Schedule of Benefits

Cost Category	Pediatric Amount	Adult/Family Amount
Deductible (Per Individual)	$75	$0
Copayment (Per Dental Visit)	$0	$48
Annual Maximum	None	None

Dental Services Category	Coverage Amount	Coverage Amount
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	Amount	Amount
Individual	$75	$336
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
THE DENTAL BENEFIT EXPERTS™

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

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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 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 $48 (up to $336 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.