



Dental Plans — Retirees

Information for:

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

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

- A Dental Plan Organization (DPO); or
- A Preferred Provider Organization (PPO).

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/SEHBP at the time of retirement; and
- Any retiree, including survivors of retirees, eligible for enrollment in the Retired Group of the SHBP/SEHBP but who elected to waive their medical coverage because of other SHBP/SEHBP coverage or coverage provided from another employer. See the "Waiver of Enrollment in Dental Coverage" section.

Note: Duplicate coverage within any New Jersey State-administered dental plan is not permitted. An individual may be covered as a retiree or as a dependent, but not as both a retiree and a dependent. Children may only be covered by one parent.

ENROLLMENT

A retiree or survivor eligible for the SHBP/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. Once enrolled, you and your eligible dependents must remain in the dental plan you elect for a minimum of 12 months before you can change plans or drop coverage.

Waiver of Enrollment in Dental Coverage

The one-time dental plan enrollment opportunity can be deferred if you are eligible but have other group dental coverage, either as a dependent of a spouse, civil union partner, or same-sex domestic partner, or through your own employment. The retiree or survivor may elect to waive enrollment at the time of retirement or first offering and retain the right to enroll at a later date. Coverage must be waived at the time of enrollment in order to be eligible for later enrollment if you lose the other coverage. You must request enrollment within 60 days from the loss of the other group dental coverage online through Benefitsolver by navigating to mynjbeneftshub through your myNewJersey account or via mynjbeneftshub.nj.gov 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, in addition to enrolling online through Benefitsolver.

PREMIUM COSTS

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/SEHBP may elect to share the cost of coverage for their retirees through the adoption of P.L. 1999, c. 48 (Chapter 48). The NJDPB will deduct 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, then the NJDPB will bill the retiree on a monthly basis.

For information on the monthly premiums for the Retiree Dental Plans, see the rate chart that is available on the NJDPB website: www.nj.gov/treasury/pensions

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. If you enroll in a Retiree Dental Plan within 60 days of leaving another group dental plan in which you were enrolled for a minimum of 12 months,

* *The retiree and surviving spouse must have been enrolled in retired dental prior to the passing of the retiree. If the retiree waived coverage or the spouse/partner was not enrolled under their dental plan, then they would not be eligible to enroll in retired group dental as a surviving spouse.*

you will be enrolled in the highest reimbursement tier. If you were not covered in a group dental program within 60 days of enrolling in a Retiree Dental Plan — or were enrolled in a group dental program for less than 12 months — you will be enrolled in the lowest reimbursement tier, Tier 1. After one year of coverage in the lowest reimbursement tier, Tier 1, you will move to Tier 2. After another year, you will be moved to Tier 3. Once enrolled in Tier 3, you will remain in that tier for as long as you continue to be enrolled. The SEHBP Retiree Dental Expense Plan Plus includes a Tier 4. See the “Retiree Dental Expense Plan Reimbursement Tiers” section.

PLAN SUMMARY — RETIREE DENTAL PLAN ORGANIZATION (DPO)

The DPO contracts with a network of providers for dental services. Aetna Dental Maintenance Organization (DMO) is the insurance plan available for SHBP/SEHBP retirees.

In order to receive coverage, you must use providers who participate with the Aetna DMO. 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. 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

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

Once enrolled in Tier 3, you will remain in that tier for as long as you continue to be enrolled.

PLAN SUMMARY — RETIREE PREFERRED PROVIDER ORGANIZATION (PPO)

The Retiree Dental Expense Plan (for both SHBP and SEHBP retirees) and the Retiree Dental Expense Plan Plus (for SEHBP retirees only) are traditional indemnity, fee-for-service plans administered by Aetna and Horizon. The plans allow you to choose any licensed dentist for your dental care; however, you will pay less if you use an in-network provider.

There is a \$50 per person annual deductible, and a maximum aggregate deductible of \$150 per family for the SHBP/SEHBP Dental Expense Plan and a maximum aggregate deductible of \$100 per family for Tier 4 of the SEHBP Dental Expense Plan Plus which must be met before reimbursements are made. Both the SEHBP Dental Expense Plan and the SEHBP Dental Expense Plan Plus have an annual benefit maximum of \$3,000 for in-network services, and \$2,000 for out-of-network services. The SHBP Dental Expense Plan has an annual benefit maximum of \$1,500 per person. The plans reimburse covered services provided at a percentage of the reasonable and customary charges. The Plan is self-insured by the State and is administered by Aetna and Horizon Dental.

