

The logo consists of the letters 'FDP' in white, bold, sans-serif font, centered within a solid green rectangular background.

## Flagship Dental Plans

FLAGSHIP DENTAL PLANS – A WHOLLY OWNED SUBSIDIARY OF DELTA DENTAL OF NEW JERSEY, INC

The following is important information about how to use this dental plan

### STEVENS INSTITUTE OF TECHNOLOGY & DEPENDENT DENTAL PLAN A COMPREHENSIVE DENTAL PLAN YOU CAN AFFORD

In this age of rising health care costs, Flagship Dental Plans offers the **DeltaCare** program - an economical and convenient way to obtain dental care for you and your family. Flagship was founded on the principle of delivering quality dental care and preventing dental problems before they start.

Flagship has contracted with a network of private dental offices. This network of dental offices is composed of established dental practices, which meet or exceed nationally recognized standards of care. When you enroll in the DeltaCare program, you select one office from any of these dental offices for you and your family's needs. Your primary dentist also coordinates referrals to specialists when necessary.



## DELTACARE MEANS...



## HOW IT WORKS...

#### **No Claim Forms**

The dental location you choose provides all primary dental services. There are no claim forms to complete.

#### **No Deductibles**

In the DeltaCare program there are no required deductibles to pay so your benefits begin immediately.

#### **No Dollar Limit of Dental Benefits**

No annual maximum.

#### **No Pre-Existing Conditions Restrictions**

These conditions are not excluded in a DeltaCare program, except for dental treatment started before coverage begins.

#### **Prepaid Plan Saves on Dental Costs**

Your out-of-pocket savings are substantial. You know the cost prior to treatment, and this aids in better financial planning for you and your family.

#### **Quality Review of Dental Providers**

On-site audit of participating dental locations confirms that established standards of quality are maintained.

#### **Specialty Services**

The DeltaCare program offers services in dental specialty areas. These include periodontics (treatment of diseased gums and bone), endodontics (root canal therapy), oral surgery procedures, and orthodontics

#### **Emergency Services**

You are also covered for out-of-area dental emergencies. This program will pay dental expenses incurred up to a maximum of \$100.00. "Out-Of-Area" means 35 miles or more from your Flagship participating dentist's office

#### **Dedicated Customer Service**

Flagship Customer Service Representatives are available to DeltaCare enrollees **only**. This focus, along with prior dental practice experience, makes our reps second to none in the industry.

1. Eligible Stevens Institute of Technology students can enroll in DeltaCare. You can also enroll your eligible dependents, which include your lawful spouse and unmarried children, including step-children, legally adopted and foster children to the limiting age as specified by your employer.
2. When you enroll in DeltaCare, select a panel dental office from the list attached to this brochure. This location is now the center for all of your dental needs.
3. We ask you to select 3 panel dentists from 3 different offices. Your first choice takes priority. If for some reason that dentist is not available, we will automatically choose your second and/or third choice dentist and you will be notified of this change.
4. After you have enrolled, you will receive an Evidence of Coverage booklet that fully describes the benefits of your dental plan. To receive all necessary dental care covered by the plan, simply call your selected panel dentist to make an appointment.
5. Remember to always contact your selected panel dentist. **Dental services which are not performed by your panel dentist or not authorized by Flagship will not be covered by the DeltaCare program.**



## SUMMARY OF BENEFITS

The DeltaCare program provides coverage for dental services listed on the Schedule of Services and Patient Copayments as long as care is rendered by your primary care dentist or you are referred to a participating dental specialist. The following section illustrates the exclusions and limitations under the DeltaCare program. It does not constitute a contract. Coverage can only commence with execution of a group contract issue by Flagship Dental Plans.

