
A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

RETIREE DENTAL EXPENSE PLAN

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

The State Health Benefits Program (SHBP) offers a Retiree Dental Expense Plan to retirees eligible to enroll in the SHBP or the School Employees' Health Benefit Program (SEHBP). The Plan is self-insured by the State and is administered by Aetna Dental. A plan summary and chart outlining the benefits of the Retiree Dental Expense Plan is found at the end of this Fact Sheet.

RETIREE ELIGIBILITY

The Retiree Dental Expense Plan is 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 — as either a dependent of a spouse, civil union partner, or eligible same-sex domestic partner or through their own employment (see also, Waiver of Enrollment in Dental Coverage below).

Dependent Eligibility

The rules for dependent eligibility are the same as those for the medical plans in the Retired Group. Eligible dependents include the retiree's spouse, civil union partner, or eligible same-sex domestic partner* and children who are unmarried, under the age of 23, living with, and substantially dependent upon the retiree. The definition of children also includes adopted children, step-children, foster children, legal wards, and the children of the retiree's civil union partner or eligible same-sex domestic partner*.

Note: Duplicate coverage within the Retiree Dental Expense 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. Dependent children may only be covered by one parent.

ENROLLMENT

A retiree or survivor eligible for the SHBP or SEHBP will have one opportunity to enroll in the Retiree Dental Expense 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 (see also, Waiver of Enrollment in Dental Coverage below).

How to Enroll

- For new retirees or individuals becoming eligible for Retired Group coverage, the Division will send dental enrollment materials at the same time it sends Retired Group medical plan offering letters.
- Retirees who elect to waive enrollment in the Retiree Dental Expense Plan when first offered because of other group dental coverage, must contact the Division of Pensions and Benefits within 60 days of the loss of the other dental coverage to request enrollment materials (see Waiver of Enrollment in Dental Coverage below).

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

**For more information about health benefits for domestic partners, including eligibility requirements, see Fact Sheet #71, Benefits Under the Domestic Partnership Act. For more information about health benefits for civil union partners see Fact Sheet #75, Civil Unions.*

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 the Retiree Dental Expense Plan. Proof of the other group dental plan termination must be submitted in the form of a *HIPPA Certification of Coverage* document or a letter from the employer or dental administrator along with the *Retired Coverage Enrollment Application*.

WHEN COVERAGE BEGINS

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

RETIREE DENTAL EXPENSE PLAN COSTS

Most retirees will pay the full cost of the Retiree Dental Expense Plan. The Retiree Dental Expense Plan 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.

For information on the monthly premiums for the Retiree Dental Expense Plan, see the rates charts that are available on the Division's Web site:

www.state.nj.us/treasury/pensions/shbp.htm

WHEN COVERAGE ENDS

Your Retiree Dental Expense Plan 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 a *Retired Change of Status Application* and select termination of Retiree Dental Expense 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).

When Dependent Coverage Ends

Your dependents' coverage will end when:

- they cease to be eligible dependents (e.g., divorce, dissolution of a civil union or domestic partnership; or a child marries or enters into a civil union, turns age 23, no longer lives with you, or is no longer dependent upon you for support);
- your medical plan coverage is terminated; (your surviving spouse, civil union partner, or eligible same-sex domestic partner will be able to continue coverage in the Retiree Dental Expense Plan under their own enrollment in the case of your death — in the case of a retiree's death, coverage terminates at the end of the month in which the death occurred);
- you voluntarily request termination in writing of your own or the dependent's coverage;
- your medical and/or dental premiums are not paid; or
- your medical coverage ends.

EXTENSION OF COVERAGE

The extension of coverage under the provisions of the federal COBRA law does not apply to the Retiree Dental Expense Plan. When your coverage or your dependent's coverage ends, there are no provisions for extending coverage.

