

OFFICE LOCATIONS

Newark

Group Dental Associates, P.A.
182 Ferry Street..... (973)589-5759

***Roselle Park**

Group Dental Associates, P.A.
236 E. Westfield Avenue.... (908)245-7500

***East Brunswick**

Group Dental Associates, P.A.
223 Highway 18..... (732)432-5982

***Toms River**

Group Dental Associates, P.A.
1200 Hooper Avenue..... (732)240-0045

****UNION**

American Dental Center
1441 Morris Avenue.....(908)688-0022

**** American Dental Center is a speciality location. Requires referral form from Primary Dentist.**

**GROUP DENTAL
HEALTH
ADMINISTRATORS,
INC.**

**DENTAL BENEFIT
PROGRAM
FOR**

Newark Public Schools

**GROUP DENTAL
HEALTH
ADMINISTRATORS, INC.**
115 W. Century Road
Paramus, NJ 07652

A Dental Plan Organization Regulated
by the State of New Jersey
Department of Insurance

WHO IS Group Dental Health Administrators?

Group Dental Health Administrators, Inc., is a Dental Plan Organization that contracts with employer groups and unions to provide dental services to its enrolled members. G.D.H.A. operates under the jurisdiction of the New Jersey Department of Insurance.

WHO IS COVERED UNDER THIS DENTAL PROGRAM?

Permanent employees are eligible for benefits the first day of the next calendar month following the date of hire. Provisional employees are eligible for benefits the first day of the month after the completion of ninety days of service.

WHEN DO BENEFITS BEGIN AND END?

Benefits start at the time a member becomes eligible and continue to the end of the month in which he or she is terminated or leaves employment.

IS EMERGENCY DENTAL SERVICE PROVIDED BY THE PLAN?

Yes, emergency dental care is available to patients on a 24 hours a day, 7 days a week basis. Please call the closest office to you at the phone number listed in this brochure.

DOES THIS DENTAL PLAN REQUIRE THAT MEMBERS UTILIZE ONLY PLAN FACILITIES?

Yes, in order to receive the dental benefits provided by the plan, members must use the facilities and personnel provided by the Plan.

PROCEDURES

At a patient's initial appointment, the patient completes and signs the medical dental admission history and all other necessary forms.

No insurance claim forms are required under the program.

Oral x-rays are taken of the patient and are reviewed in conjunction with the patient's dental history.

A hygienist starts the first phase of oral hygiene which includes cleaning.

After hygiene care, the patient is prepared for a doctor's examination. The doctor will review the patient's admission history and will examine the patient. At the completion of this clinical examination,

there is a discussion with the patient regarding the extent and type of treatment required, consistent with a high quality health service. Subsequent appointment(s) will be scheduled to fulfill the patient's needs.

APPOINTMENTS

Always call the office of your choice for the best service and every effort will be made to schedule your visit for maximum convenience.

Please notify the dental office at least 24 hours in advance if it is necessary to cancel your appointment.

COORDINATION OF BENEFITS

If you are entitled to coverage under additional group insurance policies or group prepaid health programs, then the benefits of this program shall be provided as follows:

1. If the other policy or program primarily covers service or expenses other than dental care, then this program shall be primary.

2. If the other coverage is by a dental insurance policy or prepaid dental care program, the policy or program covering you as an employee shall be primary over the policy or program covering you as a dependent.

3. If the program is "primary" as provided above, this program shall provide benefits without regard to any other policy or program, and if the program is not "primary" this program shall provide benefits only to the extent that the benefits obtained from such other insurance or program are inadequate to provide full payment for services.

PROBLEM RESOLUTION

Group Dental Health Administrators takes great pride in the quality of its dental services. However, if you should ever have a problem that you cannot resolve with your dentist, contact us at 201-291-0935 or email: bguarino@nedentalmanagement.com or you may write to us at Group Dental Health Administrators, Inc., 115 W. Century Road, Paramus, NJ 07652.

