



AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN

Group # 9106-6003

Delta PPO (Base)

Dental Benefit	Coverage
<u>Preventive & Diagnostic</u> <ul style="list-style-type: none"> Exams, Cleanings, Bitewing X-rays (each twice in a Plan Benefit year) Fluoride Treatment (once in a Plan Benefit year, children to age 19) 	100% coverage
<u>Remaining Basic (after Deductible)</u> <ul style="list-style-type: none"> Fillings, Extractions Endodontics (root canal) Periodontics, Oral Surgery Sealants 	No coverage
<u>Crowns & Prosthodontics (after Deductible)</u> <ul style="list-style-type: none"> Crowns, Gold Restorations Bridgework Full & Partial Dentures 	No coverage
<u>Plan Benefit Year Maximum (per patient)</u>	\$500
<u>Plan Benefit Year Deductible</u>	None
<u>Orthodontic Benefits (dependent children only)</u> <ul style="list-style-type: none"> Plan Benefit Year Maximum (per patient) Lifetime Maximum (per patient) <p style="text-align: center;"><i>Orthodontia is covered for unmarried dependent children until the end of the month in which they turn age 26.</i></p>	No coverage

Dental Underwriting Guidelines

- 50% of eligible employees must enroll for dental coverage. A group must enroll in Medical/RX coverage to be eligible for Dental Coverage.
- Employees electing coverage must enroll for the same level of coverage under the Dental Plan as they are requesting coverage for under the Medical Plan (i.e., Family on Medical Plan - must be Family on Dental Plan etc.).
- Groups must enroll for Dental Coverage at the time they enroll for Medical/Rx coverage or they will have to wait until the Annual Open Enrollment Period
- Groups must agree to stay in the Dental Plan for the entire Contract Period (as outlined in the "Group Participation Request/Agreement").
- Failure to pay Dental fees in accordance with the Plan's "Billing and Collections Guidelines" will be considered a breach of the Group Participation Agreement and will result in the termination of both Medical/Rx coverage and Dental coverage.

How the Delta Dental Plan Works?

Over 223,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. There is no Out-of-Network Coverage under this dental plan. **You must utilize the services of a participating dentist.** During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Delta Dental ID Card.

Please note that you must utilize a participating Delta Dental Provider on this plan. If you choose to seek services with a dentist who does not participate with the plan, you will be responsible for the full amount charged by the provider. If you do not have a dentist, you may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home or you may access our Website at www.deltadentalnj.com.

If you have any questions regarding your benefits or claims payment, you may contact the Delta Dental Customer Service Department Monday through Thursday, 8:00 a.m. to 7:00 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

If you have questions on enrolling your group in the Dental Plan Option, please contact the Affiliated Physicians and Employers Health Plan at 833-MEWANOW (833-639-2669).

*This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between the Affiliated Physicians and Employers Health Plan and Delta Dental Plan of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview. **Note that Plan Benefit Year is defined as the 12 month period beginning each January 1st.***