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Disabled Children

If you have a child who is disabled and is therefore unable to support himself or herself, that child may be continued on your coverage (medical and dental) beyond the age of 23 with the approval of the SHBP or SEHBP. You must file a *Continuance for Dependent with Disabilities* form before January 31st of the year following the year in which the dependent turned 23 to apply for the extension.

PLAN SUMMARY

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.

To protect the plan and its members against the effect of retirees joining who have gone years without any dental treatment, the Plan has three benefit tiers, Tiers 1, 2, and 3 (see the chart on page 4 for the reimbursement tiers). If you enroll in the Retiree Dental Expense 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 the Retiree Dental Expense Plan — 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.

Covered Services

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.

Preventive Care consists of diagnostic and preventive services that are intended to maintain oral health and reduce the effects of tooth decay or gum

disease that could lead to an increased need for more costly restorative services. They include the following:

- Oral examinations (includes comprehensive, periodic, limited and specialist oral evaluations). You can have two comprehensive evaluation in a calendar year and one additional emergency or limited evaluation per year;
- Horizontal bitewing X-rays are limited to two series of four films per calendar year; vertical bitewing X-rays limited to one series of eight films per 12 month interval; full-mouth periapical X-rays limited to once per 36 months with no more than 18 films;
- Cleaning and polishing twice in a calendar year; and
- Topical application of fluoride for children under 19 twice in a calendar year.

Basic Services include the following:

- Palliative emergency treatment;
- Space maintainers;
- Simple extractions;
- Surgical extractions;
- Oral surgery;
- Anesthesia services;
- Basic restorations (amalgam and resin-based composite restorations);
- Endodontics (treatment of diseases of the dental pulp including root canal and associated services); and
- Repairs to removable and fixed dentures.

Major Restorative Services include services to restore existing teeth that cannot be restored with an amalgam, acrylic, synthetic porcelain, or composite filling restoration. Inlays, onlays, and crowns are typical examples of major restorative services. Other major restorative services include:

- Periodontal services – services involving the maintenance, reconstruction, regeneration, and treatment of the supporting structures surrounding teeth, including bone, gum tissue, and root surfaces. Root planning and scaling is limited to one treatment per quadrant every 12

RETIREE DENTAL EXPENSE PLAN REIMBURSEMENT TIERS

	TIER 1	TIER 2	TIER 3
ANNUAL DEDUCTIBLE	\$50 per person, but not more than \$150 total; waived for Preventive Care	\$50 per person, but not more than \$150 total; waived for Preventive Care	\$50 per person, but not more than \$150 total; waived for Preventive Care
COINSURANCE	80% - Preventive Care 50% - Basic Restorative 30% - Major Restorative	90% - Preventive Care 60% - Basic Restorative 40% - Major Restorative	100% - Preventive Care 70% - Basic Restorative 50% - Major Restorative
MAXIMUM ANNUAL BENEFIT	\$1,500 per person	\$1,500 per person	\$1,500 per person

months. Periodontal surgical procedures are limited to one surgery per quadrant every 36 months.

- Prosthodontic services – services using removable or fixed dentures (bridges) to replace missing teeth. Replacement of removable devices is covered only after a 5-year period from their installation.

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.

MORE INFORMATION ABOUT THE PLAN

For more information about the plan design or to locate dentists who are part of the Plan's provider

network, contact Aetna Dental at 1-877-238-6200 or check Aetna's Web site at: www.aetna.com/docfind

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 Expense Plan on our Web site at: www.state.nj.us/treasury/pensions/shbp.htm

Aetna Navigator

Following your enrollment in the Retiree Dental Expense Plan, you will be able to access the Aetna Navigator Web site.

Aetna Navigator provides a single source for online benefits and health-related information. As an enrolled Aetna member you can register for a secure, personalized view of your Aetna benefits wherever you have Internet access. Navigator allows you to request ID cards, verify eligibility, review coverage details, review the status of a claim, and more. To register, go to: www.aetna.com.

This fact sheet has been produced and distributed by:
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 Although every attempt at accuracy is made, it cannot be guaranteed.