A. The following are specifically excluded as services or benefits to be provided or covered by the Flagship Group Contract:

### General Exclusions

1. Dental procedures performed for cosmetic purposes;
2. Dental conditions arising out of and due to Covered Person's employment for which Worker's Compensation is payable. Services, which are provided to the Covered Person by state government or agency thereof, or are provided without cost to the Covered Person by any municipality, county or other subdivision;
3. Treatment required by reason of war, declared or undeclared;
4. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a dentist for treatment in any such facility;
5. Treatment of fractures, dislocations and subluxations of the mandible or maxilla. This includes any surgical treatment to correct facial mal-alignments of TMJ abnormalities;
6. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage or dental expenses incurred in connection with any dental procedure started prior to Covered Person's eligibility with the FLAGSHIP program. Examples: teeth prepared for crowns, root canals in progress, orthodontic treatment;
7. Any service that is not specifically listed as a covered expense;
8. Correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function;
9. Prescription drugs;
10. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits;
11. Cases in which, in the professional judgment of the attending Plan Dentist or Plan Dental Specialist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
12. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by FLAGSHIP or needed emergency treatment, defined as the immediate relief of pain, swelling, or infection;
13. "Consultations" for noncovered benefits;
14. Soft tissue management (irrigation, infusion, special toothbrush);
15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ);

### Restorative Treatment Exclusions

16. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth;
17. Restorative work caused by orthodontic treatment;

### Oral Surgery Treatment Exclusions

18. Nitrous oxide and the services of a special anesthesiologist;
19. Cysts and malignancies;
20. Prophylactic removal of impactions (asymptomatic, nonpathological);
21. Extractions for the purpose of orthodontics;

### Crowns, Fixed and Removable Prosthetic Treatment Exclusions

22. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
23. Placement of a crown where there is sufficient tooth structure to retain a standard filling;
24. Extensive treatment plans involving ten (10) or more crowns or units of fixed bridgework (major mouth reconstruction);
25. Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization;
26. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services;
27. Implant placement, or implant removal associated with other procedures, including but not limited to prophylaxis and periodontal treatment;

- B. The benefits outlined in Article III are subject to the following limitations (all time limitations apply without regard to whether the earlier service(s) was covered under this or any other coverage contract):

#### **General Limitations**

1. Coverage is limited to the benefit customarily provided. In all cases in which the Covered Person selects a more expensive course of treatment or the selected treatment includes the use of specialized techniques instead of standard procedures, the Covered Person must pay the difference in cost between the dentist's usual fees for the covered benefit and the optional or more expensive treatment plus any applicable copayment;
2. If a Covered Person is more than 35 miles from the office of the assigned Plan Dentist, and requires services for a "dental emergency", FLAGSHIP shall reimburse the Covered Person for the cost of such treatment, less any applicable copayment's, up to a maximum of \$100.00 during any 12-month period upon submission to FLAGSHIP of a verifiable claim within 90 days after such treatment is received. A "dental emergency" is immediate treatment necessary to alleviate severe pain, swelling, bleeding or infection, or immediately necessary to avoid placing the Covered Person's health in serious jeopardy. The Covered Person must visit his Plan Dentist for further treatment. FLAGSHIP is not liable for actions resulting from the negligence, malpractice or other tortious or wrongful acts arising out of treatment provided by a non-Plan Dentist or non-Plan Specialist;
3. FLAGSHIP is not liable for specialty dental service claims submitted more than twelve months after the date of completion of the dental service;

#### **Preventive and Diagnostic Limitations**

4. Bitewing x-rays are limited to not more than one series of four films in any six-month period;
5. Full mouth x-rays and panoramic x-rays are limited to one set every thirty-six consecutive months;
6. Oral examinations are limited to two each twelve month period;
7. Prophylaxis is limited to two treatments each twelve month period (includes periodontal maintenance following active therapy);
8. Topical application of fluoride is limited to one application each twelve-month period for Dependent children up to age nineteen (19);
9. Sealant benefits include the application of sealants only to the occlusal surface of permanent molars for Covered Persons through age 15. The teeth must be free from caries or restorations on the occlusal surface. Sealant benefits include the repair or replacement of a sealant on any tooth within three years of its application by the same Panel Dentist who placed the sealant;
10. Fixed and removable space maintainers are limited to one placement per tooth;

