

FREQUENTLY ASKED QUESTIONS

How do I receive dental care and benefits?

Just bring your Healthplex ID card with you to your appointment to identify yourself as a Healthplex member. Submit claim forms to Healthplex at the address shown on the front of this brochure.

Will I be satisfied with the services of my PPO participating dentist?

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.

What are the plan's specifications?

Coverage is available at any dental office. There is a \$40 per person deductible (not applicable to Diagnostic and Preventive Services). There is a maximum benefit of \$1,200 per person per contract year for general dentistry and \$720 per person (lifetime) for orthodontic treatment. Allowances for all services will be paid to the member or can be assigned to the dentist. Patients are responsible to their dentists for all charges not covered by the Plan. There is a 12-month waiting period for prosthetic benefits (other than single crowns) and 24 months for orthodontic coverage.

**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.*



24-HOUR EMERGENCY REFERRAL SERVICES: 1 800 468 0600

EXCLUSIONS

1. 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.
2. Treatment of a disease, defect, or injury covered by Workers' Compensation Law, occupational disease law, or similar legislation.
3. General anesthesia, analgesia, or sedation for general services rendered in a hospital environment.
4. Dental procedures undertaken primarily for cosmetic reasons (including composite fillings in back teeth), or dental care to treat accidental injuries, congenital or developmental malformations.
5. 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.
6. Services started prior to becoming covered under this plan.
7. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
8. Replacement of an existing crown, bridge or denture that can be made serviceable according to common dental standards.
9. 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.
10. Services not listed in the Schedule of Benefits are not covered.

LIMITATIONS

1. Oral exams, bitewing x-rays, prophylaxes and fluoride treatments: Twice in a 12-month period.
2. Full mouth x-rays: Once every 36 months
3. Crowns, bridges, dentures, periodontal surgery: Once every 60 months.
4. Periodontal Scaling: Once every 12 months.
5. Periodontal Services: Covered for enrollees 18 years of age or older.
6. Orthodontic treatment of Class II/Class III malocclusions: One 24-month case.
7. Under family coverage, children are covered to age 19 (23 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 Healthplex Insurance Company's dental agreement.



Group Plans of All Sizes

Extensive PPO

Underwritten by

HEALTHPLEX INSURANCE COMPANY

Administered by

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

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As the largest independent dental benefit company in the Northeast, Healthplex specializes in the design and administration of quality dental plans with comprehensive coverage and reasonable premiums. Preferred Choice is one of our most flexible programs and uses our largest network of participating dentists.

More than 5,500 Preferred Providers accept a fixed Schedule of Allowances as payment in full, thereby saving you money. By utilizing the services of one of the Healthplex dentists, you only pay the difference between the plan reimbursement and the Healthplex PPO Scheduled Amount.

Your out-of-pocket costs at a participating provider with the Preferred Choice Plan

	WITH HEALTHPLEX*	WITHOUT HEALTHPLEX**
Oral Exam	\$8.50	\$100.00
Cleaning, Adult	\$16.50	\$150.00
Root Canal, Molar	\$200.00	\$1,200.00
Porcelain Crown	\$265.00	\$1,000.00

* This is what you will spend at a participating provider's office.

** Based on usual and customary fees in Brooklyn, NY

Out-of-pocket expenses will always be lower if participating dentists are used because their fees are always lower.

Remember, in this plan you are free to use the services of any dentist, at any time. However, reimbursement is subject to the deductibles and maximums listed and will be based on the amounts shown in the "Plan Pays" column of the Schedule of Benefits.

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 plan, please call our [Customer Service Department](#) at 1 800 468 0600.

As an added feature, a vision benefit is included for all Preferred Plan members.

