Preferred Choice

Group Plans of All Sizes

An Affordable Care Act (ACA) Compliant Dental Plan

Plans using this network are underwritten by:

Healthplex Insurance Company

Plan Administered by:

Healthplex
THE DENTAL BENEFIT EXPERTS℠

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The Preferred Choice Dental Plan

Whether you are a small or large business, the Preferred Choice plan offers extensive coverage at an affordable cost that works within any budget.

In-Network Coverage

You must choose a dentist from the Capital Network. You and your dependents will receive all Diagnostic, Preventive, Restorative, and Prosthetic Services from this dentist. Some services are rendered without any cost, while others have a minimal copayment you pay directly to the dentist.

- No Annual Maximums
- Low-negotiated fees saving you money
- Fixed copayments at specialty providers
- No referrals required

Out-of-Network Coverage

If you choose to go Out-of-Network, you will be reimbursed according to the Schedule of Benefits for covered procedures and will be responsible for the difference between the dentist's charge and the reimbursement. This plan requires claim forms to be submitted in order to be reimbursed for covered services rendered.

- $40 Individual/$120 Family Deductible
- $1,200 Individual and $3,600 Family Maximum
- $720 Orthodontia Maximum

The Preferred Choice Plan is ACA compliant and includes the Pediatric Dental Essential Health Benefits, as defined in the Patient Protection Affordable Care Act for all Dependent Children under the age of 19.

Do You Have Questions? Are You Interested in Enrolling?



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Schedule of Benefits

Procedure	In-Network Copayment	Out-of-Network Reimbursement
Preventive & Diagnostic Services		
Periodic Oral Exam	$5.50	$16.50
Full Mouth X-rays	$17.50	$38.50
Prophylaxis, Adult/Child	$16.50/2.50	$27.50
Topical Fluoride	$14.50	$16.50
Palliative Treatment	$8.00	$22.00
Sealants, Per Tooth	$13.50	$16.50
Restorative Dentistry		
Amalgam, 1 Surface	$23.00	$22.00
Amalgam, 2 Surfaces	$27.00	$33.00
Amalgam, 3 Surfaces	$31.00	$44.00
Composite, 1 Surface, Anterior	$28.00	$22.00
Composite, 2 Surfaces, Anterior	$37.00	$33.00
Composite, 3 Surfaces, Anterior	$44.00	$44.00
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

All dentists in our network are credentialed by Healthplex, a Credentials Verification Organization certified by the National Committee for Quality Assurance for 11 out of 11 credentialing elements. We conduct site visits to ensure all offices are well equipped, adequately staffed, and are following proper sterilization techniques.

Schedule of Benefits

Procedure	In-Network Copayment	Out-of-Network Reimbursement
Periodontics *(over 18 years of age)*		
Scaling/Root Planing of Teeth, Per Quad	$82.00	$8.00
Gingivectomy, Per Quad	$100.00	$80.00
Osseous Surgery, Per Quad	$325.00	$135.00
Prosthetics – Crowns		
Porcelain Crown	$265.00	$160.00
Porcelain w/Metal Crown	$310.00	$215.00
Stainless Steel Crown	$55.00	$55.00
Cast Post	$110.00	$55.00
Recementation, Per Crown	$21.00	$17.00
Prosthetics – Fixed Bridges		
Porcelain w/High Noble Metal Pontic[1]	$310.00	$215.00
Recementation, Per Crown	$21.00	$17.00
Prosthetics – Removable		
Full Upper Denture, inc. Adjustments[1]	$375.00	$275.00
Full Lower Denture, inc. Adjustments[1]	$375.00	$275.00
Partial Upper Denture, Cast base[1]	$390.00	$305.00
Partial Lower Denture, Cast base[1]	$390.00	$305.00
Prosthetics – Repairs		
Broken Body of Denture	$48.50	$16.50
Replacing Missing/Broken Teeth	$38.50	$16.50
Office Reline	$50.00 - $95.00	$40.00
Lab Reline	$63.00 - $118.00	$82.00
Orthodontics *(Dependent Children up to age 19)*		
Case Fee 24 - Months[2]	$60.00/mo.	$30.00/mo.[3]

[1]Subject to a 12-month waiting period

[2]Subject to a 24-month waiting period

[3]Subject to a lifetime maximum of $720

Exclusions

1. 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.

2. Treatment of a disease, defect, or injury covered by a major medical plan, Workers' Compensation Law, occupational disease law, or similar legislation.

3. General anesthesia, analgesia, or sedation for services rendered in a hospital environment.

4. Dental procedures undertaken primarily for cosmetic reasons (including composite fillings in molar teeth), or dental care to treat accidental injuries, or congenital or developmental malformations.

5. Restorations, crowns, or fixed prosthetics when 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 for which the 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 and panoramic x-rays: once every 36 months.

3. Periodontal Scaling: once every 12 months.

4. Periodontal Services: Covered for enrolles 18 years of age or older.

5. Crowns and bridges (per tooth), dentures (per arch), and periodontal surgery (per quadrant): once every 60 months.

6. Orthodontic treatment of Class II/Class III malocclusions: one 24-month case.

7. Under family coverage, children are covered up to their 19th birthday, or up to their 23rd birthday if a full-time student.

Certain 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. Due to certain Exclusions and/or Limitations, all member copayments may not be applicable. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at www.healthplex.com. All benefits are governed by the provisions of your group's contract.

Administered by
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