

City of New York Management Benefits Fund

GG-453/453C/453D/453R/453S/453Y

Providers

	Yes/No	Comments
PPO #4A Dentists:	Yes	

Enrollments

Member ID Card:	No	Healthplex ID card
Eligibility Confirmation:	Yes	Call Healthplex at 888-468-2183 - Press Option 1 for IVR or www.healthplex.com

Benefits

Deductible:	Yes	\$50/\$150 Waived for Preventive & Diagnostics \$50 per Orthodontic case
Annual Maximum:	Yes	\$4,000.00
Waiting Period:	No	
Alternate Benefits:	Yes	

Payment Information

Fee Schedule:	Yes	See reverse side
Member Pays:	Yes	See reverse side
Plan Pays:	Yes	See reverse side
Assignment of Benefits:	Yes	
Claim Forms Submitted:	Yes	Healthplex, Inc. PO Box 9255 Uniondale, NY 11553-9255
Signature on File Accepted:	Yes	
Electronic Claim Submission:	Yes	EMDEON, TESIA, ANS, DENTALEXCHANGE 11271
Payer ID Number:		
Pre-determinations Necessary:	Yes	Treatment over \$250

Orthodontia

Waiting Period:	No	
Deductible	Yes	\$50 per case
Maximum:	Yes	\$4,000 – includes interceptive and comprehensive treatment.
Restrictions:	Yes	Dependent children to age 19. Adults are covered for handicapping malocclusions affecting speech and breathing only

Unique Guidelines for Group

- Scalings/root planing are not payable on the same visit as a prophylaxis. Payment will only be made for scalings in the presence of inflammation. Perio maintenance/scalings are limited to four visits per benefit year and each date of service must be separated by at least three full calendar months.
- Posterior composites are payable as amalgams.
- Implants are a covered benefit.
- Localized delivery of antimicrobial agents covered for Periodontists only.
- Dependent children are covered up to their 26th birthday.

Services listed on reverse side represent a partial listing of benefits covered by this plan. Please call if additional services are required. X-rays will only be returned if submitted with a self-addressed, stamped envelope.

