

Frequently Asked Questions

Does this plan come with access to a Preferred Provider Organization (PPO)?

This is one of the biggest advantages of our plans for New York Metro groups. Healthplex has the largest panels with the steepest discounts in the New York Metro area. Your plan comes with access to four PPO Panels (Metro, Liberty, PPO and PPO Plus) among which you can choose. Combining the right PPO with your plan is one of the best ways to control costs for the group while getting the best benefit for your employees.

How many dentists participate in your PPO panels?

Our PPO panels range in size from 2,000 to 6,000 dentists and specialists in the five boroughs and the surrounding counties (including northeast NJ). Remember, the value of a dental plan is in the discounts you get from the participating dentists.

What if I have employees outside of the New York Metro area?

Healthplex offers a nationwide panel with over 70,000 dental access points*. No matter where your employees live or travel, they will have no problem finding a participating dentist.

How many employees must I have to get a custom plan?

Healthplex offers custom plans to groups as small as three employees.

Are there participation requirements?

Yes. A minimum of 50% of eligible employees must join the plan.

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**.


**Healthplex utilizes Careington International, Inc., for its nationwide panel.*

EXCLUSIONS

1. Any service for or related to care or treatment of temporomandibular joint dysfunction (TMJ) or TMD), when the condition has developed as a result of medical (non-dental) pathology.
2. Use of any experimental or investigational diagnosis, treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies unless approved by an External Appeal Agent. Any service associated with or as a follow-up to any of the above is not a Covered Service.
3. Any hospital or in-patient facility or treatment fee resulting from the services performed in a hospital or in-patient facility.
4. Cosmetic surgery or services performed solely to improve appearance and not designed to restore body function or to correct deformity resulting from the treatment of malignancy or physical trauma. This does not exclude coverage for treatment due to accidental injury, congenital disease or anomalies.
5. Any services for or related to an injury or condition for which benefits exist under Workers' Compensation Law or occupational disease law.
6. Any service or supply performed without functional or pathological need.
7. Removal of third molars (wisdom teeth) where there is no evidence of disease.
8. Any supplies intended for home use (e.g. toothbrushes, dental floss, mouthwash, irrigators).
9. Any services received from a dental or medical department maintained by an employer, amutual benefit association, labor union, trustee, or similar person or group.
10. Any services for which the Member incurs no liability, or which services ordinarily performed by a physician (M.D.), or charges which would not have been made if insurance was unavailable.
11. Temporary appliances or services, such as tooth preparations, temporary fillings, bridges, and dentures. Temporary crowns, except as provided in the Dental Benefits Section of the Policy.
12. Any services that are rendered in a manner contrary to accepted dental practice, as determined by Healthplex in its sole discretion.
13. Any services which are performed due to occlusal wear, erosion, abrasion, attrition, and/or surface defects of the teeth or to alter or correct vertical dimension.
14. Implants and/or crowns and fixed bridgework placed on implants.
15. Any service rendered by a Dentist to himself or herself, or services rendered to his or her immediate family including parents, spouse, and children.
16. Services of procedures which are not completed prior to submission of the claim.
17. Periodontal splinting.
18. Charges incurred for the failure to keep a scheduled appointment with a Dentist.
19. Charges by a Dentist for completing dental forms or complying with OSHA guidelines.
20. Crowns splinted together, except when two postings on non-consecutively numbered teeth are splinted together to fill any edentulous space.
21. Any items or procedures not specifically listed in the Policy. Any exclusion above will not apply to the extent that (a) Coverage is specifically provided by name in this Plan; or (b) Coverage of the charges is required under any law that applies to the coverage.


LIMITATIONS

1. Benefits for prophylaxis and periodontal maintenance procedures will not be provided on the same day.
2. Benefits for sedative filling will not be provided on the same date of service as endodontic treatment.
3. Benefits for re-cementation of a crown will not be provided within the first year following initial placement of the crown.
4. Healthplex will provide benefits for pulpotomy and direct pulp capping, but not when a root canal or extraction is performed on the same tooth within three months.
5. Healthplex will provide crowns, inlays, and onlays only when amalgam or synthetic fillings would not be satisfactory for the retention of the tooth, as determined by Healthplex. On a molar, benefits will be available for a metal crown only when determined to be a Covered Service by Healthplex.
6. For prosthetic services, Healthplex will provide benefits for the standard procedures, as determined by the Company. For fixed bridges, Healthplex will provide benefits for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement.
7. Healthplex will not provide benefits for crowns splinted together for any reason (including periodontal stabilization).
8. Healthplex will allow benefits for partial dentures or the least costly alternative when teeth are missing on both sides of the mouth.
9. General anesthesia and intravenous sedation are Covered Services only when administered in connection with covered oral surgery in a dental office.



Custom PPO Member Handbook

Group Plans of All Sizes
Extensive PPO



SMILE

A PLAN TO GET YOU GRINNING
FROM EAR TO EAR

Underwritten by
**HEALTHPLEX
INSURANCE COMPANY**

Administered by:
 **healthplex.**

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Uniondale, NY 11553-3608
healthplex.com

Custom PPO Dental Plan

Most employees rank dental insurance, after medical coverage, as the most desired benefit. Over 75% of employees consider dental as extremely important to themselves and their dependents. Our custom-rated plans provide three important features needed by all organizations — solid administrative support, proven cost controls and superior service. Our experience is unsurpassed when it comes to designing and implementing custom benefit packages.

You can select from a broad range of features:

- Reimbursement Levels
- Maximums from \$1,000 to \$3,000
- With or Without Deductibles
- With or Without Orthodontia

Plans available to groups with at least 3 eligible employees with a minimum enrollment of 50%.

Healthplex plan designs offer coverage that is superior to most of our major competitors. Most carriers include common procedures such as endodontics (root canals), periodontics (gum treatments), and even oral surgery (extractions) in the Major Services category. Healthplex covers those same services in the Basic Services category. What does this mean? Lower out-of-pocket costs for the employees!

Contact Healthplex so we can provide you with a custom- rated plan for your group. Rating factors include:

- Group Size
- Maximum Requested
- Benefit Level
- Prior Coverage
- Level of Employer Contribution

Our sales agents will assist you to find the best benefit for your group. In almost all cases, Healthplex can beat any competitor’s rates. With a Healthplex plan, you get the best coverage for your benefit dollars.

Broadest Panels with Steepest Discounts in New York Metro Area

Your group can choose among the following plans. The percentages listed signify the amount of coverage members receive In Network. Members can also go Out of Network and receive that same percentage of Healthplex’s fee schedule as reimbursement for services.

	Type I Services (Diagnostic & Preventive)	Type II Services (Basic)	Type III Services (Major)
Plan I	100%	100%	100%
Plan II	100%	80%	50%
Plan III	80%	80%	80%
Plan IV	100%	80%	0%
Plan V	50%	50%	50%
Plan X	100%	100%	50%
Plan XI	100%	0%	0%
	Oral Exam Full Mouth X-ray Bitewings Cleanings Fluoride Treatment Sealants	Silver and Composite Fillings Root Canals Surgical/Routine Extractions Scaling/Root Planing Gingivectomy Osseous Surgery	Crowns Complete Dentures Partial Dentures

Your Out-of-Pocket Costs at a Participating Provider with a 100/80/50 Plan	With Healthplex*	Without Healthplex**
Oral Exam	No Charge	\$100.00
Cleaning, Adult	No Charge	\$150.00
Root Canal, Molar	\$110.00	\$1,200.00
Porcelain Crown	\$233.75	\$1,000.00

**This is what you will spend at a participating provider’s office. Actual costs may be higher or lower based on your provider’s location.*

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