

## PLAN SPECIFICATIONS

### IN-NETWORK:

1. Coverage is available only at the offices of participating general dentists and specialists.
2. General dentists must be selected in advance from the list of CapDent/CapDent Plus general dentists. All family members must go to the same general dentist.
3. No deductibles, no maximums, no claim forms and no waiting periods.
4. Diagnostic and Preventive Services are covered in full.
5. Basic and Major Services have fixed copayments paid by the patients directly to their participating general dentists.
6. If specialist's services are required, you will be charged directly by the specialist at 25% less than usual fees. No referral forms are necessary.
7. There is a \$5 fee for each visit to participating dentists.
8. Services not listed (including cosmetic treatments) are covered with a copayment of 25% less than the participating dentist's usual fees.

### OUT-OF-NETWORK:

1. Coverage available at any dental office.
2. Deductible of \$40 per person (not applicable to Diagnostic and Preventive Services).
3. Maximum benefit of \$1,200 per person per contract year for general dentistry and \$720 per person (lifetime) for Orthodontic treatment.
4. Allowances for Basic and Major Services will be paid to the enrollee or can be assigned to the dentist. Patients are responsible to their own dentist for all charges not covered by the Plan.
5. There is a waiting period of 12 months for prosthetic benefits (other than single crowns) and 24 months for orthodontic coverage.
6. Predetermination of Benefits is suggested for treatment plans in excess of \$500.
7. Services not listed are not covered.

**As an added feature, a vision benefit is included for all CapDent Plus Plan enrollees.**



*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. Dental services not rendered, prescribed, arranged, or approved by a plan dentist, except in cases of out-of-area dental emergency (In-Network Plan).
2. Services not furnished by a dentist unless 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 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 (In-Network Plan).
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 x-rays, crowns, bridges, dentures, periodontal surgery: Once every 60 months.
3. Periodontal Services: Covered for enrollees 18 years of age or older.
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 Dentcare's dental agreement.**



## Broadest Managed Care Network in the New York Metropolitan Area

### Includes Out-of-Network Benefits

Underwritten by

**DENTCARE DELIVERY SYSTEMS, INC.**

Administered by

Healthplex, Inc.

333 Earle Ovington Boulevard, Suite 300

Uniondale, NY 11553-3608

healthplex.com

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Affordability and choice are what make CapDent Plus a truly unique dental plan. Sure to please purchasers as well as patients, the heart of this true point-of-service dental program is a reasonably priced managed care plan using a network of participating dentists. There are no deductibles, no maximums and no waiting periods for in-network prosthetic treatment. Out-of-pocket expenses are low and coverage is extensive.

CapDent Plus allows managed care enrollees to use non-participating dentists at any time. Patients who seek out-of-network care are reimbursed according to a schedule of benefits for covered procedures. While some deductibles and maximums may apply, “freedom of choice” means you get the care you want at a cost you can afford.

**HOW TO USE CAPDENT PLUS**

Be sure you understand all the benefits, exclusions and limitations of the CapDent Plus plan before you enroll. In-network amounts shown are payments you will make directly to your participating dentist for services rendered. Out-of-network amounts shown are allowances you will receive toward the cost of the procedures indicated. Both plans are subject to the exclusions and limitations noted in this brochure.

If you require treatment from a specialist, you may use any participating provider or your own. Fees charged by participating specialists will be charged directly to you at a discount of 25% from usual and customary fees. If you prefer to visit your own dentist or specialist and receive out-of-network benefits, submit claim forms to Healthplex at the address shown on the front of this brochure. You will be reimbursed according to the out-of-network schedule in this brochure.

For questions about enrollment, please call our [Sales Department](#) at 1 800 468 0466 or visit our website at [www.healthplex.com](http://www.healthplex.com).

For other questions about the plan, please call our [Customer Service Department](#) at 1 800 468 0600, option 1.

