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**A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

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**RETIREE DENTAL PLANS**

Eligible Members of the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP)

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The Retiree Dental Plans are offered to retirees eligible to enroll in the State Health Benefits Program (SHBP) or the School Employees' Health Benefit Program (SEHBP). Effective January 1, 2015, retirees and their eligible dependents have a choice of two types of plans:

- A Dental Plan Organization (DPO); or
- The Retiree Dental Expense Plan

**ELIGIBILITY**

The Retiree Dental Plans are available to the following eligible retirees:

- Any retiree, including survivors, enrolled in a medical plan offered under the Retired Group of the SHBP or SEHBP at the time of retirement
- Any retiree, including survivors, eligible for enrollment in the Retired Group of the SHBP or SEHBP but who elected to waive their medical coverage because of other SHBP or SEHBP coverage or coverage provided from another employer (see also, "Waiver of Enrollment in Dental Coverage" below).

**ENROLLMENT**

A retiree or survivor eligible for the SHBP or SEHBP will have one opportunity to enroll in a Retiree Dental Plan when the individual retires or becomes eligible for enrollment in the Retired Group. Medical plan enrollment is generally offered within 30-60 days of retirement or eligibility for benefits under the Retired Group.

**Waiver of Enrollment in Dental Coverage**

The one-time dental plan enrollment opportunity can be deferred if an otherwise eligible individual has other group dental coverage as either a dependent of a spouse, civil union partner, or same-sex domestic partner, or through their own employment. The retiree or survivor may elect to waive enrollment at the time of retirement or first offering and retain their right to enroll at a later date. If you are waiving coverage because of other coverage, an application must be submitted at the time of enrollment in order to be eligible for enrollment when you lose coverage. The individual must request enrollment within 60 days from the loss of the other group dental coverage by contacting the Division of Pensions and Benefits to request enrollment in a Retiree Dental Plan. Proof of the other group dental plan termination must be submitted in the form of a *HIPAA Certification of Coverage* document or a letter from the employer or dental administrator along with the *New Jersey Retiree Dental Plans Application*.

**PREMIUM COSTS**

Most retirees will pay the full cost of the Retiree Dental Plan. Coverage is offered with the understanding that the State will bear no costs for the plan. Under certain circumstances, a local public employer that participates in the SHBP or SEHBP may elect to share the cost of coverage for their retirees through the adoption of the provisions of Chapter 48, P.L. 1999. The Division will take the monthly premium from the retirement allowance of the retiree. If the retirement allowance is not sufficient to cover the cost of the premium, or if the retiree does not receive a retirement allowance from the Division, then the Division will bill the retiree on a monthly basis.

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For information on the monthly premiums for the Retiree Dental Plans, see the rate charts that are available on the Division's Web site: [www.nj.gov/treasury/pensions/health-benefits.shtml](http://www.nj.gov/treasury/pensions/health-benefits.shtml)

**CHOOSING A DENTAL PLAN**

Your choice of a dental plan is a personal decision. In deciding whether to enroll and which plan to choose, you should consider:

- The nature and amount of your anticipated dental expenses for the next year;
- The covered services provided by the Retiree Dental Expense Plan or a DPO;
- The differences in out-of-pocket costs for each type of plan; and
- The degree of flexibility that you may want in selecting a dentist.

You can use the summary chart starting on page 4 of this fact sheet to compare benefit levels under each type of dental plan. If you choose a DPO, you must select a dentist who participates with that particular DPO and who can accept you and your dependents as patients.

**DENTAL TIERS**

To protect the plans and enrolled members against the effect of retirees joining who have gone years without any dental treatment, the Plans have three benefit tiers, Tiers 1, 2, and 3. If you enroll in a Retiree Dental Plan within 60 days of leaving another group dental program in which you were enrolled for a minimum of 12 months, you will be enrolled in the highest reimbursement tier, Tier 3. If you were not covered in a group dental program within 60 days of enrolling in a Retiree Dental Plans — or were enrolled in a group dental program for less than 12 months — you will be enrolled in Tier 1. After one year of coverage in Tier 1, you will move to Tier 2. After another year, you will be moved to Tier 3. Once enrolled in Tier 3, the highest level of reimbursement, you will remain in that tier for as long as you continue to be enrolled. See the Plan Summaries, below, to see how tier reimbursement works in each type of plan.