We will respond to all requests within 15 working days. If the issue you raise involves dental procedures, they will be reviewed by our Peer Review Officer, who is a dentist licensed in the State of New Jersey.

If we are unable to resolve your issue, you also have the right to contact the New Jersey Department of Banking and Insurance at PO Box 325, Trenton, NJ 08625-0325 or call them at 609-292-5360.

EXCLUSIONS

Covered expenses will not include, and no coverage will be provided for expenses incurred for the following:

1. Service for injuries or conditions that are covered under worker's compensation or Employer's Liability Laws.
2. Services rendered for any conditions, diseases, ailments or injury related to/or occurring while the covered person is on active duty with the military.
3. Treatment for malignancies, cysts, neoplasm's, congenital malformation, developmental malformation, Temporomandibular Joint Therapy, habit appliance, and restoring tooth structure, lost by attrition.
4. Services for any treatment which is for cosmetic/aesthetic purposes, to increase vertical dimension, to restore occlusion or full mouth rehabilitation.
5. Any dental procedure unable to be performed in the dental office due to the general health, physical limitations, and/or emotional limitations of the patient.
6. Hospital charges of any kind, including charges for any dental procedure performed in a hospital are excluded.
7. Major surgery and/or oral surgery relating to, or the treatment of fractures or dislocations.
8. General anesthesia, IV sedation, analgesics (Laughing Gas) or prescription drugs.
9. Any procedure begun before a person becomes insured.
10. All other services not specifically included in the GDHA contract.
11. Loss or theft of dentures, partial dentures, bridgework or orthodontic appliances
12. Any dental service provided by a non-participating dentists or non-participating dental specialist.
13. Services or treatment, which in the opinion of the participating dentist, are not necessary for the patient's dental health.
14. Tooth extractions for the purpose of correcting needed arch space to complete orthodontic treatment.
15. Dental implants and/or experimental dental services or their relation are excluded.
16. Any treatment for accidental injury, which is covered by medical insurance.

LIMITATIONS

The following limitations apply to the dental services covered under the GDHA contract.

1. Full mouth radiography limited to one set every three (3) years or (36) Consecutive months
2. Panoramic radiographs limited to one x-ray every three (3) years or (36) Consecutive months.
3. Bitewing radiographs limited to four (4) films taken per 6-month period.
4. Adult/Child prophylaxis limited to one very 6 months.
5. Fluoride treatments limited to once every six (6) months, and only for children through the age of 14.
6. Periodontal treatment limited to four (4) during any twelve (12) consecutive months.

7. Full upper and/or lower denture or partial dentures are not to be installed or replaced more than once (1) in any five-year period.
8. Replacement of fixed bridgework is limited to once (1) in a five (5) year period, only when existing fixed bridgework is unserviceable.
9. Fixed bridgework will be authorized only when a partial cannot satisfactorily restore the case. Persons with bilaterally missing teeth can only be restored with a partial denture. If fixed bridgework is used when a partial would satisfactorily restore the case, it is considered *optional treatment* and the covered person must pay the difference between the cost of a partial denture and a fixed bridge. These payments are based on the office UCR fees.

ORTHODONTIC LIMITATIONS & EXCLUSIONS

GDHA will provide coverage for orthodontic treatment through a participating orthodontist only. The maximum coverage to the covered person for each treatment is subject to the following limitations and exclusions in this contract.