PROCEDURE	IN-NETWORK* \$5 Per Visit/Person	OUT-OF-NETWORK** Reimbursement
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**DIAGNOSTIC & PREVENTIVE SERVICES**

Oral Exam	No Charge	\$16.50
Full Mouth X-rays	No Charge	\$38.50
Periapical 1st Film	No Charge	\$5.00
Panoramic X-ray	No Charge	\$27.50
Cleaning (Polishing), Child/Adult	No Charge	\$27.50
Fluoride Treatment, to Age 16	No Charge	\$16.50
Emergency Treatment	No Charge	\$22.00

**RESTORATIVE**

Sealants, per tooth	\$20.00	\$16.50
Silver Amalgam, 1 Surface	No Charge	\$22.00
Silver Amalgam, 2 Surfaces	No Charge	\$33.00
Silver Amalgam, 3 or More Surfaces	No Charge	\$44.00
Composite Filling, 1 Surface	No Charge	\$22.00
Composite Filling, 2 Surfaces	No Charge	\$33.00
Composite Filling, 3 or More Surfaces	No Charge	\$44.00
Pin Retention	No Charge	\$11.00

**ORAL SURGERY**

Routine Extraction	\$25.00 <sup>1</sup>	\$38.50
Surgical Extraction	\$50.00 <sup>1</sup>	\$50.00
Soft Tissue Impaction	\$50.00 <sup>1</sup>	\$65.00
Partial Bony Impaction	\$75.00 <sup>1</sup>	\$100.00
Full Bony Impaction	\$100.00 <sup>1</sup>	\$135.00
Alveolectomy w/o Extraction, Per Quad	\$50.00 <sup>1</sup>	\$65.00

**ROOT CANAL THERAPY**

Pulp Capping, Direct	No Charge <sup>1</sup>	\$11.00
Pulpotomy	No Charge <sup>1</sup>	\$32.00
Root Canal Therapy – Anterior	\$125.00 <sup>1</sup>	\$215.00
Root Canal Therapy – Bicuspid	\$190.00 <sup>1</sup>	\$250.00
Root Canal Therapy – Molar	\$335.00 <sup>1</sup>	\$300.00
Apicoectomy	\$125.00 <sup>1</sup>	\$110.00

PROCEDURE	IN-NETWORK* \$5 Per Visit/Person	OUT-OF-NETWORK** Reimbursement
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**PERIODONTICS (OVER 18 YEARS OF AGE)**

Scaling of Teeth, Full Mouth	\$45.00 <sup>1</sup>	\$32.00
Gingivectomy, Per Quad	\$95.00 <sup>1</sup>	\$80.00
Osseous Surgery, Per Quad	\$350.00 <sup>1</sup>	\$135.00

**PROSTHETICS – FIXED, REMOVABLE**

Acrylic with Metal Crown	\$150.00	\$160.00
Porcelain Crown	\$270.00	\$160.00
Porcelain with Metal Crown	\$270.00	\$215.00
Full Cast Crown	\$150.00	\$160.00
Porcelain Laminates	\$270.00	\$135.00
Stainless Steel Crown	\$50.00	\$55.00
Post	\$50.00	\$55.00
Recementation, Per Crown	No Charge	\$17.00
Acrylic w/Metal Bridge Crown or Pontic	\$150.00	\$160.00 <sup>2</sup>
Porcelain w/Metal Bridge Crown or Pontic	\$270.00	\$215.00 <sup>2</sup>
Full Cast Metal Bridge Crown or Pontic	\$150.00	\$160.00 <sup>2</sup>
Resin Retainer	\$220.00	\$135.00 <sup>2</sup>
Recementation, Bridge	No Charge	\$17.00
Full Upper or Lower Denture (Including Adjustments)	\$295.00	\$275.00 <sup>2</sup>
Partial Upper or Lower Denture (Cast Base)	\$295.00	\$305.00 <sup>2</sup>
Denture Repairs	\$25.00-\$75.00	\$12.00-\$55.00
Office Reline	\$50.00	\$40.00
Lab Reline	\$95.00	\$82.00

**ORTHODONTICS**

Case Fee – 24 Months	75% UCR	\$30.00/mo. <sup>3</sup>
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\*These fees are the most you will pay to your CapDent/CapDent Plus participating general dentist for the services listed.

\*\*These are the amounts that the plan will pay for the services listed.

<sup>1</sup>Copayments for these services when rendered by a participating specialist will be 25% less than the dentists’ usual fees.

<sup>2</sup>Subject to a 12-month waiting period (other than for single crowns).

<sup>3</sup>Subject to 24-month waiting period and lifetime maximum of \$720.