The plans cover preventive, basic, and major restorative services at different levels. The deductible is waived for preventive services.

The SEHBP Dental Expense Plan includes coverage for implants, which are covered under Major Restorative Services.

The SEHBP Dental Expense Plan Plus includes coverage for orthodontic services for dependents under the age of 19 as follows:

In-Network –

- 50% to \$1,000 lifetime maximum
- Not subject to deductible
- Maximum not combined with Annual Maximum.

Out-of-Network –

- 40% to \$750 lifetime maximum
- Maximum of \$1,000 combined in- and out-of-network
- Maximum not combined with Annual Maximum.

At all four tier levels, the SEHBP Dental Expense Plan Plus covers orthodontic services for dependents under the age of 19 and implants at any age.

Network Dentists

The SHBP/SEHBP Retiree Dental Expense Plan and the SEHBP Retiree Dental Expense Plan Plus have 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.

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:

TIER	IN-NETWORK COINSURANCE
TIER 1	80% – Preventive Care 50% – Basic Restorative 30% – Major Restorative

TIER 2	90% – Preventive Care 60% – Basic Restorative 40% – Major Restorative
TIER 3	100% – Preventive Care 70% – Basic Restorative 50% – Major Restorative

Retiree Dental Expense Plan Plus Reimbursement Tiers

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

TIER	IN-NETWORK COINSURANCE
TIER 1	80% – Preventive Care 50% – Basic Restorative 30% – Major Restorative
TIER 2	90% – Preventive Care 60% – Basic Restorative 40% – Major Restorative
TIER 3	100% – Preventive Care 70% – Basic Restorative 50% – Major Restorative
TIER 4	100% – Preventative Care 80% – Basic Restorative 65% – Major Restorative 50% – Periodontics and Prosthodontics

PLAN DESIGN

To compare the different types of available dental plans, visit our website to view plan designs: <http://www.nj.gov/treasury/pensions>

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;
- The covered services provided by the Aetna DMO or the Dental Expense Plan/Dental Expense Plan Plus;
- 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.

COVERAGE EFFECTIVE DATES

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

Coverage will end when:

- Your medical plan coverage is terminated unless medical coverage was waived for other coverage through an employer group plan. See the “Eligibility” section;
- You elect to terminate coverage online through Benefitsolver, or you voluntarily request health or dental plan termination in writing;
- Your medical and/or dental premiums are not paid; or
- Your medical coverage ends due to the fact that your former employer withdraws from the SHBP or SEHBP. This 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 provisions of P.L. 1997, c. 330 (Chapter 330).

MORE INFORMATION ABOUT THE PLANS

For more information about the plan design or to locate dentists who are part of the Plans’ provider network, contact your plan (see the “Participating Plans” section). For information about enrollment eligibility, contact the NJDPB Office of Client Services at (609) 292-7524, or view information about the Retiree Dental Plans on our website.

PARTICIPATING PLANS

- **Aetna DMO**
www.aetna.com/statenj
1-877-STATENJ (1-877-782-8365)
Service Area: Nationwide except AK, AL, AR, LA, ME, MS, MT, ND, NH, PR, SC, SD, VT, and WY
- **Aetna Dental Expense Plan and Dental Expense Plan Plus**
www.aetna.com/statenj
1-877-STATENJ (1-877-782-8365)
Service Area: Nationwide
- **Horizon Dental Expense Plan and Dental Expense Plan Plus**
www.horizonblue.com/shbp
1-833-597-SHBP (1-833-597-7427)
Service Area: Nationwide

PLAN COMPARISON CHARTS

The following charts provide a summary description of dental services under the two types of dental programs offered by the SHBP and SEHBP Retiree Dental Plans. The charts are not complete and do not describe all the benefits, limitations, or conditions associated with coverage under either type of plan. Please refer to the *Retiree Dental Plans Member Guidebook* for additional details.

