

Affiliated Physicians & Employers Health Plan

A NJ Self-Insured MEWA

JANUARY 2018 DENTAL PLAN OPTIONS



Delta Dental – Dental Plan

Delta Dental is New Jersey's largest dental coverage provider. Over 223,000 dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services.

DELTA DENTAL PREMIER PLAN

- Preventive & Diagnostic
- Remaining Basic (after Deductible)
- Crowns & Prosthodontics (after Deductible)
- Orthodontic Benefits (dependent children only)*
- Plan Benefit Year Deductible (waived on Preventive & Diagnostic)
- Plan Benefit Year Maximum (per patient)
- Orthodontic Plan Benefit Year Maximum (per patient)

In Network Coverage

100%
80%
50%
50%

Out of Network Coverage

100%
80%
50%
50%

Per Person: \$50
Per Family: \$150

\$1,500
\$1,000

MONTHLY DENTAL FEES ^{(1):}

Single: \$ 63.81
Employee + Child(ren): \$ 112.61
Employee + Spouse: \$ 123.00
Family: \$ 193.55

*Orthodontia is covered for unmarried dependent children until the end of the month in which they turn age 26.
This is a self insured plan administered by Delta Dental.

DELTA DENTAL BASE PLAN

- Preventive & Diagnostic
- Crowns & Prosthodontics
- Basic Services
- Plan Benefit Year Deductible (none)
- Plan Benefit Year Maximum (per patient)

In Network Coverage

100%
0%
0%
None
\$500

Out of Network Coverage

NC
NC
NC
NC
NC

MONTHLY DENTAL FEES ^{(1):}

Single: \$ 13.27
Employee + Child(ren): \$ 22.53
Employee + Spouse: \$ 25.43
Family: \$ 39.64



GUARDIAN®

Guardian – Dental Plan

With a long history of providing dental benefits, Guardian gives employees choice, empowering them to make the right decisions to improve their oral and overall health. Guardian offers one of the largest preferred provider organization networks with over 74,000 providers at more than 161,000 locations nationwide.

GUARDIAN PPO PLAN

- Preventive & Diagnostic
- Remaining Basic (after Deductible)
- Crowns & Prosthodontics (after Deductible)
- Orthodontic Benefits (dependent children only)*
- Plan Benefit Year Deductible (waived on Preventive & Diagnostic)
- Plan Benefit Year Maximum (per patient)
- Orthodontic Plan Benefit Year Maximum (per patient)

In Network Coverage

100%
50%
50%
50%

Out of Network Coverage

100%
40%
30%
50%

Per Person: \$50
Per Family: \$150

\$1,000
\$1,000

MONTHLY DENTAL FEES ^{(1):}

Single: \$ 40.15
Employee + Child(ren): \$ 83.52
Employee + Spouse: \$ 74.69
Family: \$ 128.91

*Orthodontia is covered for unmarried dependent children until the end of the month in which they turn age 26.
This is a self insured plan administered by Guardian. Network is Dental Guard Preferred.

GUARDIAN DHMO PLAN (U40G) – Must select a Primary Care Dentist

- Preventive & Diagnostic
- Remaining Basic
- Crowns & Prosthodontics
- Orthodontic Benefits (adults and dependent children coverage)
- Plan Benefit Year Deductible
- Plan Benefit Year Maximum (per patient)

In Network Coverage

100%
Patient pays small fee
Patient pays small fee
Patient pays
\$2,500-\$2,800

Out of Network Coverage

NC
NC
NC
NC

Per Person: \$0
UNLIMITED

MONTHLY DENTAL FEES ^{(1):}

Single: \$ 23.30
Employee + Child(ren): \$ 54.77
Employee + Spouse: \$ 46.59
Family: \$ 74.37

NOTE: Enrolled Members must select a Primary Care Dentist (PCD). Coverage will only be provided when a PCD is utilized. To find a PCD, please visit www.guardiananytime.com. This is a fully insured plan administered by Guardian. Network is Managed Dental Guard.

Dental Underwriting Guidelines

- (1) The Monthly Dental Fees provided in this summary are in effect for the period of **January 1, 2018 through December 31, 2018**. Refer to Detailed Dental plan design for dental underwriting requirements.
- 50% of eligible employees must enroll for dental coverage. A group must enroll in Medical 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 electing for under the Medical Plan (i.e., Family on Medical - must be Family on Dental etc.).
 - Groups must enroll for Dental Coverage at the time they enroll for Medical coverage or they will have to wait until the Annual Open Enrollment Period for January 1 effective date.

NOTE: This overview contains a general description of the Affiliated Physicians and Employers Dental programs for your use as a convenient reference. This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be able to view or print a Dental Plan Document/Summary Plan Description (SPD) that will detail all covered services at www.apehp.com. The SPD would control if there should be any inconsistency or difference between its provisions and the information in this overview.