

## SCHEDULE OF BENEFITS

COST CATEGORY	PEDIATRIC	ADULT/FAMILY
	AMOUNT	AMOUNT
Deductible (Per Individual)	\$0	\$0
Copayment (Per Dental Visit)	\$36	\$36
Annual Maximum	None	None
MAXIMUM OUT-OF-POCKET EXPENSE COVERED PEDIATRIC SERVICES ONLY	AMOUNT	AMOUNT
Individual*	\$350	\$350
Family*	\$700	\$700

\*Orthodontia and other major services require pre-authorization, please have your PCD contact Healthplex prior to receiving care.

Please note that all non-covered services will be the financial responsibility of the member.

Plan includes all mandated Pediatric Dental Essential Health Benefits in accordance with the Affordable Care Act.

### WE ARE HERE TO HELP YOU:

Please call Customer Service at 1-888-468-5175, Monday through Friday, 8 a.m. to 6 p.m. For TTY/TDD service, call 1-800-662-1220.

**Be sure to have the Member's ID number available.**

[onexchange@healthplex.com](mailto:onexchange@healthplex.com)

[info@healthplex.com](mailto:info@healthplex.com)

[healthplex.com](http://healthplex.com)



**DENTCARE**  
DELIVERY SYSTEMS, INC.

## MEMBER HANDBOOK

### ACA COMPLIANT DENTAL PLANS



Underwritten by :  
Dentcare Delivery Systems, Inc.

Administered by:  
Healthplex, Inc.  
333 Earle Ovington Boulevard, Suite 300  
Uniondale, NY 11553-3608  
[healthplex.com](http://healthplex.com)

## DENTCARE WELCOMES YOU

### OUR DENTAL NETWORK

Dentcare provides you with quality dental care through a network of fully credentialed general dentists and specialists. As a plan member you are initially assigned to a Primary Care Dentist (PCD) closest to where you live. Your PCD will provide most preventive and primary dental services. Should you require a specialist, your PCD will provide you with a referral. Your PCD's contact information is listed on your Member ID Card.

You can change your PCD to any provider in the **Exchange Provider Network** at any time. To view available dentists in the network, visit [healthplex.com](http://healthplex.com) and select "**Our Dentists**", then click on "**New York State Health Exchange**" under Healthcare Exchange (ACA). Once you have made your selection, login and select "**Change Primary Provider**" or call Healthplex at **1-888-468-5175**, Monday through Friday, 8 a.m. to 6 p.m., to request a change.

To obtain maximum value from your dental plan, you must receive services from dentists and specialists within the **Exchange Provider Network**. Services received from Out-of-Network providers are not covered under this plan.

### PEDIATRIC - PLAN SUMMARY

The **Dentcare Pediatric dental plan** provides quality pediatric dental services to children up to age 19. Each visit requires a copayment of only \$36 (up to seven copayments per benefit year). There is no additional cost for **covered services** after your maximum out-of-pocket is met.

### ADULT/FAMILY - PLAN SUMMARY

The **Dentcare Adult/Family dental plan** provides quality dental services for your family. Each visit requires a copayment of only \$36 (up to seven copayments per individual, up to \$700 maximum for covered pediatric services for families). There is no copayment (or additional payments) required for **covered pediatric services** after the maximum out-of-pocket is met.

**Comprehensive In-Network\* Coverage includes all mandated Pediatric Dental Essential Health Benefits in accordance with the Affordable Care Act (ACA). All fees for non-covered services are the patient's responsibility.**

Preventive Dental Care - procedures which help to prevent oral disease from occurring, including scaling and polishing of teeth (once every six months) and topical fluoride (once every six months).

Routine Dental Care - dental examinations, X-rays, fillings, and simple extractions.

Emergency Dental Care - emergency treatment required to alleviate pain and suffering caused by dental disease or trauma. Emergency dental care is not subject to our pre-authorization.

Endodontics\*\* - treatment of diseased pulp chambers and pulp canals such as root canal therapy. Adult molar root canals have very limited coverage. Please have your provider verify before treatment.

Prosthodontics\*\* - covers such services as removable dentures (complete or partial), including six month follow-up care.

Orthodontics\*\* - to treat serious medical conditions such as: cleft palate and cleft lip, underdeveloped upper and lower jaw, and more. Dependent Children are covered up to age 19. Cosmetic orthodontics are not a covered service.



\* **In-Network coverage only.**

\*\***Pre-authorization required, please have your PCD contact us prior to receiving care.**

Please register at [healthplex.com/member](http://healthplex.com/member) to view your Policy & Schedule of Benefits for more details.

## NOTICE OF NON-DISCRIMINATION

**Healthplex, Inc.**, complies with Federal civil rights laws. **Healthplex, Inc.** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Healthplex, Inc.** provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Healthplex, Inc. at 1-800-468-9868. For TTY/TDD services, call 1-800-662-1220.

If you believe that **Healthplex, Inc.** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Healthplex, Inc.** by:

Mail: 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553-3608  
Phone: 1-800-468-9868 (for TTY/TDD services, call 1-800-662-1220)  
Fax: 1-516-228-1734  
In person: Same as Mailing Address (above)  
Email: GA@healthplex.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-468-9868; TTY/TDD 1-800-662-1220.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-468-9868 (TTY: 1-800-662-1220).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-468-9868 (TTY: 1-800-662-1220)。	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-468-9868 (1-800-662-1220) (رقم هاتف الصم والبكم).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-468-9868 (TTY: 1-800-662-1220) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9868 (телетайп: 1-800-662-1220).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-468-9868 (TTY: 1-800-662-1220).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-468-9868 (ATS : 1-800-662-1220).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-468-9868 (TTY: 1-800-662-1220).	French Creole
אויפֿמערקזאָם: אויב איר רעדט אידיש, זענען פֿאַרהאַן פֿאַר אייך שפּראַך הילף סערוויסעס פֿרײַ פֿון אפּצאָל. רופֿט 1-800-468-9868 (TTY: 1-800-662-1220).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-468-9868 (TTY: 1-800-662-1220).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-468-9868 (TTY: 1-800-662-1220).	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৪৬৮-৯৮৬৮ (TTY: ১-৮০০-৬৬২-১২২০)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-468-9868 (TTY: 1-800-662-1220).	Albanian
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-468-9868 (TTY: 1-800-662-1220).	Vietnamese
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-468-9868 (TTY: 1-800-662-1220).	Gujarati
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-468-9868 (TTY: 1-800-662-1220).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-468-9868 (TTY: 1-800-662-1220)۔	Urdu
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-468-9868 (TTY: 1-800-662-1220).	Portuguese
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-468-9868 (TTY: 1-800-662-1220).	Thai
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9868 (TTY: 1-800-662-1220) पर कॉल करें।	Hindi
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9868 (TTY: 1-800-662-1220).	German