



DENTAL PLAN OPTION FOR CITY OF ELIZABETH EMPLOYEES AND FAMILIES

FEATURES -----

NO DEDUCTIBLES
NO ANNUAL MAXIMUMS
NO CLAIM FORMS
NO COPAYS *

COVERS -----

PREVENTIVE CARE
RESTORATIVE CARE
ORTHODONTIC CARE *
PERIODONTIC CARE
and much more.

All services are available at Eastern Dental®, a provider of dental care for Dental Services Organization, LLC, a licensed Dental Provider Organization in the State of New Jersey.

- Compare this Option with other typical fees for dental services
- Select an Eastern Dental location as your primary office
- Complete the enrollment/election form
- Return as instructed

Scan the QR Code for the Eastern Dental location nearest you or go to easterndental.com

If you need any additional information about the DSO dental option call 1-800-982-5529 between 9:00 am and 4:30 pm and ask for the City of Elizabeth benefit representative or email Insurancedso@dso-nj.com



* Some payments are required for Orthodontia only.

CITY OF ELIZABETH

Partial List of Services	Typical Fees	Cost With DSO Option
Periodic Exam	\$ 99.00	NONE
Cleaning (Adult)	\$ 184.00	NONE
Cleaning (Child)	\$ 126.00	NONE
Fluoride Treatment (up to age 19)	\$ 53.00	NONE
<u>Silver Fillings</u>		
1 Surface	\$ 273.00	NONE
2 Surfaces	\$ 336.00	NONE
<u>Root Canals</u>		
1 Root	\$1,364.00	NONE
2 Roots	\$1,568.00	NONE
<u>Gum Surgery</u>		
Osseous Surgery Per quadrant	\$2,244.00	NONE
<u>Crown - Individual</u>		
Pontic	\$2,216.00	NONE
<u>Dentures - Complete</u>		
Upper or Lower	\$3,333.00	NONE
<u>Dentures - Partial</u>		
Upper or Lower	\$3,359.00	NONE
<u>Orthodontic - Braces</u>		
Stainless Steel (Child)	\$5,890.00	\$ 500.00
Adult	\$5,890.00	\$1,250.00

DENTAL SERVICES ORGANIZATION, LLC

OPTION E

PROCEDURE

PATIENT COST
WITH DSO OPTION

DIAGNOSTIC

Charting history, oral examination, periodic recall examination (every six months), emergency treatment No CHARGE

RADIOGRAPHIC

Complete intraoral series, periapical and bitewing films No CHARGE
Intraoral periapical No CHARGE
Each additional single film (periapical or bitewing) No CHARGE
Occlusal view x-ray No CHARGE
Lateral jaw x-ray, each No CHARGE
Four bitewing x-ray films No CHARGE
Antero-posterior x-ray of head and jaw No CHARGE
Cephalometric radiograph No CHARGE
Panoramic (panography) including bitewings No CHARGE

PREVENTIVE

Oral prophylaxis (every six months) No CHARGE
Topical fluoride treatment following prophylaxis (to age 19) No CHARGE
Space maintainers - unilateral No CHARGE
Space maintainers - bilateral No CHARGE

OPERATIVE (RESTORATIVE) SERVICES

Primary Silver amalgam - 1 surface No CHARGE
Primary Silver amalgam - 2 surfaces No CHARGE
Primary Silver amalgam - 3 surfaces or more No CHARGE
Permanent Silver amalgam - 1 surface No CHARGE
Permanent Silver amalgam - 2 surfaces No CHARGE
Permanent Silver amalgam - 3 surfaces or more No CHARGE
Silver amalgam reinforcement pins - 1st No CHARGE
Each additional pin No CHARGE
Composite filling (for front teeth) No CHARGE
Composite Class III No CHARGE
Composite Class IV No CHARGE
Core build-up (including any pins) No CHARGE

PERIODONTIA

Root scaling and root planing (per quadrant) No CHARGE
Prophylaxis, medication & minor bite correction No CHARGE
Gingivectomy, Gingivoplasty (per quadrant) No CHARGE
Occlusal adjustment (and/or equilibration) No CHARGE
Bite guard No CHARGE
Osseous surgery (per quadrant) No CHARGE

ENDODONTICS (INCLUDING RADIOGRAPHS)

Single root canal, filling No CHARGE
Double root canal, filling No CHARGE
Triple or more root canal, filling No CHARGE
Apicoectomy (per root) No CHARGE

SIMPLE EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Single tooth No CHARGE
Each additional tooth No CHARGE

ORAL SURGERY EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Surgical extraction No CHARGE
Extraction of tooth (soft tissue impaction) No CHARGE
Extraction of tooth (partial bony impaction) No CHARGE
Extraction of tooth (complete bony impaction) No CHARGE

PROCEDUREPATIENT COST
WITH DSO OPTION

Alveoplasty/Alveolectomy (per jaw maximum) per quadrant in conjunction with extraction	No CHARGE
Alveoplasty, including ridge extension, arch	No CHARGE
Excision of benign tumor, lesion diameter up to 2.5 cm	No CHARGE
Removal of cyst up to 2.5 cm diameter	No CHARGE

