Enrollment/ Change Form

DELTA DENTAL

Delta Dental of New Jersey, Inc
1639 Route 10
Parsippany, NJ 07054
800-624-2633

Please check the applicable box or boxes.

- ☑ New enrollment
- ☐ Change of dependents
- ☐ Termination
- ☐ Decline Coverage
- ☐ Address change
- ☐ Coverage change
- ☐ Name change
- ☐ Continuation of Coverage

Please check the applicable box or boxes.

- Delta Dental PPO℠
- ✓ Delta Dental PPO℠ plus Premier
- EHB

Delta Dental of New Jersey, Inc.

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender ☐ Male ☐ Female
Alternate Identification Number (if applicable)	Address (Is this a change of address?) ☐ Yes ☐ No	Street	City	State	Zip Code
		Email Address:			

Group Number	Sublocation	Group Name
N/A	N/A	Monroe Municipal Utilities Authority

Change of Coverage

New Coverage:	N/A	Former Coverage:	N/A

Name Change

From:	N/A	To:	N/A

Dependent Change Please check one of the boxes:

☐ Add dependent(s) listed below ☐ Delete dependent(s) listed below

Continuation of Coverage

Coverage For ☐ Employee ☐ Dependents

Length of Continuation ☐ 18 Months ☐ 36 Months

Date of Loss of Coverage	N/A	Date of Qualifying Event	N/A

Do you or your dependents have other dental coverage? ☐ Yes ☐ No *If yes, please complete the following:* Carrier Name and Address: Group Number:

Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse / Domestic Partner (if coverage applies)			☐ M ☐ F		
Children			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		

Date of Hire:	Effective Date:	Primary Enrollee Signature:	Date

Employer Verification - *To Be Completed by Employer* The requested activity is believed eligible and is approved	Employer Signature	Title	Date

Any person who includes any false or misleading information on an application for dental benefits is subject to criminal and civil penalties.
The dental benefits contract does not include coverage of pediatric dental services that meet requirements of the federal Patient Protection and Affordable Care Act.

RESET

DELTA DENTAL

Monroe Township Municipal Utilities Authority Group #10533 Delta Dental PPO Plus Premier™	[illegible]	[illegible]	[illegible]
Preventive & Diagnostic Exams, Cleanings, Bitewing X-Rays Fluoride Treatments (Frequency limitations apply) Space Maintainers	100%	100%	100%
Basic Fillings, Simple Extractions, Root Canals (Endodontics)Periodontics, Oral Surgery, Sealants, & Crowns	80%	80%	80%
Major Bridgework Full & Partial Dentures, Repair of Dentures	50%	50%	50%
Annual Maximum (per person)	$ 2,000	$ 2,000	$ 2,000
Annual Deductible Per Person Family Maximum Waived for	 None None None	 None None None	 None None None
Orthodontics Children Only to age 19 Lifetime Maximum	 50% $ 2,000	 50% $ 2,000	 50% $ 2,000

There are not separate calendar year maximums and deductibles for each type of dentist. The calendar year maximums & deductibles cross-accumulate among Delta Dental PPO, Delta Dental Premier and non-participating dentists.

Carryover Max℠ from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover Max℠ is easy and automatic.

- To qualify for Carryover Max℠, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover Max ℠ benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max℠ allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of $500. For example, if your standard annual maximum is $1,000, and you use $200, you can carry over $200 ($800 x 25% = $200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max℠ dollars are used after the standard annual maximum is met.

Delta Dental's *Oral Health Enhancement Option* enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.

In addition, members with defined medical conditions such as Diabetes, Cardiovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to two additional cleanings when certified by a physician or dentist.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPO℠ dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's change and Delta Dental's allowable charge.

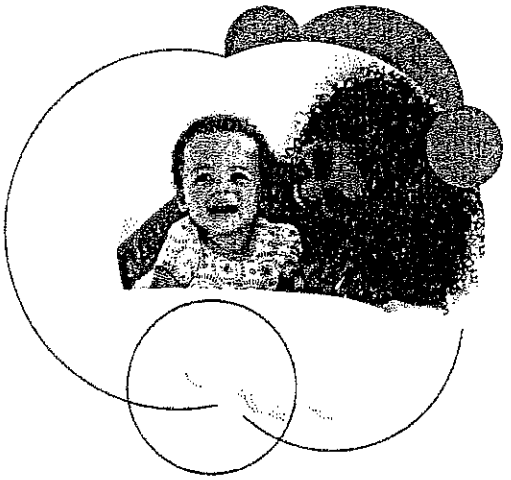
Visit your own dentist. If you do not have a dentist, visit www.deltadentalni.com for a directory of participating dentists.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

DELTA DENTAL

No Plan ID Card? No Problem!