#### **Restorative Treatment Limitations**

11. Amalgam and resin restorations are limited to one treatment per tooth surface within ninety consecutive days;
12. Inlays and onlays are limited to one per tooth during any five consecutive years;

#### **Endodontic Treatment Limitations**

13. Root canal therapy, including all necessary post-operative care, is limited to one treatment per tooth;

#### **Periodontal Treatment Limitations**

14. Periodontal treatments are limited to four quadrants during any twenty-four consecutive months;
15. Gingivectomy or gingivoplasty, periodontal scaling and root planing are limited to one treatment per quadrant during any twenty-four consecutive months and osseous surgery is limited to one treatment per quadrant during any thirty-six consecutive months;
16. Full mouth debridement (gross scale) is limited to one treatment in any twenty-four consecutive month period;
17. Bone replacement grafts, pedicle soft tissue grafts and free soft tissue grafts are limited to one treatment per tooth in three consecutive years;

#### **Crown, Fixed and Removable Prosthetic Limitations**

18. Crown(s) and bridges are not to be replaced within any five-year period from initial placement;
19. Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling (for example; the buccal or lingual walls are fractured to the extent that they do not hold a filling). If the tooth can be restored with a filling, any other restoration (crown or jacket) is considered optional and if performed, the Covered Person is responsible for the additional cost;
20. Porcelain crowns, porcelain fused to metal or plastic processed to metal type crowns are not a benefit for children under twelve (12) years of age. An allowance will be made for an acrylic crown. If performed, the Covered Person must pay the additional fee;
21. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed one per arch each in any five year period from initial placement;
22. Partial dentures are not to be replaced within any five year period from initial placement, unless necessary due to natural tooth loss where repair, or the addition or replacement of teeth to the existing partial is not feasible;
23. If the Covered Person is missing teeth on opposite sides of the same arch, a removable partial denture is considered an adequate replacement. If the Covered Person elects another course of treatment, he/she must pay the additional cost;
24. Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants and appliances associated therewith), personalization and characterization, are all considered optional treatment. The Covered Person is responsible for the additional fee;
25. Denture relines and repairs are limited to one per denture during any twelve consecutive months;
26. Replacement of prosthetic appliances (bridges, partial or full dentures) shall be considered only if the existing appliance is no longer

- functional or cannot be made functional by repair or adjustment and meets the five year limitation for replacement;
27. A fixed bridge is limited to the replacement of permanent anterior teeth provided it is not in connection with a partial denture on the same arch, or duplicates an existing, non-functional bridge and it meets the five year limitation for replacement;
  28. Fixed bridges are not a benefit for Covered Persons under the age of sixteen (16). If fixed bridges are used under these circumstances, it is considered optional and an allowance will be made for a space maintainer. The Covered Person would be responsible for the additional fee;
  29. Fixed bridges used to replace missing teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The Covered Person must pay the difference in cost between the Dentist's usual fees for the covered benefit and optional treatment, plus any coinsurance for the covered benefit;
  30. Stayplates, in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period or in children 16 years and under for missing anterior teeth;
  31. If implants are utilized and appliances constructed, FLAGSHIP will make payment based on the cost of a standard full or partial denture. FLAGSHIP will not provide payment for the surgical removal of implants or the prosthetic crown on the implant;