**PLAN SUMMARY – RETIREE DENTAL PLAN ORGANIZATIONS**

The Dental Plan Organizations (DPOs) are companies that contract with a network of providers for dental services. There are several DPOs participating in the Retiree Dental Plans from which you may choose. The Retiree Dental Plans participating DPOs are: Aetna DPO, Cigna Dental Health, Inc., Healthplex, Horizon Dental Choice, and MetLife (See page 5 for contact information.).

You must use providers who participate with the DPO you select to receive coverage. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP/SEHBP Retiree Dental Plans, since DPOs also service other organizations.

When you use a DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a copayment (see chart on page 4). Orthodontic services are not covered. If your dentist drops out of the DPO, you must select another dentist from the DPO. If there are none available within 30 miles of your home, or if you move and your DPO cannot provide a dentist within 30 miles of your home, you may change plans immediately.

**DPO Plan Reimbursement Tiers**

The types of services covered are based on the dental tier in which you are currently enrolled:

- Tier 1 - Diagnostic and Preventive Services Only

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- Tier 2 - Includes Tier 1 Services Plus Restorative Services
- Tier 3 - Includes Full Retiree DPO Plan Design

Once enrolled in Tier 3, the highest level of reimbursement, you will remain in that tier for as long as you continue to be enrolled.

**PLAN SUMMARY – RETIREE DENTAL EXPENSE PLAN**

The Retiree Dental Expense Plan is a traditional indemnity, fee-for-service plan. There is a \$50 per person annual deductible, and a maximum aggregate deductible of \$150 per family, which must be met before reimbursements are made. The Retiree Dental Expense Plan reimburses covered services provided by any dental provider licensed to practice at a percentage of reasonable and customary charges. The Plan is self-insured by the State and is administered by Aetna Dental.

The Retiree Dental Expense Plan covers preventive, basic, and major restorative services at different levels. The deductible is waived for preventive services. The Plan does not reimburse for any orthodontic services.

**Network Dentists**

The Retiree Dental Expense Plan has a network of dentists who have agreed to accept a discounted fee for services. If a member uses a network provider, the fee for the service will generally be lower than that charged by an out-of-network dentist so the member’s costs will be lower.

For those enrolled in the Retiree Dental Expense Plan, coinsurance is payable based on the designated tier.

**Retiree Dental Expense Plan Reimbursement Tiers**

The percentage of reimbursement you receive for covered services is based on the dental tier in which you are currently enrolled:

	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
<b>RETIREE DENTAL EXPENSE PLAN COINSURANCE</b>	<b>80% - Preventive Care</b> <b>50% - Basic Restorative</b> <b>30% - Major Restorative</b>	<b>90% - Preventive Care</b> <b>60% - Basic Restorative</b> <b>40% - Major Restorative</b>	<b>100% - Preventive Care</b> <b>70% - Basic Restorative</b> <b>50% - Major Restorative</b>

**PLAN COMPARISON** — The following chart on page 4 provides a summary description of a variety of dental services under the two types of dental plans offered by the Retiree Dental Plans. The chart is not complete and does not describe all the benefits, limitations, or conditions associated with coverage under either type of plan. Please refer to the *Retiree Dental Plans Member Handbook* for additional details.

