NJDPB Pensions & Benefits

Explore Your Benefits

ACTIVE DENTAL PLAN DESIGN
PLAN YEAR 2024

DENTAL PLAN COMPARISON			
	DENTAL EXPENSE PLAN		DENTAL PLAN ORGANIZATION (DPO)
	IN-NETWORK	OUT-OF-NETWORK	
Deductible	$50 per person per calendar year/ $100 per family; None for diagnostic, preventive, and orthodontic services	$75 per person per calendar year/ $150 per family; None for diagnostic, preventive, and orthodontic services	None
Coinsurance	Plan pays: 100% Diagnostic and Preventive; 80% Basic Restorative; 65% Major Restorative; 50% Periodontics and Prosthodontics*	Plan pays: 90% Diagnostic and Preventive; 70% Basic Restorative; 55% Major Restorative; 40% Periodontics and Prosthodontics*	Plan pays 100% (less copayment); 100% Diagnostic and Preventive
Copayments	None	None	Varies depending on service
Benefits 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	Unlimited
Provider Limitations	Must use participating dentist	Any licensed dentist	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**	**Services listed below are covered in full subject to copayments**
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%*	Oral evaluations limited to twice per calendar year; Plan pays 90%*	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 90%*	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 90%*	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 90%*	Covered only for children under age 19; Twice per calendar year; Plan pays 100%
* *In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.*			

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Tooth Sealants	Covered for children under age 19 (with restrictions); Plan pays 100%*	Covered for children under age 19 (with restrictions); Plan pays 90%*	Covered only for children under age 19; No copayment (limitations apply)
Routine Fillings	Plan pays 80%*	Plan pays 70%*	Covered; Copayments may apply**
Simple Extraction	Plan pays 80%*	Plan pays 70%*	Covered after copayment of $20
Crowns	Plan pays 65%*	Plan pays 55%*	Covered after copayment of $150–$225**
Root Canal (Endodontics)	Plan pays 80%*	Plan pays 70%*	Endodontic Therapy covered after co-payment of $100–$175**
Dentures	Repair of existing dentures covered at 80%;* New or replacement dentures covered at 50%*	Repair of existing dentures covered at 70%;* New or replacement dentures covered at 40%*	Covered after copayment (with limitations)**
Oral Surgery for Removal of Impacted Tooth	Plan pays 80%;* May be covered under the medical plan first, then dental will consider	Plan pays 70%;* May be covered under the medical plan first, then dental will consider	Covered after copayment of $65
Periodontics	Plan pays 50% (with limitations)	Plan pays 40% (with limitations)	Covered after copayment of: $30 for gingivectomy (one to three teeth); $55 for root planing (per quadrant); $100–$175** for osseous surgery
Orthodontic	After you have been an employee for 10 months, eligible services covered at a 50% coinsurance level, up to a $1,000 lifetime maximum per child; Covered only for those who start treatment before age 19 (See *Employee Dental Plans Member Guidebook* for specifics)	After you have been an employee for 10 months, eligible services covered at a 40% coinsurance level, up to a $750 lifetime maximum (maximum of $1,000 combined in- and out-of-network) per child; Covered only for those who start treatment before age 19 (See *Employee Dental Plans Member Guidebook* for specifics)	Maximum treatment is 24 months; Co-payment as follows: Patient under age 18: $1,000 or 50% of reasonable and customary charges, whichever is less; Patient age 18 or over: $1,750 or 50% of reasonable and customary charges, whichever is less

** In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.*
*** See the Employee Dental Plans Member Guidebook for DPO copayment amounts.*