Schedule of Benefits	Smiles Kids	Adult/Family Smiles
Cost Category	**Amount**	**Amount**
Deductible *(Per Individual)*	$0	$0
Copayment *(Per Dental Visit)*	$48	$48
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:

Payment or Billing
Questions: Call 1-888-468-2190 (M-F 8am-5pm)
or email onexchange@healthplex.com

Benefit/Plan Information:
Call 1-888-468-1984 (M-F 8am-6pm)
or email info@healthplex.com

For TTY/TDD Service Call 711

Web Support:
Call 1-888-468-5171
or email websupport@healthplex.com

Be sure to have the member's ID number available

Underwritten by:

Dentcare®

Administered by:

healthplex®

Dentcare®

Member Handbook

On-Exchange (ACA Certified)
Dental Plans (Individuals)
Offered on "New York State Health Exchange"

Underwritten by:

Dentcare Delivery Systems, Inc.

Administered by:

healthplex®

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

BX-1011D-48
Print 01/22

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** 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 Smiles Kids dental plan** provides quality pediatric dental services to children up to age 19. Each visit requires a copayment of only $48 (for a maximum of 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 Smiles dental plan** provides quality dental services for your family. Each visit requires a copayment of only $48 (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. Dependents up to age 29 welcome, no student status needed.

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 provider verify before treatment.

Prosthodontics** - may cover such services as removable dentures *(complete or partial)*, including six month follow-up care. Please have provider verify before treatment.

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** to view your Policy & Schedule of Benefits for more details.

NOTICE OF NON-DISCRIMINATION

Healthplex, Inc., complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age or sex. **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 1-888-468-1984. For TTY/TDD services, call 711.

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 711)
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 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-468-9868 (TTY: 711).	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: 711)..	Chinese
ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم .)رقم هاتف الصم والبكم: (1-800-468-9868) .(TTY: 711	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-468-9868 (TTY: 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9868 (телетайп: 711).	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: 711).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-468-9868 (ATS : 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-468-9868 (TTY: 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-468-9868 (TTY: 711).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-468-9868 (TTY: 711).	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: 711).	Tagalog
লক য ক যদি আপনি বা ল কথা বলত পারেন, তাহলে নিঃখরচায় ভাষা সহাতয়া পরিষেবাফ উপলব্ধ আছে। ফোন ক ১-800-468-9868 (TTY: ১-711)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-468-9868 (TTY: 711).	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: 711).	Vietnamese
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ તમારા માટે ઉપલબ ફોન કરો 1-800-468-9868 (TTY: 711).	Gujarati
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-468-9868 (TTY: 711).	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: 711.)	Urdu
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-468-9868 (TTY 711).	Portuguese
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-468-9868 (TTY: 711).	Thai
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9868 (TTY:711) पर कॉल करें।	Hindi
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9868 (TTY: 711).	German