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	DENTAL EXPENSE PLAN*	DENTAL PLAN ORGANIZATION (DPO)
Deductible	\$50 per person, but not more than \$150 total; waived for Preventive Care	None
Coinsurance	See reimbursement tiers	Plan pays 100% (less copayment) 100% Diagnostic and Preventative
Copayments	None	Varies depending on service
Benefits Maximum	\$1,500 per person	No Limit
Provider Limitations	Can use any licensed provider, but for discount, must use DEP participating dentist	Must use DPO participating dentist
<b>Selected Services</b>	<b>Some services listed below may be covered subject to deductibles and coinsurance as shown above</b>	<b>Services listed below are covered in full subject to copayments as shown below</b>
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%**	Oral evaluations limited to twice per calendar year; Plan pays 100%
X-rays	Covered subject to limitations; Plan pays 100%**	Covered subject to limitations; Plan pays 100%
Cleanings(Oral prophylaxis)	Two cleanings per calendar year; Plan pays 100%**	Two cleanings per calendar year; Plan pays 100%
Fluoride applications	Covered only for children under age 19 twice per calendar year; Plan pays 100%**	Covered only for children under age 19 twice per calendar year; Plan pays 100%
Tooth sealants	Covered for children under age 19 (with restrictions); Plan pays 100%**	Covered only for children under age 19; No copayment (limitations apply)
Routine fillings	Plan pays 70%**	Covered copayments may apply; \$15-\$70
Simple extraction	Plan pays 70%**	Covered after copayment of \$35
Crowns	Plan pays at 50%**	Covered after copayment of \$225-\$340
Root Canal (Endodontics)	Plan pays 70%**	Endodontic Therapy covered after copayment of \$150-\$265
Dentures	Repair of existing dentures covered at 70%**; New or replacement dentures covered at 50%	Covered after copayment \$55-\$445 (with limitations)
Oral surgery for removal of impacted tooth	Plan pays 70%**; Considered under the medical plan first then dental will consider	Covered under copayment of \$80-\$100
Periodontics	Plan pays 50%** (with limitations)	Covered after copayment of: \$90 for gingivectomy (one to three teeth) \$70 for root planning (per quadrant) \$150-\$265

\*In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances when using out-of-network providers.

\*\*Coinsurance listed is for Tier 3.

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**WHEN COVERAGE BEGINS**

Generally, the effective date for your Retiree Dental Plan coverage will coincide with your Retired Group medical plan enrollment date.

**WHEN COVERAGE ENDS**

Coverage will end when:

- Your medical plan coverage is terminated (unless medical coverage was waived for other coverage through a public employer, see the Retiree Eligibility section on page 1);
- You voluntarily request health or dental plan termination in writing or you complete an application and select termination of Retiree Dental Plan coverage;
- Your medical and/or dental premiums are not paid;
- Your medical coverage ends due to the fact that your former employer withdraws from the SHBP or SEHBP (does not apply to retirees who qualified for State-paid medical coverage; i.e. former employees of local school districts or county colleges, and municipal police and firefighters who qualify under the provision of Chapter 330, P. L. 1997).

**MORE INFORMATION ABOUT THE PLAN**

For more information about the plan design or to locate dentists who are part of the Plans' provider network, contact your plan (see "Participating Plans" below). For information about enrollment eligibility, contact the Division of Pensions and Benefits Office of Client Services at (609) 292-7524, or view information about the Retiree Dental Plans on our Web site at: [www.nj.gov/treasury/pensions/health-benefits.shtml](http://www.nj.gov/treasury/pensions/health-benefits.shtml)

**PARTICIPATING PLANS**

Cigna Dental Health, Inc.  
[www.cigna.com/sites/stateofnj/dental](http://www.cigna.com/sites/stateofnj/dental)  
 1-800-564-7642

Aetna DPO  
[www.aetna.com/statenj](http://www.aetna.com/statenj)  
 1-800-843-3661

Healthplex (International Health Care Services)  
[www.healthplex.com](http://www.healthplex.com)  
 1-800-468-0600

MetLife  
[www.metlife.com/dental](http://www.metlife.com/dental)  
 1-866-880-2984

Horizon Dental Choice  
[www.horizonblue.com](http://www.horizonblue.com)  
 1-800-433-6825

Dental Expense Plan (PPO Administered by Aetna)  
[www.aetna.com/statenj](http://www.aetna.com/statenj)  
 1-877-238-6200

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This fact sheet is a summary and not intended to provide total information.  
 Although every attempt at accuracy is made, it cannot be guaranteed.

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