

Dental Expense Plan (DEP/PPO) - Active Employees

State Health Benefits Program and the School Employees' Health Benefits Program

	In-network	Out-of-network
Deductible	\$50 per person / \$100 per family per calendar year None for Diagnostic/Preventative and Orthodontic services	\$75 per person / \$150 per family per calendar year None for Diagnostic/Preventative and Orthodontic services
Coinsurance What the plan will pay	100% Diagnostic and Preventative 80% Basic Restorative / 65% Major Restorative 50% Periodontics, Prosthodontics	90% Diagnostic and Preventative 70% Basic Restorative / 55% Major Restorative 40% Periodontics, Prosthodontics
Copayments	None	None
Annual Benefit Maximum	\$3,000 (Maximum of \$3,000 combined in and out-of-network) per member annually (excluding orthodontics) \$1,000 (lifetime) per child for orthodontics	\$2,000 (Maximum of \$3,000 combined in and out-of-network) per member annually (excluding orthodontics) \$750 (lifetime) per child for orthodontics
Provider Limitations	Must use participating dentist	Any licensed dentist

Some services listed below may be covered subject to deductibles and coinsurance as shown above

Examinations	Oral evaluations limited to twice per calendar year Plan pays 100%	Oral evaluations limited to twice per calendar year Plan pays 90% ¹
X-rays	Covered subject to limitations / Plan pays 100%	Covered subject to limitations / Plan pays 90% ¹
Cleanings (Oral prophylaxis)	Two cleanings per calendar year / Plan pays 100%	Two cleanings per calendar year / Plan pays 90% ¹
Fluoride application	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 90% ¹
Tooth sealants	Covered for children under age 19 (with restrictions) Plan pays 100%	Covered for children under age 19 (with restrictions) Plan pays 90% ¹
Routine fillings	Plan pays 80% ¹	Plan pays 70% ¹
Simple extraction	Plan pays 80% ¹	Plan pays 70% ¹
Crowns	Plan pays 65% ¹	Plan pays 55% ¹
Root Canal (Endodontics)	Plan pays 80% ¹	Plan pays 70% ¹
Dentures	Repair of existing dentures covered at 80% ¹ New or replacement dentures covered at 50% ¹	Repair of existing dentures covered at 70% ¹ New or replacement dentures covered at 40% ¹
Oral surgery for removal of impacted tooth	Plan pays 80% ¹ / Considered under the medical plan first then dental will consider	Plan pays 70% ¹ / May be covered under the medical plan first then dental will consider
Periodontics	Plan pays 50% ¹ (with limitations)	Plan pays 40% ¹ (with limitations)

¹ In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.

Health insurance plans are offered, underwritten and/or administered by Aetna Life Insurance Company (Aetna).

For the latest information, including plan details and benefit coverage, visit the Retiree Dental Plans Member Handbook.



aetna[®]

AetnaStateNJ.com / 1-877-StateNJ / 1-877-782-8365