**PROSTHETICS (INCLUDING ADJUSTMENTS AND RELINES FOR 6 MONTHS
FOLLOWING INSTALLATION) REMOVABLE**

Full upper denture	No CHARGE
Full lower denture	No CHARGE
Partial upper or lower denture without clasps, acrylic base	No CHARGE
Partial upper or lower denture with two chrome clasps with rests, acrylic base	No CHARGE
Partial upper or lower with chrome lingual or palatal bar with two clasps and rests, acrylic base	No CHARGE
Repair broken full or partial denture, no teeth damaged	No CHARGE
Repair broken full or partial denture, replace broken tooth	No CHARGE
Each additional tooth	No CHARGE
Replace broken tooth on denture, no other repairs	No CHARGE
Each additional tooth	No CHARGE
Adding tooth to partial denture to replace extracted tooth	No CHARGE
Each additional tooth	No CHARGE
Reattaching clasp on denture, clasp intact	No CHARGE
Replacing broken clasp with new clasp on denture	No CHARGE
Relining upper or lower full or partial denture (office) once every three years	No CHARGE
Relining upper or lower full or partial denture (lab) once every three years	No CHARGE
Jump case, complete denture (duplicate of denture) once every three years	No CHARGE

CROWNS

Two surface gold inlay	No CHARGE
Three or more surfaces gold inlay	No CHARGE
Acrylic jacket	No CHARGE
Acrylic with metal (semi-precious)	No CHARGE
Porcelain jacket	No CHARGE
Porcelain fused to metal (semi-precious)	No CHARGE
3/4 cast	No CHARGE
Full cast	No CHARGE

BRIDGES – PONTICS AND ABUTMENTS (FIXED)*

Cast	No CHARGE
Maryland bridge	No CHARGE
Porcelain fused to metal (semi-precious)	No CHARGE
Plastic processed to metal (semi-precious)	No CHARGE
* Refer to exclusion #22	

ORTHODONTIC BENEFITS....

Orthodontic benefits include:
Diagnosis, including models, photographs and cephalograms;
Active treatment and Retention treatment.

Maximum, 24 months (to age 19)	\$ 500.00
Adult (19 years or older)	\$ 1,250.00

LIMITATIONS AND EXCLUSIONS

BENEFITS shall not be provided for any of the following:

1. Any dental services which were not rendered, prescribed, arranged, or approved by a Participating Dentist.
2. Bedside calls, either at home or in a hospital.
3. Any Hospital, outpatient or emergency facility administered anesthesia or any form of general anesthesia wherever administered, hospital charges, prescription drugs and/or laboratory tests.
4. Consultation by Non-Participating Dentist(s) unless specifically directed by DSO.
5. Any service or appliance for which the Covered Person incurs no charge.
6. Any service or appliance not required in accordance with accepted standards of dental practice in the geographic area and/or location in which the service is provided.
7. Any service or appliance received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group.
8. Services provided under any governmental program (excluding the Medicaid Act), any state or federal worker's compensation, employer's liability or occupational disease law or similar law for loss covered by such benefits; and services performed by a member of a Member's immediate family.
9. Anything other than services enumerated in this Contract.
10. Services rendered or items furnished for any conditions, disease, ailment or injury occurring while the Covered Person is on active duty during military service, or for services or items provided under the laws of the United States of America or of any State of the United States or of any Foreign country or of any political subdivision of any of the foregoing.
11. Dental services rendered prior to the date the Enrollee or Covered Person became eligible for such services under this Contract.
12. Any service(s) or item(s) which are determined by DSO's Dental Director, prior to being provided, not to be a necessary service or item incidental to the condition, disease or injury for which the Covered Person is being treated.
13. Broken appointments. An Enrollee may be liable for charges for broken appointments consistent with and if that is the policy of the provider office.
14. Any dependent(s) below age ten (10) where such dependent is so unruly as to make the rendering of services impractical under the circumstances in the opinion of the Participating Dentist.
15. Treatment of unmanageable patients. An attempt will be made to treat all patients; however, if a Covered Person is untreatable by virtue of fear or phobia, it is the Enrollee's responsibility to contact DSO and discuss possible referral to another office for treatment at the Enrollee's expense.
16. Treatment of a Covered Person with a communicable disease without medical clearance from such person's physician.
17. Services/supplies partially or wholly cosmetic in nature, including bleaching, bonding procedures and orthodontic services and appliances.
18. Replacement of any lost, stolen or existing prosthesis made within five (5) years.
19. Prosthetic devices, including but not limited to bridges, crowns, inlays, complete and partial removable dentures for which the final impressions were taken while the Covered Person was not covered under this Plan; or where final impressions were taken while such Covered Person was covered under this Plan, but not finally installed or delivered to such Covered Person within sixty (60) days after termination of coverage.
20. Replacement of an orthodontic appliance including retainers, bite plates, functional appliances, lingual arches and tongue cribs or repair due to patient negligence.
21. Dental procedure(s) required because of insurrection, invasion, bombardment, rebellion, revolution, military or usurped power or riot or resulting from any type of accidental injury, whether or not due to or caused by negligence, act of God, deliberate conduct of any kind or caused by anything other than natural biological factors, improper, poorly performed or nonexistent dental hygiene or by reason of dental (including periodontal) disease.
22. Replacement of teeth by fixed bridgework where teeth are missing on both sides of the same arch or jaw. Where teeth are missing on both sides of the same arch, replacement will be accomplished by removable prosthesis.
23. Expenses for duplication, maintenance or repair of any appliance to be used as a spare.
24. Expenses for all periodontal regenerative therapy and appliances or restorations necessary to accomplish periodontal splinting, increase vertical dimensions or restore occlusion.
25. Expenses for occlusal equilibration except to the extent necessary to treat periodontal disease.
26. Expenses for implantology, sealants or mouthguards.
27. Treatment of major congenital defects, such as cleft palates, and associated deformities and temporomandibular joint dysfunction.
28. Repairs to a removable denture which is (i) at least five (5) years old; (ii) to be replaced; (iii) beyond repair; and (iv) no longer serviceable.



