DELTAPREMIER USA®

AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN
Group # 9106-0001
DeltaPremier USA

Dental Benefit	Coverage
Preventive & Diagnostic • 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
Remaining Basic (after Deductible) • Fillings, Extractions • Endodontics (root canal) • Periodontics, Oral Surgery • Sealants	80% coverage
Crowns & Prosthodontics (after Deductible) • Crowns, Gold Restorations • Bridgework • Full & Partial Dentures	50% coverage
Plan Benefit Year Maximum (per patient)	$1,500
Plan Benefit Year Deductible (waived on Preventive & Diagnostic) • Per Person • Family Aggregate Deductible	 $50 $150
Orthodontic Benefits (dependent children only) • Plan Benefit Year Maximum (per patient) • Lifetime Maximum (per patient)	50% coverage $500 $1,500
Orthodontia *is covered for unmarried dependent children until the end of the month in which they turn age 26.*	

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 for a January 1st effective date.
- 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. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the subscriber. **Maximum benefit may be derived by utilizing 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 will realize your best benefit when utilizing a participating Delta Dental Provider. If you choose to use a dentist who does not participate with the plan, then you will be reimbursed based on the Delta Dental contracted amount and your out-of-pocket expense may be higher. 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 (888) 670-8135 option 7.

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.***

Prepared by: QUALCARE