

## SCHEDULE OF BENEFITS

### COST CATEGORY

	<u>PEDIATRIC</u> <u>AMOUNT</u>	<u>ADULT/FAMILY</u> <u>AMOUNT</u>
Deductible (Per Individual)	\$75	\$0
Copayment (Per Dental Visit)	\$0	\$36
Annual Maximum	None	None

### DENTAL SERVICES CATEGORY

	<u>COVERAGE AMOUNT</u>	<u>COVERAGE AMOUNT</u>
Diagnostic/Preventive Services	100%	100%
Restorative Services	100%	100%
Prosthetic Services*	100%	100%
Orthodontia* (up to age 19)	100%	100%

### MAXIMUM OUT-OF-POCKET EXPENSE

	<u>AMOUNT</u>	<u>AMOUNT</u>
Individual	\$75	\$252
Family (covered pediatric services only)	N/A	\$700

Plan includes all NY State mandated Pediatric Dental Essential Health Benefits

\*Orthodontia & other major services require preauthorization

## WE ARE HERE TO HELP YOU:

Please call Customer Service 1-888-468-5175, Monday through Friday, 8am to 6pm. For TTY/TDD service, call 1-800-662-1220. Be sure to have the Member's ID number or ID Card available.

## ADDITIONAL CONTACT INFORMATION:

info@healthplex.com

www.healthplex.com

Underwritten by Healthplex Insurance Company

Administered by



# HEALTHPLEX MEMBER HANDBOOK

## OFF-EXCHANGE DENTAL PLANS (ACA COMPLIANT)



Underwritten by :  
Healthplex Insurance Company

Administered by:  
Healthplex, Inc.  
333 Earle Ovington Boulevard, Suite 300  
Uniondale, NY 11553-3608

## HEALTHPLEX WELCOMES YOU

Welcome to our family of over 3.5 million people enjoying the benefits and value of a Healthplex dental plan. Your plan is designed to support good oral health and help reduce dental and oral disease.

## OUR DENTAL NETWORK

Healthplex 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 Net** Provider Network at anytime. To view available dentists in the network, visit [www.healthplex.com](http://www.healthplex.com) and select "Our Dentists", then "Exchange Network" under New York State Health Exchange. Once you have made your selection, call Healthplex at **1-888-468-5175**, Monday through Friday, 8am to 6pm, to request a change.

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

## HEALTHPLEX PEDIATRIC - PLAN SUMMARY

The Healthplex **Pediatric** Plan provides quality pediatric dental services to children up to age 19. After the \$75.00 deductible is met, there are no payments required for covered services.

## HEALTHPLEX ADULT/FAMILY - PLAN SUMMARY

The Healthplex **Adult/Family** dental plan has no deductible. Each visit requires a copayment of only \$36 (up to \$252 maximum for individuals, up to \$700 maximum for covered pediatric services for families). There is no copayment (or additional payments) required for covered services after the maximum is met.

## COMPREHENSIVE IN-NETWORK\* COVERAGE INCLUDES ALL NY STATE MANDATED PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS:

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

Endodontics - treatment of diseased pulp chambers and pulp canals such as root canal therapy.

Prosthodontics\*\* - covers such services as removable dentures (complete or partial), including six months 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.



\*No Out-of-Network Benefits

\*\*Preauthorization required

Please refer to your Policy & Schedule of Benefits for more details.