You don't need a plan ID card to receive service from your dentist.

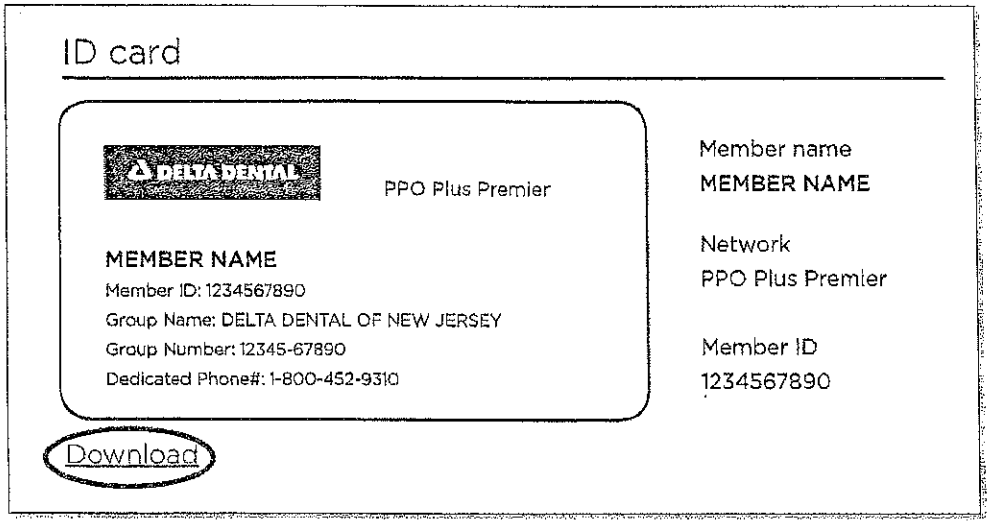
Just tell your dental office that you're covered by Delta Dental and provide your **name**, your **date of birth**, your **enrollee ID number**, and the **name of your employer.**

Do you have dependents on your plan? Tell them to provide your plan details.

Want an ID Card anyway?

Print one from your computer:
- Go to **DeltaDentalNJ.com**
- Log in to MySmile® and download your ID card from your dashboard

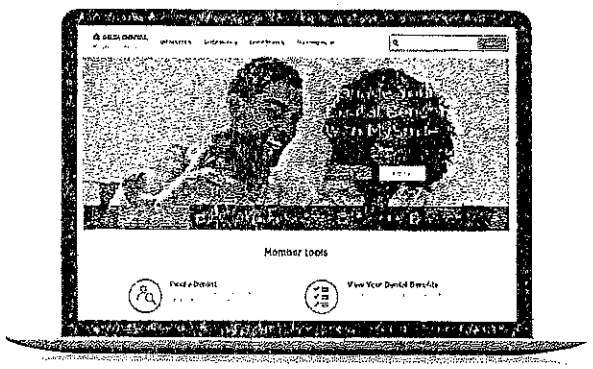
Download our app:
- Search 'Delta Dental' in the App Store or Google Play
- Our App is provided by Delta Dental Plans Association



DELTA DENTAL

Connect with Your Benefits on MySmile®

MySmile offers free, easy-to-use tools that make navigating your Delta Dental benefits a whole lot simpler.



Benefits Information with a Click (or Tap)

Access MySmile from your computer or mobile device to securely:

- View your coverage
- Check your dental claims
- View and print your ID card
- Review your treatment history
- Find a dentist
- Get a cost estimate
- And more

Visit our Website or Download our App

How to Register:

1. Visit DeltaDentalNJ.com; click "Sign In or Register" on the top right corner of the homepage.
2. Click "Register Now" and enter your contact information.
3. Create a username and password when prompted.
4. Read and check the box to "agree to Terms of Use" for our website.
5. Click "Register"; you will be emailed a code within 24 hours to the email address you used when registering.
6. Enter the code when prompted.
7. Once you enter the code, you will be able to access your account using your newly created username and password!

The subscriber and any adult dependents on the plan can create their account with or without an ID number.

(800) 452-9310 www.deltadentalnj.com