



COUNTY OF UNION
DENTAL OPEN ENROLLMENT
2019

WHEN IS THE NEXT DENTAL OPEN ENROLLMENT?

It is time to review, and if necessary, make changes to your current dental plan selection. **The Division of Personnel will be conducting an open enrollment period for all dental plan options from now until Thursday, December 27, 2018.** All submitted changes will be processed for a **January 1, 2019** effective date.

If you would like to change your dental program, add or delete dependents or explore options that may lower your payroll deductions, you must make your selection now. **Our dental insurance carriers will not allow us to process applications submitted after the open enrollment deadline of December 27 2018.** Missing this opportunity means that you will not be allowed to modify your plan options and corresponding payroll deduction until **December, 2019.**

HOW CAN I OBTAIN INFORMATION REGARDING THE AVAILABLE DENTAL POLICIES?

Forms and plan descriptions are available in the Personnel Offices at all County locations. However, attached are general outlines intended to assist you in the selection process. Please take the time to familiarize yourself with the options available so that you will make informed choices for yourself and/or your dependents.

Attachments include a list of phone numbers to the Division of Personnel contacts, telephone numbers to the dental insurance carriers, new payroll deduction outlines, general plan outlines, general eligibility guidelines, and a step-by-step process of what each employee must do, depending on their choices.

ARE EMPLOYEE CONTRIBUTIONS REQUIRED FOR THE DENTAL PLANS? IF SO, HOW MUCH?

The difference in cost between the CORE PLAN and any enhanced plan is incurred by the employee via payroll deduction. Refer to the dental deduction sheet attached to this packet for specific costs. Additionally, with new State of NJ mandates for public employees' contributions towards health benefits, if you are covered by Chapter 78, then you will also be assessed a bi weekly payroll deduction for the amount of premium that the County of Union contributes towards your dental plan, not for any additional costs that you pay to add dependents or buy up from the CORE Plan. Please refer to the State of NJ deduction chart previously sent to you. If you are unaware of your coverage by Chapter 78, please speak with your personnel liaison.

ARE MY DEPENDENTS ELIGIBLE TO PARTICIPATE IN THE DENTAL PLAN?

Dependents can be added to all plan selections except Delta Dental's Premier plan (50/50% coinsurance) which is only available to the employee and serves as the CORE Plan.

Eligible dependents include spouse and dependent children until their 23th birthday. **Since your payroll deductions may be impacted if your dependent child ages out of your dental plan, it is your responsibility to notify the Division of Personnel to take the child off the plan.** The insurance carrier may do so automatically, and while you may be contributing for the premiums, reimbursement for services for the overage dependent(s) will be declined.

CAN I MAKE ANY CHANGES TO MY DENTAL PLAN AFTER THE OPEN ENROLLMENT DEADLINE?

Generally, once your open enrollment selection is made and the deadline has passed, employees are not eligible to make changes to their dental programs until the next scheduled open enrollment. Union County conducts dental open enrollments on a yearly basis. This means that you will maintain your current dental program and associated payroll deduction costs until January, 2019.

As with all insurance policies, exceptions to this rule can only be made in the case of major life events. Marriages, birth of a child, adoption, separation, divorce, or death are the circumstances for which you can add or delete family members. In order for such a change to be honored at a time other than the open enrollment, you must notify the Division of Personnel within 30 days of

the event and provide documentation where applicable. Additionally, if you elected a lesser plan because you and/or your dependents were covered under a spouse's dental program and the plan terminates, you may be able to add dependents to your current plan as long as you can provide documentation supporting this termination of benefits.

WHAT PLANS ARE AVAILABLE AND WHAT DO THEY COVER?

TRADITIONAL-TYPE PROGRAMS OFFERING THE GREATEST FLEXIBILITY AND LARGEST SELECTION OF NETWORK DENTISTS:

DELTA PREMIER Plus PPO – group #'s 3238-0005 (County) and 3238-0007 (Social Services) (CORE PLAN)

- ✓ **50/50% CO-INSURANCE; \$2,000 CALENDAR YEAR MAXIMUM; NO DEDUCTIBLE**
- ✓ Preventive and diagnostic, basic services and crowns are eligible for benefit reimbursement;
- ✓ Prosthodontics and orthodontics are **not** covered;
- ✓ Plan is offered to the employee only;
- ✓ Choose any dentist, in or out-of-network (in-network dentists are recommended since they have agreed to Delta's usual and customary fee schedule and will only bill you the required co-insurance);
- ✓ *To verify network dentists, call **1-800-DELTAOK**, provide the group number listed above and the name of the dentist.*

DELTA PREMIER Plus PPO – group #'s 3238-0006 (County) and 3238-0008 (Social Services)

- ✓ **80/20% CO-INSURANCE; \$2,000 CALENDAR YEAR MAXIMUM; NO DEDUCTIBLE**
- ✓ Preventive, diagnostic and basic services are eligible for benefit reimbursement at the 80/20% level; crowns are eligible at the 50/50% level;
- ✓ Prosthodontics and orthodontics are **not** covered;
- ✓ Plan is offered to the employee and/or full family, i.e. spouse and dependent children;
- ✓ Choose any dentist, in or out-of-network (in-network dentists are recommended since they have agreed to Delta's usual and customary fee schedule and will only bill you the required co-insurance);
- ✓ THIS PLAN REQUIRES AN EMPLOYEE CONTRIBUTION VIA PAYROLL DEDUCTION (Refer to attached Payroll Deduction Form)
- ✓ *To verify network dentists, call **1-800-DELTAOK**, provide the group number listed above and the name of the dentist.*

THE PREFEPPED PROGRAM PROVIDES THE SAME BENEFIT STRUCTURE AS THE PREMIRE PPO PLAN, BUT HAS FEWER PARTICIPATING DENTISTS (PPO):