#### *ORTHODONTIC EXCLUSIONS AND LIMITATIONS*

- C. Orthodontic benefits are only provided through FLAGSHIP Plan Orthodontists and are subject to the following exclusions:
1. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances;
  2. Retreatment of orthodontic cases;
  3. Changes in treatment necessitated by accident of any kind, and/or lack of Covered Person cooperation;
  4. Surgical procedures incidental to orthodontic treatment;
  5. Myofunctional therapy;
  6. Surgical procedures related to cleft palate, micrognathia, or macrognathia;
  7. Treatment related to temporomandibular joint disturbances;
  8. Supplemental appliances not routinely utilized in typical Phase II orthodontics;
  9. Active treatment that extends more than 24 months from the point of banding;
  10. Restorative work caused by orthodontic treatment;
  11. Extractions for the purpose of orthodontics;
  12. Treatment in progress at inception of eligibility;
  13. Transfer to another orthodontist after banding has been initiated;
  14. Composite or ceramic bands and lingual adaptation of orthodontic bands are considered optional treatment and would be responsible for the additional charges.
- D. Orthodontic benefits are only provided through FLAGSHIP Plan Orthodontists and are subject to the following limitations:
1. Orthodontic treatment must be provided by a FLAGSHIP Plan orthodontist;
  2. Lifetime Plan benefits cover 24 months of active comprehensive orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment.
  3. For treatment plans extending beyond 24 months of active treatment, the Covered Person will be subject to a monthly office visit fee;
  4. Should an Covered Person's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Covered Person and not FLAGSHIP will be responsible for payment of balance due for treatment provided after cancellation or termination. In such a case the Covered Person's payment shall be based on the provider's filed and submitted fee at the beginning of treatment. The amount will be pro-rated over the number of months to completion of the treatment and, will be payable by the Covered Person on such terms and conditions as are arranged between the Covered Person and the orthodontist;
  5. If treatment is not required or the Covered Person chooses not to start treatment after the diagnosis and consultation have been completed by the orthodontist, the Covered Person will be charged a consultation fee of \$25 in addition to diagnostic record fees, not exceed \$350.00;
  6. Three (3) recementations or replacements of a bracket/band on the same tooth or a total of five (5) rebracketings/rebandings on different teeth during the covered course of treatment are a benefit. If any additional recementations or replacements of brackets/bands are performed, the Covered Person is responsible for the cost at the dentist's filed and submitted fee;
  7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Covered Person's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the FLAGSHIP Plan orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same coinsurance amount as for fixed appliances;



## Flagship Dental Plans

*Flagship Dental Plans is a subsidiary of Delta Dental of New Jersey, Inc., the leading NJ provider of group dental benefits.*

### PLAN HIGHLIGHTS

#### PLAN DESIGN

#### CHARGE

Preventive & Diagnostic	No Charge
Remaining Basic Benefits	See Attached
Crowns	See Attached
Prosthodontics	See Attached
Orthodontics	\$2,900 Patient Payment
<b>Annual Maximum</b>	Unlimited
<b>Deductible</b>	None

***YOU MUST SELECT AND UTILIZE A DELTA CARE PRIMARY DENTIST TO RECEIVE BENEFITS.***

PREMIUM FOR THIS PROGRAM <i>September 1, 2006 through August 31, 2007</i>	
<i>STUDENT</i>	\$237.84
<i>STUDENT +1</i>	\$ 452.44
<i>STUDENT + TWO OR MORE</i>	\$ 711.36

\*THE RATES ABOVE INCLUDES ADMINISTRATIVE FEE

**Important: You must remain in the program for your entire period of eligibility. Refunds or pro-rated coverage will not be provided.**

# DELTA CARE PLAN NJ-7

LISTED BELOW ARE SOME OF THE MOST COMMONLY PERFORMED PROCEDURES.