1. Orthodontic treatment is available only to insured persons.
2. Orthodontic treatment must be provided by a GDHA participating orthodontist.
3. GDHA benefits cover 24 months of usual and customary orthodontic treatment.
4. Should a covered person be *terminated for any reason* and at the time of termination be receiving any orthodontic treatment, the *covered person will be responsible for payments of the balance due* for treatment performed after termination. The covered person's payment shall be based on the maximum orthodontic case fee and be pro-rated over the number of months remaining to complete the 24 month orthodontic treatment. Payments on such terms are arranged between the covered person and the orthodontist.
5. If the covered person does not require treatment or refuses to complete treatment, he/she will be responsible to pay the orthodontist start-up cost for initial examination, diagnosis, consultation, and study model impressions.
6. **The following are not benefits included in orthodontics:**
 - a. Lost or broken appliance replacement
 - b. Re-treatment of orthodontic cases.
 - c. Treatment in progress of inception of eligibility.
 - d. Changes in treatment due to an accident of any kind.
 - e. Surgical procedure (including extraction of teeth solely for the purpose of orthodontia
 - f. Myofunctional therapy (Habit Appliances)
 - g. Malocclusions, which are so severe or mutilated so as not be amenable to ideal orthodontic treatment.
 - h. Treatment that extends beyond 24 months from the beginning of active treatment will be subject to an office visit charge.
 - i. Retention at the end of orthodontic treatment.
 - j. Cases where surgical orthognathic reconstruction is needed to treat covered persons.
 - k. Treatment with Invisalign appliances not covered.

SCHEDULE OF BENEFITS

DIAGNOSTIC SERVICES MEMBER FEE

PROPHYLAXIS (cleaning every six months)	N/C
X-rays, (full mouth)	N/C
Bitewings or periapical X-rays (per film)	N/C
Clinical Exam and treatment plan	N/C
Study Models	N/C
Oral Cancer Examination	N/C
Periodontal Examination	N/C
Emergency Oral Examination	N/C

PREVENTIVE DENTISTRY

Dental Health Education	N/C
Visual Aids	N/C
Fluoride Treatments (children)	N/C
Oral Hygiene Instruction	N/C
Consultations	N/C

RESTORATIVE DENTISTRY (Fillings)

AMALGAMS(silver)	
1 surface	N/C
2 surfaces	N/C
3 surfaces	N/C
Sedative Fillings	N/C
COMPOSITE RESIN(anterior teeth only)	
1 surface	N/C
2 surfaces	N/C
3 surfaces	N/C

DENTURE REPAIRS(Office Only)

Full Denture Repairs (no teeth)	N/C
Partial Dental Repairs (no teeth)	N/C

EXTRACTIONS

Simple Permanent or Primary	N/C
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ROOT CANAL THERAPY

Pulpatomy	N/C
Anterior	N/C
Bicuspid	N/C
Molar	N/C
Pulp Cap Repairs (direct or indirect)	N/C

PROSTHODONTICS

Full Denture (upper or lower)	N/C
Partial Denture (upper or lower)	N/C
Regardless of the number of teeth needed to be replaced	
Reline of Dentures	N/C
Denture Repairs (Laboratory)	N/C

N/C = No Charge

CROWN AND BRIDGE(per unit) MEMBER FEE

Porcelain veneer crown fused to metal crown	N/C
Full cast crown	N/C

METALLIC INLAY/ONLAY

1 Surface	N/C
2 Surfaces	N/C
3 Surfaces	N/C
3/4 Crown	N/C

ORAL SURGERY

Consultation by an Oral Surgeon only	N/C
Simple Extraction, single tooth	N/C
Surgical Extraction of erupted tooth	N/C
Extraction, soft tissue impaction	N/C
Extraction, partial bony impaction	N/C
Extraction, full bony impaction	N/C

PERIODONTICS: (gum treatment, per quadrant)

SURGICAL SERVICES(include customary post-surgical services)

Gingival curettage	N/C
Gingivectomy or gingivoplasty	N/C
Osseous surgery (including flap entry and closure)	N/C
Free soft tissue grafts (including donor site)	N/C

ADJUNCTIVE SERVICES

Periodontal scaling and root planning, per quadrant	N/C
Periodontal consult (by Periodontist)	N/C
Bite guard (by Periodontist)	N/C
Periodontal maintenance visit including periodic oral exam	N/C

ORTHODONTICS

Diagnosis and initial orthodontic appliance
 Active Treatment, including Covered only for necessary appliances dependents to age 26; (maximum 24 months)
 \$650 patient's responsibility, paid over first 13 months of treatment

Passive treatment (retention) Not Covered

Note: Any products or procedures that are offered which will incur a fee are fully disclosed to patient prior to start of treatment.