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 (including composite fillings in molar teeth), or dental care to treat accidental injuries, or congenital or developmental malformations.

6. Restorations, crowns, or fixed prosthetics when 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 periodontally involved teeth, or restore occlusion.

11. 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.

12. 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. Panoramic x-rays: once every 36 months.

3. Full mouth x-rays, 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.

5. Under family coverage, children are covered up to the end of the month of their 26th birthday.

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

Provider may charge up to $30.00 if not notified 24 hours in advance of broken appointment.

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. All benefits are governed by the provisions of International Healthcare Services, Inc. dental agreement which can be obtained through our website at healthplex.com.

Underwritten by:

International Healthcare Services, Inc.

Administered by:

healthplex

International Healthcare Services, Inc.

CAPDENT-NJ

An Affordable Care Act (ACA) Compliant Dental Plan

Plans using this network are underwritten by:

International Healthcare Services, Inc.

Administered by:

healthplex

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

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The CapDent-NJ Plan

The CapDent-NJ Plan offers extensive coverage at an affordable cost that works within any budget for an individual, family, or business. Benefits of the CapDent-NJ Plan include:

- No Annual Maximums
- No Charge for Exams, Prophylaxes, & X-rays
- No Deductibles
- 25% off a participating specialist's Usual, Customary, and Reasonable (UCR) fees
- No Referrals Required

In this managed care program, you must select a family dentist from the CapDent Directory of Participating Providers. You and your dependents will receive all treatment by this dentist or by a CapDent Participating Specialist. Some services are rendered without any cost, while others have a minimal copayment that you pay directly to the dentist. Should you be away from home with a dental problem, you will be reimbursed up to $50 for emergency care only.

Have Any **Questions**?

Interested in **Enrolling**?

T: 800-468-0466

E: sales@healthplex.com

www.healthplex.com

Schedule of Benefits

Procedure	Patient Copayment
Diagnostic & Preventive Services	
Oral Examination	No Charge
Full Mouth X-rays	No Charge
Single Films	No Charge
Bitewing Series	No Charge
Prophylaxis	No Charge
Fluoride Treatment	No Charge
Emergency Treatment	No Charge
Sealants	$35.00
Restorative Dentistry	
Amalgam, 1 Surface	$20.00
Amalgam, 2 Surfaces	$35.00
Amalgam, 3 Surfaces	$50.00
Composite Filling, 1 Surface, Anterior	$25.00
Composite Filling, 2 Surfaces, Anterior	$40.00
Composite Filling , 3+ Surfaces, Anterior	$55.00
Oral Surgery*	
Routine Extraction	$45.00
Surgical Extraction	$75.00
Soft Tissue Impaction	$95.00
Partial Bony Impaction	$125.00
Full Bony Impaction	$160.00
Alveolectomy w/o Extraction, Per Quad	$95.00
Root Canal Therapy*	
Root Canal Therapy - Anterior	$35.00
Pulpotomy	$225.00
Root Canal Therapy - Bicuspid	$290.00
Root Canal Therapy - Molar	$395.00
Apicoectomy, Anterior	$175.00

Procedure	Patient Copayment
Periodontics*	
Scaling/Root Planing of Teeth, Per Quad	$25.00
Gingivectomy, Per Quad	$125.00
Osseous Surgery, Per Quad	$425.00
Prosthetics - Crowns	
Porcelain Crown	$385.00
Porcelain w/Metal Crown	$425.00
Stainless Steel Crown	$95.00
Cast Post	$95.00
Recementation, Per Crown	$35.00
Prosthetics - Fixed Bridges	
Porcelain w/Metal Abutment or Pontic	$425.00
Recementation, Bridge	$35.00
Prosthetics - Removable	
Full Upper Denture, inc. Adjustments	$395.00
Full Lower Denture, inc. Adjustments	$395.00
Partial Upper Denture, Cast Base/Cast	$395.00
Partial Lower Denture, Cast Base/Cast	$395.00
Prosthetics - Repairs	
Broken Body of Denture	$95.00
Replacing Broken/Missing Teeth	$35.00
Lab Reline	$95.00
Office Reline	$150.00
Orthodontics*	
Case Fee - 24 Months	75% UCR

**When a participating specialist renders these services, the copayment will be 25% less than the specialist's usual fees.*