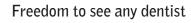
## **Adult dental plans**

Good oral health is about more than healthy teeth. Regular preventive dental care is crucial and can detect more serious conditions like heart disease and oral cancer.

AmeriHealth offers affordable dental plan options that encourage prevention and treatment of conditions before they become more costly issues.<sup>1</sup>







No referrals needed



Save the most by seeing an in-network provider



**NEW** Enrolled members will be eligible for 3 cleanings per year

## **Dental plan options**

PLAN NAME	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
ELIGIBLE	AGES 0 - 18	ALL FAMILY MEMBERS	ALL FAMILY MEMBERS
Pediatric deductible	\$75	\$75	\$75
Adult deductible	N/A	\$0	\$50
Pediatric annual maximum	Unlimited	Unlimited	Unlimited
Adult annual maximum	N/A	\$1,000	\$1,500
Pediatric out-of-pocket maximum (in-network benefit <sup>3</sup> )	\$400 for 1 child/\$800 for 2 or more children		



## Find dental providers

Visit amerihealth.com/dental to find providers in the Advantage Plus 2.0 national network.



## **Covered benefits**<sup>2</sup>

PLAN NAME	PEDIATRIC ONLY <sup>4</sup>	PEDIATRIC WITH ADULT PREVENTIVE <sup>4</sup>	FAMILY PLUS DENTAL <sup>4</sup>
PREVENTIVE SERVICES <sup>3</sup>			
Exams/evaluations, cleanings, X-rays	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, space maintainers	No charge, not subject to deductible	Covered only for children ages 0 – 18; No charge, not subject to deductible	Covered only for children ages 0 – 18; No charge, not subject to deductible
BASIC SERVICES <sup>3</sup>			
Fillings (amalgam restorations – metal; resin-based composite restorations – white)			
Oral surgery (simple and surgical extractions)		Covered only for	80%, after deductible;
Root canals (endodontic therapy and services)	50%, after deductible	children ages 0 – 18; 50%, after deductible	Members ages 19 and older: 6-month waiting period
Surgical and non-surgical periodontics and maintenance			
General anesthesia, nitrous oxide, and/or IV sedation			
MAJOR SERVICES <sup>3</sup>			
Crowns, inlays, onlays, and dentures		Covered only for	50%, after deductible;
Complete or fixed partial dentures (prosthetics)	50%, after deductible	children ages 0 – 18; 50%, after deductible	Members ages 19 and older: 12-month waiting period
Implants <sup>5</sup>	Not covered	Not covered	Not covered
ORTHODONTIA <sup>3</sup>			
Medically necessary orthodontia	Covered only for children ages $0 - 18$ ; 50%, not subject to deductible		
Cosmetic orthodontia	Not covered	Not covered	Not covered
RATES (PER MEMBER PER MONTH)*			
Ages 0 – 18 <sup>3</sup>	\$27.05	\$15.87	\$20.96
19 – 25	N/A	\$15.87	\$20.96
26 – 39	N/A	\$16.87	\$22.27
40 – 49	N/A	\$19.84	\$26.19
50 – 63	N/A	\$23.32	\$30.78
64 and older	N/A	\$23.81	\$31.43

\* Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

2 This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.

3 If you choose to use an out-of-network dentist, you may pay the difference between the amount the plan

pays and the amount charged by the out-of-network dentist.
Pediatric dental benefits only cover members up to age 19. Be sure to purchase a dental care plan that provides benefits for anyone ages 19 and older in your family who needs coverage. 5 Implants are covered for children younger than 19 for certain conditions.

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