 Copay	Up to $210
Frames	Up to $120 & 20%	Up to $70
Discounts		
Addt'l pair of glasses	Discounted	N/A
Retinal Screening	Up to $39	N/A
Lasik Laser correction	Discounted	N/A
Eligibility		
Single Employee/Child(ren) Employee/Spouse Family	$8.40	
Please circle the tier of coverage under the plan you wish to elect.	**Single Employee/Child(ren) Employee/Spouse Family**	

Employee Signature: **Date:**

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Rates benefits in this comparison are for discussion estimation purposes. Employees must compute their Chapter 44 or 78 contribution to determine payroll deduction.