2026 Dental Plan Organization (DPO/DMO)* - Employee

In network only dental plan. You need to select a primary dentist.

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

Deductible	None
Coinsurance	Plan pays 100% (less copayment) / 100% Diagnostic and Preventive
Copayments	Varies depending on service
Annual Benefits Maximum	Unlimited
Provider Limitations	Must use Aetna DPO participating dentist
Services listed below are covered in full subject to copayments as shown below	
Examinations	Oral evaluations limited to twice per calendar year / Plan pays 100%
X-rays	Covered subject to limitations / Plan pays 100%
Cleanings (Oral prophlylaxis)	Two cleanings per calendar year / Plan pays 100%
Fluoride application	Covered only for children under age 19 twice per calendar year / Plan pays 100%
Tooth sealants	Covered only for children under age 19 / Plan pays 100% (limitations apply)
Routine fillings	Covered after copayment[1]
Simple extraction	Covered after copayment of $20
Crowns	Covered after copayment of $150-$225
Root Canal (Endodontics)	Endodontic Therapy covered after copayment of $100-$175
Dentures	Covered after copayment (with limitations)[1]
Oral surgery for removal of impacted tooth	Covered after copayment of $65
Periodontics	Covered after copayment of: $30 for gingivectomy (one to three teeth) / $55 for root planning (per quadrant) / $100-$175 for osseous surgery
Orthodontics	Maximum treatment is 24 months – Copayment as follows: Patient under age 18: After copayment of $1,000 or 50% of bill, whichever is less Patient age 18 or over: After copayment of $1,750 or 50% of bill, whichever is less

[1]See the Employee Dental Plans Member Handbook for DPO copayment amounts. This handbook can be found on the Aetna website - **AetnaStateNJ.com**.

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.