

## LIMITATIONS

1. Any dental services not rendered or approved by a participating dentist, except in cases of out-of-area dental emergency.
2. A service not furnished by a dentist unless the service is performed by a licensed dental hygienist under the supervision of a dentist or for an x-ray ordered by a dentist.
3. Treatment of a disease, defect, or injury covered by a major medical plan, Workers' Compensation Law, occupational disease law, or similar legislation.
4. General anesthesia, analgesia, or sedation for services rendered in a hospital environment.
5. Dental procedures undertaken primarily for cosmetic reasons, or dental care to treat accidental injuries, or congenital or developmental malformations.
6. Restorations, crowns or fixed prosthetics when acceptable results can be achieved with alternative methods or materials. In cases where the selection of a more expensive treatment plan is decided upon, the Plan will allow for the least costly alternative and the patient is responsible for all additional fees.
7. Services started prior to becoming covered under this plan.
8. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
9. Provider may charge up to \$30.00 if not notified 24 hours in advance of broken appointment.
10. Replacement of an existing crown, bridge or denture that can be made serviceable according to common dental standards.

11. Procedures, appliances or restorations for which the main purpose is to change vertical dimension, diagnose or treat conditions or dysfunction of the temporomandibular joint, stabilize periodontally involved teeth or restore occlusion.
12. Treatment of unmanageable children and/or unruly patients. An attempt will be made to treat all patients. However, if a patient is untreatable by virtue of apprehension or any other reason, and is referred to another office for treatment, the responsibility for payment lies with either the patient or the parent/guardian of the patient.
13. Services not listed in the Schedule of Benefits are not covered.

## EXCLUSIONS

1. Oral exams, bitewing x-rays, prophylaxes, and fluoride treatments: Once every 6 months.
2. Full mouth and panoramic x-rays: Once every 36 months.
3. Crowns and bridges (per tooth), dentures (per arch) and periodontal surgery (per quadrant): Once every 60 months.
4. Orthodontic treatment of Class II/Class III malocclusions: One 24-month case.

Certain other procedures may have age or time limitations. A list of such services is available on request.

This brochure contains a general description of your dental care program for your use as a convenient reference. **Due to certain Exclusions and/or Limitations, all member copayments may not be applicable.** Prior to receiving any treatment, please obtain the Certificate of Insurance for Exclusions and Limitations. All benefits are governed by the provisions of your group's contract.

## MANAGED CARE



# MANAGED CARE PLAN



Plan Underwritten by:

**DENTCARE**  
DELIVERY SYSTEMS, INC.

**Healthplex, Inc.**

333 Earle Ovington Boulevard, Suite 300  
Uniondale, NY 11553-3608  
healthplex.com

Plan Administered by:

**HEALTHPLEX**  
THE DENTAL BENEFIT EXPERTS™

Healthplex's Managed Care plans are designed to help employers meet their budget while providing comprehensive coverage for the oral health of their employees. Our Managed Care plans combine the advantages of extensive care from a Primary Care Dentist (PCD) with a broad range of services to keep your employees smiling.

### Features of the Managed Care plans are:

- No claim forms
- No deductibles
- Fixed copayments to keep costs low
- No charge for exams, cleanings and x-rays
- No annual maximums
- Coverage includes all mandated Pediatric Dental Essential Health Benefits in accordance with Affordable Care Act (ACA)
- Referrals are not needed to receive care from a participating Select specialist

### Our Networks

The founders of Healthplex created New York State's first Dental Health Maintenance Organization (DHMO), and currently offer one of the largest DHMO networks in the area. Our Managed Care plans utilize Healthplex's extensive Select Network with over 6,000 dental access points in New York and New Jersey. Our Managed Care plans are designed with you in mind by keeping costs down and providing you with the access and flexibility you deserve.

The selection of a Primary Care Dentist (PCD) is required for members and their dependents. To find a dentist, log on to [www.healthplex.com](http://www.healthplex.com) and click on "Our Dentists", select "Managed Care Panels", and then choose "Select Panel".

### How do I get started?

Contact our Healthplex Sales Team at **855-468-7261** or [sales@healthplex.com](mailto:sales@healthplex.com) and begin the process of signing up for any Healthplex Managed Care plan. By providing our Sales Representative with information about your benefit needs, we can find the best plan at the right price.

### Are the Managed Care plans ACA compliant?

Healthplex plans are ACA compliant for all groups with 100 or fewer employees and include the Pediatric Dental Essential Health Benefits, as defined in the Patient Protection Affordable Care Act, for dependent children under the age of 19.

## DO YOU HAVE QUESTIONS? ARE YOU INTERESTED IN ENROLLING?



T 855-468-7261    [sales@healthplex.com](mailto:sales@healthplex.com)    [www.healthplex.com](http://www.healthplex.com)

## MEMBER COPAYMENT SCHEDULE

Diagnostic & Preventive	SELECT 100	SELECT 105	SELECT 110
Periodic Oral Examination	No Charge	No Charge	No Charge
Full Mouth Series X-Rays	No Charge	No Charge	No Charge
Prophylaxis	No Charge	No Charge	No Charge

### Restorative

Amalgam, 2 Surfaces	No Charge	No Charge	No Charge
Amalgam, 3 Surfaces	No Charge	No Charge	No Charge
Composite, 2 Surfaces, Anterior	\$45.00	\$45.00	No Charge
Composite, 3 Surfaces, Anterior	55.00	55.00	No Charge

### Oral Surgery

Routine Extraction	30.00	No Charge	No Charge
Surgical Extraction	40.00	40.00	No Charge
Soft Tissue Impaction	50.00	50.00	\$50.00
Partial Bony Impaction	100.00	100.00	100.00

### Root Canal Therapy

Apicoectomy, Anterior	155.00	155.00	100.00
Root Canal Therapy, Bicuspids	125.00	125.00	100.00
Root Canal Therapy, Molar	275.00	225.00	150.00

### Periodontics

Gingivectomy, Per Quad	150.00	150.00	150.00
Osseous Surgery, Per Quad	300.00	300.00	200.00
Scaling/Root Planing, Per Quad	90.00	70.00	60.00

### Prosthetics - Crowns

Stainless Steel Crown	75.00	75.00	75.00
Full Cast Crown	255.00	200.00	200.00
Porcelain w/Metal Crown	255.00	200.00	200.00
Porcelain w/Metal Pontic/Abutment	255.00	200.00	200.00
Full Cast Abutment	255.00	200.00	200.00
Post and Core, Casted	100.00	100.00	No Charge

### Prosthetics - Removable

Complete Upper or Lower Denture	275.00	275.00	250.00
Partial Upper or Lower Denture, Cast Base	325.00	325.00	300.00

### Orthodontics

Orthodontics 24-Month Case	\$2,910.00	\$2,910.00	\$2,910.00
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