SHBP DENTAL PLAN COMPARISON		
	DENTAL EXPENSE PLAN	DENTAL PLAN ORGANIZATION (DPO)
Deductible	\$50 per person, but not more than \$150 total; waived for Preventive Care	None
Coinsurance	See "Retiree Dental Expense Plan Reimbursement Tiers"	Plan pays 100% (less copayment) 100% Diagnostic and Preventive
Copayments	None	Varies depending on service
Benefits Maximum	\$1,500 per person	No limit
Provider Limitations	Can use any licensed provider, must use dentist who participates in the Dental Expense Plan	Must use DPO-participating dentist
Selected Services	Some services listed below may be covered subject to deductibles and coinsurance as shown above	Some services listed below are covered subject to copayments as shown below
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	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 (with limitations)
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 of \$55–\$455 (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 planing (per quadrant) \$150–\$265
<p>Note: 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.</p> <p>* <i>Coinsurance listed is for Tier 3.</i></p>		

SEHBP DENTAL PLAN COMPARISON			
	DENTAL EXPENSE PLAN	DENTAL EXPENSE PLAN PLUS	DENTAL PLAN ORGANIZATION (DPO)
Deductible	\$50 per person, but not more than \$150 total; waived for Preventive Care	\$50 per person per calendar year, but not more than \$100 total** (waived for Preventative Care and Orthodontic Services)	None
Coinsurance	See “Retiree Dental Expense Plan Reimbursement Tiers”	See “Retiree Dental Expense Plan Plus Reimbursement Tiers”	Plan pays 100% (less copayment) 100% Diagnostic and Preventive
Copayments	None	None	Varies depending on service
Benefits Maximum	\$3,000 per person	\$3,000 per person	No limit
Provider Limitations	Can use any licensed provider, must use dentist who participates in the Dental Expense Plan	Can use any licensed provider, must use dentist who participates in the Dental Expense Plan Plus	Must use DPO-participating dentist
Selected Services	Some services listed below may be covered subject to deductibles and coinsurance as shown above	Some services listed below may be covered subject to deductibles and coinsurance as shown above	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 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%**	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%**	Two cleanings per calendar year; Plan pays 100%*
Fluoride	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%**	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 for children under age 19 (with restrictions); Plan pays 100%**	Covered only for children under age 19; No copayment (with limitations)
Routine Fillings	Plan pays 70%*	Plan pays 80%**	Covered copayments may apply; \$15-\$70
Simple Extraction	Plan pays 70%*	Plan pays 80%**	Covered after copayment of \$35
Crowns	Plan pays at 50%*	Plan Pays 65%**	Covered after copayment of \$225-\$340
<p>Note: 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.</p> <p>The Dental Expense Plan Plus deductible for Tiers 1-3 is \$50 per person per calendar year, but no more than \$150 total.</p> <p>Implants are covered under Major Restorative.</p> <p>* <i>Coinsurance listed is for Tier 3.</i></p> <p>** <i>Coinsurance listed is for Tier 4.</i></p>			

SEHBP DENTAL PLAN COMPARISON (continued)			
	DENTAL EXPENSE PLAN	DENTAL EXPENSE PLAN PLUS	DENTAL PLAN ORGANIZATION (DPO)
Root Canal (Endodontics)	Plan pays 70%*	Plan pays 80%**	Endodontic Therapy covered after copayment of \$150-\$265
Dentures	Repair of existing dentures covered at 70%*	Repair existing dentures covered at 80%**	Covered after copayment of \$55-\$455 (with limitations)
Oral Surgery for Removal of Impacted Tooth	Plan pays 70%;* Considered under the medical plan first then dental will consider	Plan pays 80%;** Considered under the medical plan first then dental will consider	Covered under copayment of \$80-\$100
Periodontics	Plan pays 50%* (with limitations)	Plan pays 50%** (with limitations)	Covered after copayment of: \$90 for gingivectomy (one to three teeth), \$70 for root planing (per quadrant) \$150-\$265
Orthodontics (under the age of 19)		50% to \$1,000 lifetime maximum: not subject to deductible: maximum not combined with Annual Maximum	
Implants	Plan pays 50%*	Plan pays 65%**	
<p>Note: 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.</p> <p>The Dental Expense Plan Plus deductible for Tiers 1-3 is \$50 per person per calendar year, but no more than \$150 total.</p> <p>Implants are covered under Major Restorative.</p> <p>* Coinsurance listed is for Tier 3.</p> <p>** Coinsurance listed is for Tier 4.</p>			

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