

HEALTHPLEX VOLUNTARY DENTAL PLANS- Comparison Chart

Plan	Capdent		Capdent Plus		Healthplex Preferred Choice
Providers	CapDent Network		CapDent Network or Out of Network		Healthplex PPO Network or Out of Network
Plan Type	DMO (must visit a participating dentist)		POS (can visit a participating dentist or a non-participating dentist)		PPO (Can visit any Dentist)
Plan Availability	New Jersey & New York		New York Only		New York Only
Minimum Participation	One Employee w/ Annual Premium Two Employees for a Group		Three Employees Enrolled		Three Employees Enrolled
Deductible	No Deductible		<u>In-Network</u> \$5 per visit fee	<u>Out-of-Network \$40 per person</u> waived for Diagnostic & Preventive	<u>In or Out-of-Network \$40 per person</u> waived for Diagnostic & Preventive
Preventive	100%		100%	Scheduled Reimbursements	Scheduled Reimbursements
Basic (Root Canal, Fillings, Etc)	Scheduled Copayments		Scheduled Copayments	Scheduled Reimbursements	Scheduled Reimbursements
Major (Crowns, Bridges, Etc)	Scheduled Copayments		Scheduled Copayments	Scheduled Reimbursements	Scheduled Reimbursements
Maximum	None		None	\$1200 per year, per person	\$1200 per year, per person
Ortho Maximum	25% discount off participating CapDent Specialist fees		25% discount off participating CapDent Specialist fees	\$720 lifetime per person (over 24 months)	\$720 lifetime per person (over 24 months)
Waiting Periods	NONE		NONE	12 months for prosthetics 24 months for orthodontics	12 months for prosthetics 24 months for orthodontics
Claim Forms	NO		NO	YES	YES
Assignment of Benefits	Not Applicable		Not Applicable	YES	YES
Unlisted Services	Covered at 25% discount off participating dentist fee		Covered at 25% discount off participating dentist fee	Not covered	Not covered
Care rendered by Specialists	25% discount off participating specialist fees. Any CapDent Specialist can be used.		25% discount off participating specialist fees. Any CapDent Specialist can be used.	Reimbursed according to Schedule of Allowances	Reimbursed according to Schedule of Allowances
Patient Expenses	Co-payments paid by patient		Co-payments paid by patient & Healthplex	Co-insurance (balance of Dentist's fees not paid by plan) paid by patient	Co-insurance paid by patients will be lower at Healthplex PPO dentist
Provider Changes	New participating dentist may be selected with prior notice		New participating dentist may be selected with prior notice	Not Applicable	Not Applicable
Vision Benefits	Not Applicable		Covered as per Davis Vision discount plan	Covered as per Davis Vision discount plan	Covered as per Davis Vision discount plan
I.D. Cards	YES- with name of participating dentist		YES- with name of participating dentist and the "Davis Vision" name indicating Vision coverage	YES- and "Davis Vision" name indicating discount Vision coverage	YES- and "Davis Vision" name indicating discount Vision coverage
MONTHLY RATE	<u>New York Rate</u>	<u>New Jersey Rate</u>	<u>New York only</u>		<u>New York only</u>
Single	\$13.25	\$12.80	\$22.00		\$21.00
Employee + One	\$22.00	\$25.65	\$38.00		\$42.00
Family	\$30.00	\$36.65	\$55.00		\$55.00

DENTCARE - CAPDENT COMPREHENSIVE VOLUNTARY PLANS - Comparison Chart

Plan	Comprehensive Voluntary Low Plan	Comprehensive Voluntary Medium Plan	Comprehensive Voluntary High Plan	Comprehensive Voluntary High Enhanced Plan
Providers	CapDent General Dentist	CapDent General Dentist	CapDent General Dentist	CapDent General Dentist
Plan Type	Member must choose a participating dentist	Member must choose a participating dentist	Member must choose a participating dentist	Member must choose a participating dentist
Plan Availability	New York only	New York only	New York only	New York only
Minimum Participation	Groups of 1 or more	Groups of 2 or more	Groups of 3 or more	Groups of 3 or more
Claim Forms	None	None	None	None
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Co-payments	Scheduled Co-payments	.	Lowest Scheduled Co-payments	Lowest Scheduled Co-payments
Specialty Services	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees.	25% discount off CapDent participating specialists or Dentcare participating specialists with approval. (Co-payments Will apply)	25% discount off CapDent participating specialists or Dentcare participating specialists with approval. (Co-payments Will apply)
Annual Maximum	None	None	None	None
Orthodontia	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees. Approvals necessary for high enhanced option if chosen. Co-payment for child is \$1200 / Adult \$1600
Provider Changes	Open Enrollment	Open Enrollment	Open Enrollment	Open Enrollment
Unlisted Services	Not Covered	Not Covered	Not Covered	Not Covered
I.D. Cards	Yes - with name of participating Dentist	Yes - with name of participating Dentist	Yes - with name of participating Dentist	Yes - with name of participating Dentist
MONTHLY RATE				
Employee	\$16.90	\$28.17	\$36.62	\$40.85
Employee + Spouse	\$27.46	\$48.94	\$64.08	\$72.54
Employee + Child	\$27.46	\$48.94	\$64.08	\$72.54
Employee + Family	\$38.02	\$69.71	\$91.54	\$104.23

Groups of **10 or more** can allow individual **enrollees to select their plan** of choice.

