

WHY HEALTHPLEX?

All dentists in our network are credentialed by Healthplex, a Credentials Verification Organization certified by the National Committee for Quality Assurance* for 10 out of 10 credentialing services. We conduct site visits to ensure all offices are well equipped, adequately staffed and are following proper sterilization techniques. If you have a problem with your dentist, we will rectify the situation or refund your premium.

Visits for routine dental care will be scheduled within a few weeks of your initial phone call. If you have a dental emergency, you will be given an appointment within 24 hours. Should you be away from home with a dental problem, you will be reimbursed up to \$50 for emergency care only.

Referral Forms are not necessary when visiting CapDent participating specialists – just present your CapDent identification card.

**Healthplex is fully certified as a Credentials Verification Organization (CVO) by NCQA for 10 out of 10 verification services. CVO certification includes rigorous on-site evaluations conducted by a team of health care professionals and certified credentialing specialists. Achieving CVO certification from NCQA demonstrates that Healthplex has the systems, process and personnel in place to thoroughly and accurately verify providers' credentials and help health plan clients meet their accreditation goals.*



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 general services rendered in a hospital environment.
5. Dental procedures undertaken primarily for cosmetic reasons (including composite fillings in back teeth), or dental care to treat accidental injuries, 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. Broken Appointments – If specified by Plan Dentist for appointments not cancelled 24 hours in advance, there is a \$30 charge.
10. Replacement of an existing crown, bridge or denture that can be made serviceable according to common dental standards.
11. Procedures, appliances or restorations whose 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 parents of the patient.
13. Services not listed in the Schedule of Benefits are not covered.

LIMITATIONS

1. Oral exams, bitewing x-rays, prophylaxes, scalings and fluoride treatments: Once every 6 months.
2. Full mouth and panoramic x-rays: Once every 36 months.
3. Crowns, bridges, dentures and periodontal surgery: Once every 60 months.
4. Orthodontic treatment of Class II/Class III malocclusions: One 24-month case.
5. Under family coverage, children are covered to age 19 (25 if full-time student). Proof of student status must be submitted every semester.

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. All benefits are governed by the provisions of International Healthcare Services' dental agreement.



Managed Care

Group & Individual Plans

Underwritten by

INTERNATIONAL HEALTHCARE SERVICES, INC.

Administered by

Healthplex, Inc.
333 Earle Ovington Boulevard, Suite 300
Uniondale, NY 11553-3608
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24-HOUR EMERGENCY REFERRAL SERVICES: 1 800 468 0600

The CapDent Plan provides covered services through a network of participating dentists with no claim forms, no maximums, no deductibles, and no lengthy predeterminations to cover pre-existing conditions.

While the CapDent Plan includes all types of services, including crowns, bridges, dentures, root canals, periodontal care and orthodontics, it stresses preventive and diagnostic dental services. Cleanings, exams, x-rays and fluoride treatments are all covered without any cost to you. This “preventive incentive” is important because dental disease can be greatly reduced with regular visits to the dentist. If regular visits for preventive and diagnostic care are free, major dental work and its high costs can be minimized.

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 from that dentist. Some services are rendered without any cost, while others have a minimal copayment that you pay directly to the dentist. Should you require a specialist’s care, you may be treated by any CapDent participating endodontist, periodontist, oral surgeon or orthodontist. Services rendered by participating specialists will be 25% less than usual fees. Referral forms are not necessary.

For questions about enrollment, please call our **Sales Department** at 1 800 468 0466 or visit our website at www.healthplex.com.

For other questions about the CapDent plan, please call our **Customer Service Department** at 1 800 468 0600, option 1.

| PROCEDURE | PATIENT COPAYMENT* | PROCEDURE | PATIENT COPAYMENT |
|---|--------------------|---|-------------------|
| DIAGNOSTIC & PREVENTIVE SERVICES | | PERIODONTICS* | |
| Oral Exam | No Charge | Scaling of teeth, per quad | \$25 |
| Full Mouth X-rays | No Charge | Gingivectomy, per quad | \$125 |
| Single Films | No Charge | Osseous surgery, per quad | \$425 |
| Bitewing Series | No Charge | | |
| Oral Hygiene Instruction | No Charge | PROSTHETICS – CROWNS | |
| Cleaning of Teeth <i>(Polishing)</i> | No Charge | Acrylic with Metal Crown | \$295 |
| Fluoride Treatment | No Charge | Porcelain Crowns | \$385 |
| Emergency Treatment | No Charge | Porcelain with Metal Crown | \$425 |
| | | Stainless Steel Crown | \$95 |
| | | Cast Post | \$95 |
| | | Recementation per crown | \$35 |
| RESTORATIVE DENTISTRY | | PROSTHETICS – FIXED BRIDGES | |
| PRIMARY AND PERMANENT | | Acrylic w/metal bridge crown or pontic | |
| Silver Amalgam, 1 Surface | \$20 | Porcelain w/metal bridge crown or pontic | \$425 |
| Silver Amalgam, 2 Surfaces | \$35 | Recementation, bridge | \$35 |
| Silver Amalgam, 3 or More Surfaces | \$50 | | |
| Composite Filling, 1 Surface | \$25 | PROSTHETICS – REMOVABLE | |
| Composite Filling, 2 Surfaces | \$40 | Full upper denture, including adjustments | \$395 |
| Composite Filling, 3 or More Surfaces | \$55 | Full lower denture, including adjustments | \$395 |
| | | Partial upper denture, cast base and acrylic | \$395 |
| ORAL SURGERY** | | Partial lower denture, cast base and acrylic | \$395 |
| Routine Extraction, Per Tooth | \$45 | Denture Adjustments <i>(for denture not made in office)</i> | \$35 |
| Surgical Extraction | \$75 | | |
| Soft Tissue Impaction | \$95 | PROSTHETICS – REPAIRS | |
| Partial Bony Impaction | \$125 | Broken body of denture <i>(no teeth involved)</i> | \$95 |
| Full Bony Impaction | \$160 | Replacing broken or missing teeth | \$35 |
| Alvelectomy w/o Extraction, Per Quad | \$95 | Office Reline | \$95 |
| | | Lab Reline | \$150 |
| ROOT CANAL THERAPY** | | | |
| Pulp Capping | \$10 | ORTHODONTICS* | |
| Pulpotomy | \$35 | Case Fee – 24 months | 75% UCR |
| Root Canal Therapy – Anterior | \$225 | | |
| Root Canal Therapy – Bicuspid | \$290 | | |
| Root Canal Therapy – Molar | \$395 | | |
| Apicoectomy | \$175 | | |

*Amounts shown are what YOU will pay directly to your Provider (Dentist chosen upon enrollment).

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