

**Please print, complete, and mail, fax, or email this form to the Board of Pensions.**

Please complete, sign, and return this form once you have confirmed that you are eligible to enroll in the DMO (Dental Maintenance Organization) or PPO (Preferred Provider Organization) Dental Plan offered by Aetna through the Board of Pensions.

**Unless you are enrolling during a qualified open enrollment, coverage is limited to preventive and diagnostic services for 12 months if you are a plan member who did not enroll for dental coverage when you first began your membership in the Benefits Plan. Electing dental coverage during a regular annual enrollment is generally considered late entry and restricts members to preventive and diagnostic services only for 12 months.**

**If you do not enroll in the Dental Plan within the first 30 days of initial eligibility or within 60 days of a qualifying life event, you generally must wait until the next annual enrollment or qualifying life event to enroll, and when you do enroll, there will be a 12-month waiting period for basic and major services, and a two-year waiting period for orthodontic treatment for children.**

Dental plan options are based on residency. Because you live in an area served by both a DMO and a PPO, you may enroll in either plan.

If you choose not to enroll in the DMO plan, you can elect the PPO plan or the passive PPO plan. If you live in an area where you have access to Aetna's provider network you will need to elect the PPO plan. You will receive higher benefits when you use an Aetna provider and lower out-of-pocket costs. You can use an out-of-network provider if you elect the PPO, but you will have higher out-of-pocket costs.

If you do not live in an area with access to Aetna's PPO provider network, you will need to elect the passive PPO plan. This plan does not require you to access a network provider, and reimbursement is based on the current and reasonable and customary schedule for the year of service.

**You can access more information, including the names of dentists who are part of the DMO Plan or PPO Plan, by visiting the Aetna website, [aetna.com/docfind](http://aetna.com/docfind), or calling 877-238-6200.** You may also refer to the Aetna Dental® Benefits Summary for coverage information. You may call the Board's toll-free number, 800-773-7752 (800-PRESPLAN), with questions.

## Dental Plan Monthly Rates as of January 1, 2017

	DMO	PPO
Member	\$25.87	\$36.95
Member & spouse	\$52.79	\$75.44
Member & children	\$69.24	\$97.37
Member & family	\$96.79	\$136.03

*The dental plan is not available to seminary students.*

**The cost of dental coverage is billed to the employer.**

Please print or type and complete ALL information to enroll in the DMO or PPO dental plan.



## Member Information

Name SSN

Home address

City State ZIP

Daytime phone (     ) Email

Employer

Address

City State ZIP

Phone (     ) PIN

## Enrollment Information

**Enrollment Status**     Current enrollee     New enrollee

**Coverage Selected**     PPO (*preferred provider organization*)     Passive PPO Plan     DMO (*dental maintenance organization*)

If you elect the DMO, you must select a DMO provider to access care.

DMO primary office # (member)

DMO primary office # (spouse)

DMO primary office # (children)

**Coverage Level**     Member-only     Member + spouse     Member + children     Member + family

## Authorization

**By signing, I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge.**

Member's signature Date (mm/dd/yyyy)

**On behalf of the employer, I certify that we have confirmed eligibility for plan benefits for this employee as defined by the Benefits Plan of the Presbyterian Church (U.S.A.) and agree to pay all required dues to the Board of Pensions by the due date.**

Authorized employer representative's signature Date (mm/dd/yyyy)