Dental plans for adults and families[1]

Getting regular dental exams is an important part of keeping yourself healthy. Dental plans can be purchased with or without a medical plan.

Choose the AmeriHealth dental plan that works for you and your family. We offer plans that are both compliant and non-compliant with the Affordable Care Act (ACA).

Learn more about our ACA-compliant dental plans

Dental plans are available for you and your family. Children can be covered up to age 26. Here are the comprehensive benefits you can expect from AmeriHealth dental plans.

Find dental providers

Visit **amerihealth.com/dental** to find providers in the AmeriHealth Dental network.

Full coverage on most preventive and diagnostic services

Fully covered services include routine exams, cleanings, and X-rays. You pay $0 cost-sharing with an in-network provider.

Flexibility to see any dentist you want

With our PPO dental plans, you'll maximize your savings using an in-network dentist, but you can see any dentist you want without a referral.

Coverage for most basic and major services

There's no waiting period for preventive care and certain basic services like fillings and extractions. Review the benefits for each plan to see how basic and major services are covered and if waiting periods apply.

Waivers for waiting periods

If you had credible dental coverage with another carrier, you may be able to have the waiting period waived. We'll need you to complete a quick form to confirm your eligibility.

To qualify, your coverage must be continuous, with no gap between your previous dental plan and your new AmeriHealth dental plan.

ACA-COMPLIANT DENTAL PLANS[2,4]	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
WHO IS 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)	$450 for 1 child/$900 for 2 or more children		
In-network/ Out-of-network[3]	AmeriHealth PPO Dental Network/Maximum Allowable Charge (MAC)[6]		

Please see footnotes on page 5.

ACA-COMPLIANT DENTAL PLANS[2,4]	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
PREVENTIVE SERVICES (% PAID BY PLAN)[3]			
Exams/Evaluations, cleanings, X-rays, and teledentistry	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, and 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 (% PAID BY PLAN)[3]			
Fillings (amalgam restorations – metal; resin-based composite restorations – white)	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible	80% after deductible; (6-month waiting period for members ages 19 and older)
Oral surgery			
Endodontic therapy (e.g., root canals)			
Periodontics services (surgical and non-surgical)			
General anesthesia, nitrous oxide, and/or IV sedation			
MAJOR SERVICES (% PAID BY PLAN)[3]			
Crowns, inlays, onlays, and dentures	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible	50% after deductible; (12-month waiting period for members ages 19 and older)
Complete or fixed partial dentures (prosthetics)			
Implant services[5]	Not covered	Not covered	Not covered
ORTHODONTIA (% PAID BY PLAN)[3]			
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)[8]			
Ages 0 – 18	$30.55	$18.54	$24.48
19 – 25	N/A	$18.54	$24.48
26 – 39	N/A	$19.70	$26.01
40 – 49	N/A	$23.18	$30.60
50 – 63	N/A	$27.23	$35.96
64 and older	N/A	$27.81	$36.72

Please see footnotes on page 5.

NON-ACA-COMPLIANT DENTAL PLANS[2]	AMERIHEALTH FAMILY ACTIVE DENTAL PPO 100/80/50/50 $1,500	
Annual deductible — Individual/Family	$50/$150	
Annual maximum dental benefit per insured person	$1,500	
Orthodontia lifetime maximum per insured person under age 19	$1,000 (12-month waiting period)	
NETWORK		
In-network/Out-of-network reimbursement	AmeriHealth PPO Dental Network/Maximum Allowable Charge (MAC)[6]	
BENEFIT (% PAID BY PLAN)[3]	**IN-NETWORK**	**OUT-OF-NETWORK[6]**
Exams and cleanings	100%	90%
Extra cleaning — Pregnancy	100%	90%
Preventive reward[7]	$20 payment	Not covered
Radiographs (all X-rays)	100%	90%
Fluoride treatment and sealants	100%	90%
Teledentistry, synchronous or asynchronous	100%	90%
Space maintainers	100%	90%
Restorative services (including white fillings)	80% after deductible	70% after deductible
Endodontic therapy (e.g., root canals)	80% after deductible	70% after deductible
Periodontics services (surgical and non-surgical)	80% after deductible	70% after deductible
Oral surgery	80% after deductible	70% after deductible
General anesthesia, nitrous oxide, and/or IV sedation	80% after deductible	70% after deductible
Crowns, inlays, and onlays	50% after deductible (6-month waiting period)	40% after deductible (6-month waiting period)
Prosthetics (bridges, dentures)	50% after deductible (6-month waiting period)	40% after deductible (6-month waiting period)
Implant services	Not covered	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	80% after deductible	70% after deductible
Orthodontics (up to age 19)	50% (12-month waiting period)	50% (12-month waiting period)
RATES (PER MEMBER PER MONTH)[8]		
Ages 0 – 18	$52.37	
19 – 25	$44.28	
26 – 39	$47.05	
40 – 49	$55.35	
50 – 63	$65.04	
64 and older	$66.42	

Please see footnotes on page 5.

NON-ACA-COMPLIANT DENTAL PLANS[2]	AMERIHEALTH FAMILY DENTAL PPO 100/50/30/0 $1,000
Annual deductible — Individual/Family	$50/$150
Annual maximum dental benefit per insured person	$1,000
Orthodontia lifetime maximum per insured person under age 19	Not covered
NETWORK	
Network/Out-of-network reimbursement	AmeriHealth PPO Dental Network/Maximum Allowable Charge (MAC)[6]
BENEFIT (% PAID BY PLAN)[3]	**IN-NETWORK & OUT-OF-NETWORK**
Exams and cleanings	100%
Extra cleaning — Pregnancy	100%
Preventive reward[7]	$20 payment (in-network only)
Radiographs (all X-rays)	100%
Fluoride treatments and sealants	100%
Teledentistry, synchronous or asynchronous	100%
Space maintainers	100%
Restorative services (including white fillings)	50% after deductible
Endodontic therapy (e.g., root canals)	50% after deductible
Periodontics services (surgical and non-surgical)	50% after deductible
Oral surgery	50% after deductible
General anesthesia, nitrous oxide, and/or IV sedation	50% after deductible
Crowns, inlays, and onlays	30% after deductible (3-month waiting period)
Prosthetics (bridges, dentures)	30% after deductible (3-month waiting period)
Implant services	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	50% after deductible
Orthodontics (up to age 19)	Not covered
RATES (PER MEMBER PER MONTH)[8]	
Ages 0 – 18	$36.87
19 – 25	$36.38
26 – 39	$38.65
40 – 49	$45.48
50 – 63	$53.43
64 and older	$54.57

Please see footnotes on page 5.

Footnotes

The benefit summaries in this brochure represent only a partial listing of benefits. Some services not shown in this brochure may require a higher member cost-sharing than the services shown. Benefits and exclusions may be further defined by medical policy. These plans may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please contact your broker.

Dental plans (pg. 1 – 4)

1. Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Services, Inc.
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.
4. 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.
6. Out-of-network reimbursement – Maximum allowable charge (MAC): This is the amount that is paid for out-of-network services, as determined by AmeriHealth. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.
7. The primary subscriber will receive $20 for each insured family member who gets two cleanings from an in-network dentist in the plan year. For example, for a family of four, the primary subscriber would receive $80 if each family member gets two cleanings that meet the criteria.
8. Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

AmeriHealth

AmeriHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted.
Llame al 1-888-968-7241 (TTY: 711). 注意: 如果您讲中文。您可以得到免费的语言协助服务。请致电 1-888-968-7241 (TTY: 711)。

© 2027 AmeriHealth

Coverage issued by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey.

24755 4489701 (8/26)