Groups of **9 or less** enrollees must have the **employer select a single plan**.

Groups of 1 or 2 enrollees may **only** select the Low or Medium plans.

NEW JERSEY CAPDENT & CAPDENT PLUS - Benefit Summary Comparison Chart

Plan	CapDent	CapDent Plus Primary Care Plan	CapDent Plus-Exclusive Provider Organization Plan
Providers	CapDent Network	CapDent Network	Healthplex/IHS PPO Network
Plan Type	DMO (must visit a participating CapDent dentist)	DMO (must visit a participating CapDent dentist)	EPO (Can visit any Healthplex/IHS PPO Dentist)
Plan Availability	New Jersey	New Jersey	New Jersey
Minimum Participation	One Employee w/ Annual Premium Two Employees for a Group	Three Employees	Three Employees
Deductible	No Deductible	<u>No Deductible</u> \$5 per visit fee	<u>\$40 per person</u> (Waived for Diagnostic & Preventive)
Diagnostic & Preventive	100%	100%	Scheduled Reimbursements
Basic (Root Canal, Fillings, Etc)	Scheduled Patient Copayments	Scheduled Patient Copayments	Scheduled Reimbursements
Major (Crowns, Bridges, Etc)	Scheduled Patient Copayments	Scheduled Patient Copayments	Scheduled Reimbursements
Maximum	None	None	\$1200 per year, per person
Orthodontics	25% discount off participating CapDent Specialist's fees	25% discount off participating CapDent Specialist's fees	\$720 lifetime maximum (over 24 months)
Care rendered by Specialists	25% discount off participating Specialist's fees. Any CapDent Specialist can be used.	25% discount off participating Specialist's fees. Any CapDent Specialist can be used.	Scheduled Reimbursements
Waiting Periods	NONE	NONE	12 months for Prosthetics 24 months for Orthodontics
Claim Forms	NO	NO	YES
Assignment of Benefits	Not Applicable	Not Applicable	YES (Automatic)
Unlisted Services	Covered at 25% discount off participating dentist's fees	Covered at 25% discount off participating dentist's fees	Not covered
Patient Expenses	Copayments paid by patient	Copayments paid by patient	Patients pay difference between Scheduled Reimbursement and Healthplex PPO Fee Schedule
Provider Changes	New participating dentist may be selected with prior notice	New participating dentist may be selected with prior notice	Patients can visit any Healthplex/IHS PPO Dentist at any time
Vision Benefits	Not Applicable	Covered through Davis Vision discount plan	Covered through Davis Vision discount plan
I.D. Cards	YES- with name of participating dentist	YES- with name of participating dentist & "Davis Vision" indicating Vision coverage	YES with "Davis Vision" name indicating discount Vision coverage
	<u>New Jersey</u>	<u>New Jersey</u>	<u>New Jersey</u>
Single	\$12.80	\$22.00	\$22.00
Employee + One	\$25.65	\$38.00	\$38.00
Family	\$36.65	\$55.00	\$55.00