Dental Services Organization, LLC

PROVIDER OFFICES

1. Eastern Dental® of Burlington
2. Eastern Dental® of Eatontown
3. Eastern Dental® of Ewing
4. Eastern Dental® of Flemington
5. Eastern Dental® of Hamilton
6. Eastern Dental® of Howell
7. Eastern Dental® of Lacey
8. Eastern Dental® of Laurel Springs
9. Eastern Dental® of Lawrenceville
10. Eastern Dental® of Manahawkin
11. Eastern Dental® of Marlton
12. Eastern Dental® of Ocean/Monmouth
13. Eastern Dental® of Old Bridge
14. Eastern Dental® of Parsippany
15. Eastern Dental® of Passaic/Essex
16. Eastern Dental® of Toms River
17. Eastern Dental® of Union
18. Eastern Dental® of Vineland
19. Eastern Dental® of Woodbridge
20. Eastern Dental® of Woodbury Heights

**Offering
managed care
dental plans
throughout
New Jersey
for over
40 years.**





PROVIDER OFFICES

**Eastern Dental®
of Burlington**
(856) 303-0600
Pep Boys Plaza
202 Route 130 North
Cinnaminson, NJ 08077-3304

**Eastern Dental®
of Eatontown**
(732) 660-0500
1802 Route 35 South
Oakhurst, NJ 07755-2912

**Eastern Dental®
of Ewing**
(609) 883-0801
1330 Parkway Avenue
Ewing, NJ 08628-3091

**Eastern Dental®
of Flemington**
(908) 237-2100
433 US Highway 202
Flemington, NJ 08822-6041

**Eastern Dental®
of Hamilton**
(609) 587-0600
2103 Whitehorse-Mercerville Road
Hamilton, NJ 08619-2694

**Eastern Dental®
of Howell**
(732) 683-1130
2346 Route 9 South
Howell, NJ 07731-4017

**Eastern Dental®
of Lacey**
(609) 693-6066
131 South Main Street (Route 9)
Forked River, NJ 08731-3635

**Eastern Dental®
of Laurel Springs**
(856) 784-5100
3 Kelly Drivers Road
Laurel Springs, NJ 08021-4823

**Eastern Dental®
of Lawrenceville**
(609) 587-6300
520 Lawrence Square Boulevard
South Lawrenceville, NJ 08648-2674

Eastern Dental® of Manahawkin
(609) 489-0030
733 Route 72 East
Manahawkin, NJ 08050-2864

Eastern Dental® of Marlton
(856) 983-5400
951 Route 73 North, Suite A
Marlton, NJ 08053-3211

**Eastern Dental®
of Ocean/Monmouth**
(732) 477-9200
Kennedy Plaza
2770 Hooper Avenue, Unit 4
Brick, NJ 08723-4108

Eastern Dental® of Old Bridge
(732) 727-3399
Sayrebrook Towne Center
2909 Washington Road, Suite 135
Parlin, NJ 08859-1513

Eastern Dental® of Parsippany
(973) 292-2550
Powder Mill Plaza West
2936 Route 10 West
Morris Plains, NJ 07950-1244

**Eastern Dental®
of Passaic/Essex**
(973) 478-9300
600 Getty Avenue
Clifton, NJ 07011-1915

**Eastern Dental®
of Toms River**
(732) 286-7020
1228 Route 37 West
Toms River, NJ 08755-4922

**Eastern Dental®
of Union**
(908) 964-5406
2115 Route 22 West
Union, NJ 07083-8403

**Eastern Dental®
of Vineland**
(856) 692-5400
1145 East Chestnut Avenue
Vineland, NJ 08360-5001

**Eastern Dental®
of Woodbridge**
(732) 750-3600
1030 St. Georges Avenue
Avenel, NJ 07001-1327

**Eastern Dental®
of Woodbury Heights**
(856) 845-7775
1006B Mantua Pike, Suite 1
Woodbury Heights, NJ 08097-1228



Dental Services Organization, LLC

1030 Saint Georges Avenue • Suite 104
Avenel, NJ 07001 • 1(800) 982-5529

