

## EXCLUSIONS

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. Replacement of an existing crown, bridge or denture that can be made serviceable according to common dental standards.
10. 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 temporodentally involved teeth or restore occlusion.
11. Services not listed in the Schedule of Benefits are not covered.

## LIMITATIONS

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.

# NATIONAL PPO



# NATIONAL PREFERRED PROVIDER ORGANIZATION (PPO)



Plan Underwritten by:

**HEALTHPLEX  
INSURANCE COMPANY**

Plan Administered by:

**HEALTHPLEX**  
THE DENTAL BENEFIT EXPERTS™

B-3848NATIONAL

## NATIONAL PPO NETWORK

Healthplex is pleased to announce our National Participating Provider Organization (PPO) with over 519,000 nationwide access points, of which 28,500 are in New York and New Jersey providing members the care and access they deserve! This extensive network gives employers unmatched flexibility and the ability to customize coverage levels – keeping members and their families healthy and smiling.

The foundation of our plans is built with groups in mind seeking the freedom to customize:

- Plan Designs
- Annual Maximums
- Deductibles
- Usual Customary Rates (UCR) and Maximum Allowable Charge (MAC) plans available

The National PPO network offers complete access to our broadest network locally and nationally. Different plan designs may be selected for in and out-of-network benefits. Out-of-network reimbursements may be based on the Healthplex fee schedule, or the dentist's usual and customary fees.

## HOW TO GET STARTED

When you require dental care, call any participating PPO provider within the National PPO Network, identify yourself as a plan member, and make an appointment. The dentist will provide all treatment according to plan benefits.

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 516-542-2200 E [Info@healthplex.com](mailto:Info@healthplex.com) [www.healthplex.com](http://www.healthplex.com)

## A NETWORK TO FIT EVERY NEED

Choosing Healthplex is simple with our National PPO Network. No matter the group's needs, we can customize a plan suitable for any size company. Some of our most popular plans are listed below. The percentages listed are examples of the amount of coverage members receive in-network and out-of-network. When members go out-of-network they are reimbursed per plan benefits and may be balanced billed.

	TYPE I SERVICES (DIAGNOSTIC & PREVENTIVE)		TYPE II SERVICES (BASIC)		TYPE III SERVICES (MAJOR)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>PLAN A</b>	100%	100%	80%	80%	50%	50%
<b>PLAN B</b>	100%	80%	80%	60%	50%	40%
<b>PLAN C</b>	100%	100%	100%	100%	50%	50%
<b>PLAN D</b>	100%	90%	100%	70%	50%	40%

DIAGNOSTIC & PREVENTIVE SERVICES - TYPE I	
	Periodic Examination
	Full Mouth Series X-Rays
	Bitewing Series X-Rays
	Prophylaxis
	Fluoride Treatment
	Sealants

BASIC SERVICES - TYPE II	
	Amalgam and Composite Fillings
	Periodontal Services
	Root Canals
	Routine/Surgical Extractions
	Scaling/Root Planing
	Gingivectomy
	Osseous Surgery

MAJOR SERVICES - TYPE III	
	Crowns
	Partial Dentures
	Complete Dentures