Healthplex Dental Options

Dental Network Network Option Network Name Deductible (Waived for Preventive) Maximum Benefit Orthodontia Maximum	CapDent		CapDent Plus		Capdent Plus Ultra		OMNI PPO	
	In Network CapDent	Out of Network	In Network CapDent	Out of Network	In Network CapDent	Out of Network	In Network PPO	Out of Network
	None		None	\$40	None	\$40	\$50/\$150	\$50/150
	None		None	\$1,200	None	\$1,200	\$1250	\$1250
	N/A		N/A	\$720	N/A	\$900	\$2910 Patient Cost	N/A
Diagnostic & Preventive	Member Fee		Member Fee	Member Reimbursement	Member Fee	Member Reimbursement	PPO FEE	UCR
<i>Periodic Examination</i>	No Charge	N/A	No Charge	\$16.50	No Charge	\$19.80	100%	100%
<i>Prophylaxis-adult (teeth cleaning)</i>	No Charge	N/A	No Charge	\$27.50	No Charge	\$33.00	100%	100%
<i>Full mouth X-rays</i>	No Charge	N/A	No Charge	\$38.50	No Charge	\$46.20	100%	100%
<i>Fluoride Treatment</i>	No Charge	N/A	No Charge	\$16.50	No Charge	\$19.80	100%	100%
<i>Panorex X-Ray</i>	No Charge	N/A	No Charge	\$27.50	No Charge	\$33.00	100%	100%
<i>Emergency Treatment</i>	No Charge	N/A	No Charge	\$22.00	No Charge	\$26.40	100%	100%
Restorative								
<i>Silver Amalgam, One Surface</i>	\$20.00	N/A	No Charge	\$22.00	No Charge	\$26.40	80%	80%
<i>Silver Amalgam, Two Surface</i>	\$35.00	N/A	No Charge	\$33.00	No Charge	\$39.60	80%	80%
<i>Silver Amalgam, Three Surface</i>	\$50.00	N/A	No Charge	\$44.00	No Charge	\$52.80	80%	80%
<i>Composite Filling, One Surface</i>	\$25.00	N/A	No Charge	\$22.00	No Charge	\$26.40	80%	80%
<i>Composite Filling, Two Surface</i>	\$40.00	N/A	No Charge	\$33.00	No Charge	\$39.60	80%	80%
<i>Composite Filling, Three Surface</i>	\$55.00	N/A	No Charge	\$44.00	No Charge	\$52.80	80%	80%
Endodontics								
<i>Anterior Root Canal</i>	\$225.00	N/A	\$125.00	\$215.00	\$125.00	\$258.00	80%	80%
<i>Bicuspid Root Canal</i>	\$290.00	N/A	\$190.00	\$250.00	\$190.00	\$300.00	80%	80%
<i>Molar Root Canal</i>	\$395.00	N/A	\$335.00	\$300.00	\$335.00	\$360.00	80%	80%
Oral Surgery								
<i>Routine Extraction</i>	\$45.00	N/A	\$25.00	\$38.50	\$25.00	\$46.20	80%	80%
<i>Surgical Extraction</i>	\$75.00	N/A	\$50.00	\$50.00	\$50.00	\$60.00	80%	80%
<i>Extract impacted tooth, soft tissue</i>	\$95.00	N/A	\$50.00	\$65.00	\$50.00	\$78.00	80%	80%
<i>Extract impacted tooth, partial/full bony</i>	\$125 / \$160	N/A	\$75-\$100	\$100-\$135	\$75-\$100	\$120-\$162	80%	80%
Periodontics								
<i>Gingivectomy, per quad</i>	\$125.00	N/A	\$95.00	\$80.00	\$95.00	\$96.00	50%	50%
<i>Osseous Surgery, Per Quad</i>	\$425.00	N/A	\$350.00	\$135.00	\$350.00	\$162.00	50%	50%
Crown and Bridge								
<i>Porcelain Crown</i>	\$385.00	N/A	\$270.00	\$160.00	\$270.00	\$192.00	50%	50%
<i>Porcelain w/ Metal Crown</i>	\$425.00	N/A	\$270.00	\$215.00	\$270.00	\$258.00	50%	50%
<i>Stainless Steel Crown</i>	\$95.00	N/A	\$50.00	\$55.00	\$50.00	\$66.00	50%	50%
Prosthodontics								
<i>Full Upper/Lower Denture</i>	\$395.00	N/A	\$295.00	\$275.00	\$295.00	\$330.00	50%	50%
<i>Partial Upper/Lower Denture</i>	\$395.00	N/A	\$295.00	\$305.00	\$295.00	\$366.00	50%	50%
<i>Denture reline (chair side)</i>	\$95.00	N/A	\$50.00	\$40.00	\$50.00	\$48.00	50%	50%
<i>Denture reline (laboratory)</i>	\$150.00	N/A	\$95.00	\$82.00	\$95.00	\$98.40	50%	50%
Orthodontia								
<i>Child to age 19</i>	75% of UCR	N/A	75% of UCR	\$30 Per Month	75% of UCR	\$30 Per Month	\$2,910	NA
Monthly Premium								
<i>Single</i>	\$13.25		\$22.00	\$22.00	\$29.50	\$29.50	\$33.50	\$33.50
<i>Two Party</i>	\$22.00		\$38.00	\$38.00	\$50.00	\$50.00	\$65.00	\$65.00
<i>Family</i>	\$30.00		\$55.00	\$55.00	\$72.00	\$72.00	\$87.00	\$87.00

NOTES:

- All benefits are subject to Dentcare's standard Limitations and Exclusions.
- In CapDent Plus, there is a 12 month wait for major services except for single crowns and a 24 month wait for Orthodontics, in the Out-of-Netowrk option.
- In CapDent Plus Ultra, there is a 9 month wait for major services except for single crowns and an 18 month wait for Orthodontics, in the Out-of-Network option.
- In the Omni Plan, there is a 12 month wait for major services except for single crowns. Orthodontic benefits ii .
- Waiting periods may be reduced for groups with prior coverage.
- Out-of-Network allowances in the Omni Plan are based on Healthplex's UCR Fees.
- With the exception of CapDent, all plans are subject to minimum enrollment. In addition, the Omni Plan requires 50% participation. This can be accomplished with combined enrollments in all plans.
- Davis Vision provides preferred pricing and member discounts for Examinations, Frames, Contact Lenses and Laser Vision Car services. Vision benefits are not available with the CapDent Plan.