PROCEDURE	CO-PAYMENT	AVERAGE CHARGE
Initial Oral Exam	\$ 0.00	\$ 40.00
Periodic Oral Exam	\$ 0.00	\$ 33.00
X-rays, Complete Series	\$ 0.00	\$ 85.00
Bitewing X-rays, 2 films	\$ 0.00	\$ 24.00
Bitewing X-rays, 4 films	\$ 0.00	\$ 38.00
Cleaning, adult	\$ 0.00	\$ 67.00
Cleaning, child	\$ 0.00	\$ 46.00
Silver filling, 1 Tooth Surface	\$ 0.00	\$ 95.00
Silver Filling, 2 Tooth Surfaces	\$ 0.00	\$ 120.00
Silver Filling, 3 Tooth Surfaces	\$ 0.00	\$ 150.00
Composite Resin Filling, 1 Tooth Surface	\$ 0.00	\$ 93.00
Composite Resin Filling, 2 Tooth Surfaces	\$ 0.00	\$ 121.00
Porcelain Crown with Metal	\$ 290.00	\$ 795.00
Root Canal Therapy, Anterior Tooth	\$ 185.00	\$ 490.00
Root Canal Therapy, Bicuspid Tooth	\$ 225.00	\$ 580.00
Root Canal Therapy, Molar Tooth	\$ 285.00	\$ 755.00
Osseous Surgery, per Quadrant	\$ 275.00	\$ 760.00
Periodontal Root Planing and Scaling, per Quadrant	\$ 70.00	\$ 158.00
Upper Partial Denture	\$ 340.00	\$ 950.00
Bridge Abutment (crown), Porcelain with Metal	\$ 290.00	\$ 780.00
Simple Extraction, Single Tooth	\$ 0.00	\$ 108.00
Extraction of Impacted Tooth Completely Covered by Bone	\$ 0.00	\$ 405.00

**FDP**

Flagship Dental Plans

ADMINISTERED BY:

FLAGSHIP DENTAL PLANS  
 1639 ROUTE 10  
 PARSIPPANY, NEW JERSEY 07054  
 IN NEW JERSEY: 1-800-722-3524  
 OUT OF AREA: 1-800-848-3524



# DeltaCare QUESTIONS AND ANSWERS

**Q. *Who is Flagship?***

**A.** Flagship is a subsidiary of Delta Dental Plan of New Jersey and administers the DeltaCare program. DeltaCare is a dental HMO which offers dental care to its members through a network of private practice dental offices.

**Q. *My dentist is a Delta dentist, but he or she is not on the list. Can I still have treatment rendered by him or her?***

**A. No.** Delta has several other dental programs and not all Delta dentists participate with all Delta programs. **With this program, you MUST select only those dentists on the list. If you use a dentist who is not on the list, you will NOT be covered.**

**Q. *Will my entire family receive dental care from the same DeltaCare provider?***

**A. YES.** You and all eligible dependents will receive benefits in the same provider's office.

**Q. *How long does it take to get an appointment with a dentist?***

**A.** Three or four weeks is a reasonable amount of time to wait for a standard appointment. If you require a specific time, you may have to wait longer for an appointment.

**Q. *If I have a pre-existing dental condition, may I join DeltaCare?***

**A. YES.** Pre-existing conditions are not excluded under the DeltaCare program. However, benefits will not be provided for any dental treatment which began prior to becoming eligible under the DeltaCare program. (Work in progress, i.e. preparation for crowns, root canals, impressions for dentures, etc.)

**Q. *Does DeltaCare program provide coverage for specialty services?***

**A. YES.** Flagship maintains a panel of specialists and coordinates all your specialty care needs with your primary care dentist. If specialty care is required, your primary care provider will request authorization from DeltaCare to refer you to the appropriate specialist. **Certain specialty care must be pre-authorized by Flagship.**

**Q. *Once I have selected a dental provider, may I change my primary care dentist?***

**A. YES.** You may change your eligibility from one primary care dentist to another by phoning or writing Flagship by the 15th of the month. The change will be effective on the first day of the following month. However, requests to change dental providers should not be made if a patient is in the middle of treatment. A Flagship Customer Service Representative can advise you on the definition of "middle of treatment."

**Q. *Whom do I contact if I need assistance?***

**A.** Flagship Customer Service can assist you in all matters pertaining to the DeltaCare program. You may reach a Flagship representative at one of the numbers listed on the back of this brochure. Office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday.

If you have any questions or need additional information call or write:



Flagship Dental Plans

***FLAGSHIP DENTAL PLANS  
1639 ROUTE 10  
PARSIPPANY, NEW JERSEY 07054***

***IN NEW JERSEY: 1-800-722-3524  
OUT OF AREA: 1-800-848-3524***

**NOTE: THIS IS ONLY A SUMMARY OF THE PLAN.** The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.