

DENTAL PAYROLL DEDUCTION FORM - EFFECTIVE JANUARY 1, 2021

You must also complete the Universal Dental Enrollment Form for Delta Dental / Eastern Dental (Healthplex). Enrollment forms can be obtained from your Personnel Office.

NOTE: TO DETERMINE YOUR DENTIST'S PARTICIPATING STATUS IN THE DELTA DENTAL PROGRAMS, CHECK WITH YOUR DENTIST DIRECTLY OR ONLINE AT www.deltadentalnj.com OR BY CALLING DELTA DENTAL AT 1-800-DELTA-OK AND PROVIDE THE GROUP NUMBERS LISTED BELOW TO THE REPRESENTATIVE.

Please select only ONE option from the plans listed below:

DELTA DENTAL

Semi-Monthly Deduction

Group # 3238-0005(County); 3238-0007 (Social Services)

Single - **Premier - 50/50% Core Plan**, \$50% UCR reimbursement, any dentist, \$2000 annual max\$ ***

*** Under Chapter 78 mandates, you will be assessed a % of the monthly County Liability of \$14.04 based on the Single Coverage salary guide. ***

The Dental plans below require, in addition to the above assessment, the following deductions:

DELTA DENTAL

Group # 3238-0006 (County); 3238-0008 (Social Services)

Single - **Premier - 80/20% 80 % UCR reimbursement**, any dentist, \$2000 annual max..... \$ 7.10

Family - **Premier - 80/20% 80 % UCR reimbursement**, any dentist, \$2000 annual max.....\$41.13

Group # 3238-6003 (County); 3238-6004 (Social Services)

Single - **Preferred - 80/20% 80%**, select a participating preferred dentist, \$2000 annual max.....\$ 3.90

Family - **Preferred - 80/20% 80%**, select a participating preferred dentist, \$2000 annual max..... \$30.22

Group # 3238-00012 (County); 3238-00013 (Social Services)

Single - **Enhanced Premiere -100% Preventive & 50% Bridgework**, Crowns, Dentures \$2000 max/ Orthodontic \$2500 max..\$ 9.16

Family - **Enhanced Premiere -100% Preventive & 50% Bridgework**, Crowns, Dentures \$2000 max/ Orthodontic \$2500 max.\$53.20

Group # 3238-9001(County); 3238-9002 (Social Services)

Single - **DeltaCare Flagship** – use Plan dentist, most services at no cost or moderate co-pays.....\$ 5.71

Employee + 1 dependent - **DeltaCare Flagship** - most services no cost or moderate co-pays.....\$17.16

Employee + 2 or more dependents - **DeltaCare Flagship** - most services no cost or moderate co-pay.....\$31.16

EASTERN DENTAL (Healthplex) - Dental Center Facilities

Group # GJ2102 (County); GJ2081 (Social Services)

Single - **Dental Centers** - select dental center, most services are no cost or moderate co-pays.....\$ 5.52

Employee + 1 dependent - **Dental Centers** select center, no cost or moderate co-pays.....\$18.06

Employee+2 or more dependents -**Dental Centers** select dental center, no cost or moderate co-pay.....\$35.24

Decline Dental

I hereby authorize the County of Union to deduct from my pay, the appropriate benefit deductions that I have selected. It is understood that the selections I have indicated are for a 12-month period and cannot be altered or changed until the next open enrollment period tentatively scheduled for December, 2021.

Print Name: _____ SS# _____

Phone Number _____ Dept/Div _____

Effective Date: _____

Signature: _____ Date: _____