

SCHEDULE OF BENEFITS	DENTCARE JUNIOR	DENTCARE ADULT/FAMILY
COST CATEGORY	AMOUNT	AMOUNT
Deductible (Per Individual)	\$0	\$0
Copayment (Per Dental Visit)	\$36	\$36
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 COVERED SERVICES ONLY	AMOUNT	AMOUNT
Individual	\$252	\$252
Family (covered pediatric services only)	\$700	\$700

*Orthodontia & other major services require preauthorization.

Plan includes all mandated Pediatric Dental Essential Health Benefits in accordance with the Affordable Care Act.

WE ARE HERE TO HELP YOU:

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

ADDITIONAL CONTACT INFORMATION:

info@healthplex.com
www.healthplex.com

Underwritten by Dentcare Delivery Systems, Inc.

Administered by



DENTCARE

DELIVERY SYSTEMS, INC.

MEMBER HANDBOOK

OFF-EXCHANGE (ACA COMPLIANT) DENTAL PLANS



Underwritten by :
Dentcare Delivery Systems, Inc.

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

DENTCARE WELCOMES YOU

Welcome to our Dentcare family. Your plan is designed to support good oral health and help reduce dental and oral disease.

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 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 of Health Marketplace. Once you have made your selection, 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 Net Provider Network**. Services received from Out-of-Network providers are not covered under this plan.

PEDIATRIC - PLAN SUMMARY

The **Dentcare Junior dental plan** has no deductible and provides quality pediatric dental services to children up to age 19. Each visit requires a copayment of only \$36 (up to 7 copayments). There is no copayment (or additional payments) required for **covered services** after the maximum is met.

ADULT/FAMILY - PLAN SUMMARY

The **Dentcare Adult/Family dental plan** has no deductible. Each visit requires a copayment of only \$36 (up to 7 copayments per individual, 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 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) 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 preauthorization.

Endodontics** - treatment of diseased pulp chambers and pulp canals such as root canal therapy. Adult molar root canals have very limited coverage.

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 register at www.healthplex.com/member to view your Policy & Schedule of Benefits for more details.