PROCEDURE

MEMBER PAYS¹ PLAN PAYS²

In-Network (paid directly to the PPO Dentist) Out-of-Network Reimbursement

DIAGNOSTIC & PREVENTIVE SERVICES

Initial Oral Exam	\$8.50	\$16.50
Full Mouth X-rays	\$17.50	\$38.50
Periapical 1st Film	\$5.00	\$5.00
Panorex X-ray	\$22.50	\$27.50
Cleaning (Polishing), Child	\$2.50	\$27.50
Cleaning (Polishing), Adult	\$16.50	\$27.50
Fluoride Treatment, to Age 19	\$14.50	\$16.50
Sealants, Per Tooth	\$13.50	\$16.50
Emergency Treatment (Palliative Treatment)	\$8.00	\$22.00

RESTORATIVE

Silver Amalgam, 1 Surface	\$23.00	\$22.00
Silver Amalgam, 2 Surfaces	\$27.00	\$33.00
Silver Amalgam, 3 Surfaces	\$31.00	\$44.00
Silver Amalgam, 4 Surfaces	\$41.00	\$44.00
Composite Filling, 1 Surface	\$28.00	\$22.00
Composite Filling, 2 Surfaces	\$37.00	\$33.00
Composite Filling, 3 Surfaces	\$44.00	\$44.00
Composite Filling, 4 Surfaces	\$51.00	\$44.00
Pin Retention	\$14.00	\$11.00

ORAL SURGERY

Routine Extraction	\$27.50	\$38.50
Surgical Extraction	\$60.00	\$50.00
Soft Tissue Impaction	\$90.00	\$65.00
Partial Bony Impaction	\$88.00	\$100.00
Full Bony Impaction	\$105.00	\$135.00
Alveolectomy w/o Extraction, Per Quad	\$60.00	\$65.00

ROOT CANAL THERAPY

Pulp Capping	\$14.00	\$11.00
Pulpotomy	\$33.00	\$32.00
Root Canal Therapy – Anterior	\$135.00	\$215.00
Root Canal Therapy – Bicuspid	\$175.00	\$250.00
Root Canal Therapy – Molar	\$200.00	\$300.00
Apicoectomy – Anterior	\$100.00	\$110.00

PROCEDURE

MEMBER PAYS¹ PLAN PAYS²

In-Network (paid directly to the PPO Dentist) Out-of-Network Reimbursement

PERIODONTICS (Over 18 Years of Age)

Scaling of Teeth, Full Mouth	\$328.00	\$32.00
Gingivectomy, Per Quad	\$100.00	\$80.00
Osseous Surgery, Per Quad	\$325.00	\$135.00

PROSTHETICS – FIXED, REMOVABLE

Acrylic with Metal Crown	\$265.00	\$160.00
Porcelain Crown	\$265.00	\$160.00
Porcelain with Metal Crown	\$310.00	\$215.00
Full Cast Crown	\$265.00	\$160.00
Porcelain Laminates	\$260.00	\$135.00
Stainless Steel Crown	\$55.00	\$55.00
Post	\$50.00	\$55.00
Recementation, Per Crown	\$21.00	\$17.00
Acrylic w/Metal Bridge Crown or Pontic ³	\$265.00	\$160.00
Porcelain w/Metal Bridge Crown or Pontic ³	\$310.00	\$215.00
Full Cast Metal Bridge Crown or Pontic ³	\$265.00	\$160.00
Resin Retainer ³	\$90.00	\$135.00
Recementation, Bridge	\$45.00	\$17.00
Full Upper or Lower Denture ³ (Including Adjustments)	\$375.00	\$275.00
Partial Upper or Lower Denture, Cast Base ³	\$390.00	\$305.00
Denture Repairs	\$38.50-\$45.00	\$16.50-\$55.00
Office Reline	\$50.00-\$95.00	\$40.00
Lab Reline	\$63.00-\$118.00	\$82.00

ORTHODONTICS³

Case Fee – 24 Months (Dependent Children to Age 19)	\$60.00/mo.	\$30.00/mo.
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¹Amount you will pay when services are rendered by Healthplex PPO dentists.

²Amount that the plan will pay for the services listed.

³Subject to a waiting period as specified in the section entitled Frequently Asked Questions.