DELTA PREFERRED – group #'s 3238-6003 (County) and 3238-6004 (Social Services)

- ✓ **80/20% CO-INSURANCE; \$2,000 CALENDAR YEAR MAXIMUM; NO DEDUCTIBLE**
- ✓ Preventive, diagnostic and basic services are eligible for benefit reimbursement at the 80/20% level; crowns are eligible at the 50/50% level;
- ✓ Prosthodontics and orthodontics are **not** covered;
- ✓ Plan is offered to the employee and/or full family, i.e. spouse and dependent children;
- ✓ Choose any dentist in or out-of-network (in-network dentists are recommended since they have agreed to accept Delta's discounted fee schedule and will only bill the required co-insurance; out-of-network dentists can bill the coinsurance and the difference between charges and the discounted fee);
- ✓ THIS PLAN REQUIRES AN EMPLOYEE CONTRIBUTION VIA PAYROLL DEDUCTION (Refer to attached Payroll Deduction Form);
- ✓ *To verify network dentists, call **1-800-DELTAOK**, provide the group number listed above and the name of the dentist.*

MANAGED CARE PROGRAM OFFERING EXPANDED SERVICES THROUGH A SMALLER NETWORK OF DENTISTS:

DELTA CARE (FLAGSHIP) – group #'s 3238-9001 (County) and 3238-9002 (Social Services)

- ✓ CO-PAYMENTS ON CERTAIN SERVICES; NO CALENDAR YEAR MAXIMUM;
- ✓ Preventive and basic services are generally eligible at a \$0 co-payment; more extensive work requires a co-payment as specified by the attached schedule;
- ✓ Orthodontics are eligible for children only with specified co-payment;
- ✓ Plan is offered to the employee and/or full family, i.e. spouse and dependent children;
- ✓ Dentist selection must be made at the time of application; in order for services to be eligible for benefits, they must be performed by the selected network dentist; highly specialized services must be coordinated through the selected dentist (refer to copy of participating Delta Care dentists for selection); benefits are not provided for services rendered by out-of-network dentists;
- ✓ THIS PLAN REQUIRES AN EMPLOYEE CONTRIBUTION VIA PAYROLL DEDUCTION (Refer to attached Payroll Deduction Form);
- ✓ *To verify network dentists, refer to the attached sheet of DeltaCare participating dentists.*

EXTENSIVE SERVICES OFFERED BY PARTICIPATING DENTAL CENTERS:

EASTERN DENTAL (HEALTHPLEX) – group #'s GJ2102-50 (County) and GJ2801 (Social Services)

- ✓ NO CO-PAYMENTS ON MOST BASIC SERVICES; NO CALENDAR YEAR MAXIMUM;
- ✓ Oral surgery and orthodontia require co-payments as specified by the attached schedule;
- ✓ Orthodontics are eligible for children and adults subject to a specified co-payment;
- ✓ Plan is offered to the employee only, employee plus 1 dependent, or employee plus 2 or more;
- ✓ Service are only eligible when performed at a participating Eastern Dental center; dental center selection must be made at the time of application; services performed outside of the selected center will not be eligible for reimbursement (refer to copy of participating Eastern Dental centers for selection);
- ✓ THIS PLAN REQUIRES AN EMPLOYEE CONTRIBUTION VIA PAYROLL DEDUCTION (Refer to attached Payroll Deduction Form);
- ✓ *To verify locations of dental centers, refer to the attached listing.*

INSTRUCTIONS

Which plan should I choose?

Selecting a dental plan is a personal option that should take into consideration your needs and/or the needs of your dependents. If you already have an existing relationship with a particular dentist or dentists and are not likely to consider changing dental providers, you must first determine if your dentist participates with any of the networks. This will help guide your decision. If your dentist is not a participant in any of the plans and you anticipate continuing your dental care with him/her then you may wish to focus your selection on the Delta Dental Premier or Preferred plans which provide benefits both in and out of network.

If you anticipate needing extensive dental care and do not use the services of any particular dentist, you may want to consider a DMO type plan such as Flagship Delta Care Plan G or Eastern Dental/Healthplex. Both plans require that you receive your care at the participating dental offices only; however, there are no annual maximum benefit levels to be concerned with. This allows you to have extensive dental work done at little or no out-of-pocket costs to you.

Lastly, take into consideration any other dental plans that you and/or your dependents may be covered under.

I like the dental plan that I have and I don't want to change. Do I need to fill out any forms?

NO! You DO NOT need to do anything. Your enrollment will remain unchanged.

What do I do if I want to change dental plans?

Simply fill out the payroll deduction form and the Universal Dental Form, and submit to your Personnel office by Friday, December 27, 2018. If the plan that you are selecting is Flagship DeltaCare Plan or Eastern Dental, you must also complete the appropriate section requiring the selection of a dentist (Delta Care) or Dental Center (Eastern Dental).

Your enrollment will be processed for a *January 1, 2019 effective date*. This means that any dental services received through December 31, 2018 will be considered for eligibility under your current plan. Dental services received on or after January 1, 2019 will be considered for eligibility under your newly selected program.

The corresponding dental deduction for your new plan selection will be reflected in the first regular dental deduction after January 1, 2019.

IMPORTANT TELEPHONE NUMBERS:

Delta Dental (800) DELTA-OK
Flagship DeltaCare (800) 722-3524
Healthplex/Eastern Dental (800) 982-5529

DIVISION OF PERSONNEL:

ADMINISTRATION BUILDING – Gene Esquivel (908) 527-4067; Colleen Koch (908)-527-4021
SOCIAL SERVICES – Barbara Watts (908) 791-7060 or (908) 965-3723