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Schedule of Allowances

Revised 03/17

DESCRIPTION	PLAN PAYS	MEMBER PAYS	DESCRIPTION	PLAN PAYS	MEMBER PAYS	DESCRIPTION	PLAN PAYS	MEMBER PAYS
Comprehensive Oral Exams	\$25.00	\$0.00	Stainless Steel Crown	\$99.00	\$11.00	Porcelain/High Noble Pontic	535.50	59.50
Periodic Oral Exams	22.00	0.00	Cast Post	148.50	16.50	Resin/High Noble Pontic	472.50	52.50
Limited Oral Exams	19.00	0.00	Post	94.50	10.50	Resin Bonded Retainers	202.50	22.50
Complete Series X-rays	56.00	0.00	Direct/Indirect Pulp Cap	22.50	2.50	Resin/High Noble Abutment	472.50	52.50
Periapical - Single Film	10.00	0.00	Pulpotomy	58.50	6.50	Resin/Noble Metal Abutment	382.50	42.50
Additional Film	4.00	0.00	Root Canal - Anterior	315.00	35.00	Porcelain/Noble Metal Abutment	472.50	52.50
Occlusal Film	19.00	0.00	Root Canal - Bicuspid	382.50	42.50	Porcelain/High Noble Abutment	535.50	59.50
Bitewing - Single Film	10.00	0.00	Root Canal - Molar	450.00	50.00	Cast High Noble Abutment	472.50	52.50
Bitewings - Two Films	14.00	0.00	Apicoectomy - Anterior	189.00	21.00	3/4 Cast Abutment	279.00	31.00
Bitewings - Four Films	21.00	0.00	Apicoectomy - Molar	211.50	23.50	Cast Noble Metal Abutment	382.50	42.50
Panoramic/Cephalometric Film	50.00	0.00	Apicoectomy - Each Additional Root	112.50	12.50	Recement Bridge	55.80	6.20
Diagnostic Models	37.00	0.00	Retrograde - Amalgam Per Root	49.50	5.50	Implant Surgical Placement	700.00	700.00
Prophylaxis - Adult	44.00	0.00	Root Amputation - Per Root	135.00	15.00	Implant - Prefabricated Abutment	275.00	275.00
Prophylaxis - Child	30.00	0.00	Gingivectomy, Per Tooth	38.50	4.25	Implant - Custom Abutment	325.00	325.00
Topical Acid Fluoride	31.00	0.00	Gingivectomy, Per Quad	162.00	18.00	Implant - Porcelain/Ceramic Abutment	425.00	425.00
Sealants	30.00	0.00	Gingival Flap Curettage Quad	247.50	27.50	Implant - Porcelain/High Noble Abutment	500.00	500.00
Space Maintainer Fixed - Unilat./Distal Shoe	156.00	0.00	Osseous Surgery, Per Quad	414.00	46.00	Implant - Porcelain/Base Metal Abutment	450.00	450.00
Space Maintainers - Fixed - Bilat.	220.00	0.00	Osseous Graft, Single	157.50	17.50	Implant - Porcelain/Noble Metal Abutment	500.00	500.00
Space Maintainer - Removable	188.00	0.00	Soft Tissue Graft, Pedicle	117.00	13.00	Implant - Cast/High Noble Abutment	450.00	450.00
Amalgam, One Surface	40.50	4.50	Free Gingival Graft	247.50	27.50	Implant - Porcelain/Ceramic Crown	600.00	600.00
Amalgam, Two Surfaces	54.00	6.00	Periodontal Scaling, Quad	81.00	9.00	Implant - Porcelain/High Noble Crown	500.00	500.00
Amalgam, Three Surfaces	67.50	7.50	Scaling: Gingival Inflammation	47.52	5.28	Implant - Metal High Noble Crown	250.00	250.00
Amalgam, Four or More Surfaces	76.50	8.50	Localized Antimicrobial	54.00	6.00	Implant Scaling and Debridement	16.20	1.80
Pin Retention	22.50	2.50	Periodontal Maintenance	65.25	7.25	Routine Extraction	59.40	6.60
Composite - One Surface	45.00	5.00	Full Upper/Lower Denture	585.00	65.00	Surgical Extraction	99.00	11.00
Composite - Two Surfaces	63.00	7.00	Immediate Upper/Lower Denture	607.50	67.50	Impaction - Soft Tissue	139.50	15.50
Composite - Three Surfaces	79.20	8.80	Partial Upper/Lower - Acrylic w/ Clasps	405.00	45.00	Impaction - Partial Bony	169.20	18.80
Composite Incisal	79.20	8.80	Partial Upper Cast w/ Pal Bar	625.50	69.50	Impaction - Full Bony	216.00	24.00
Inlay - Two Surfaces	270.00	30.00	Partial Lower Cast w/ LG Bar	625.50	69.50	Impaction - Full w/ Sectioning	247.50	27.50
Inlay - Three Surfaces	324.00	36.00	Denture Adjustments	22.50	2.50	Surgical Removal - Roots	81.00	9.00
Onlay - Two Surfaces	324.00	36.00	Repair Broken Denture	58.50	6.50	Closure of Oral Antral Fistula	355.50	39.50
Onlay - Three Surfaces	360.00	40.00	Repair Framework	90.00	10.00	Tooth Reimplantation	108.00	12.00
Porcelain Laminate - Lab	355.00	39.50	Replace Broken Clasp - Intact	81.00	9.00	Surgical Exposure	202.50	22.50
Resin Crown	180.00	20.00	Replace Broken Tooth	49.50	5.50	Biopsy - Hard Tissue	81.00	9.00
Resin/Noble Metal Crown	382.50	42.50	Rebase - Complete Upper Denture	225.00	25.00	Biopsy - Soft Tissue	67.50	7.50
Resin/High Noble Crown	472.50	52.50	Reline Full Denture - Chair	121.50	13.50	Alveoloplasty w/Extraction, Quad	55.80	6.20
Porcelain Crown	382.50	42.50	Reline Partial Denture - Chair	81.00-121.50	9.00-13.50	Alveoloplasty w/out Extraction Quad	112.50	12.50
Porcelain/Noble Metal Crown	472.50	52.50	Reline Full Denture - Lab	135.00-180.00	15.00-20.00	Ortho - Initial Insertion - Interceptive	750.00	0.00
Porcelain/High Noble Crown	535.50	59.50	Reline Partial Denture - Lab	130.50-162.00	14.50-18.00	Ortho - Initial Insertion - Comprehensive	750.00	0.00
Full Cast Noble Metal Crown	382.50	42.50	Tissue Conditioning	55.80	6.20	Ortho - Monthly for 24 Mos.	90.00	0.00
Full Cast High Noble Crown	472.50	52.50	Cast Noble Metal Pontic	382.50	42.50	Palliative Treatment	27.00	3.00
3/4 Cast Crown	279.00	31.00	Porcelain/Noble Metal Pontic	472.50	52.50	Deep Sedation / General Anesthesia - ea. 15 min.	51.00	5.67
Recement Inlay	32.40	3.60	Resin/Noble Metal Pontic	382.50	42.50	Specialist Consultation	45.00	5.00
Recement Crown	34.20	3.80	Cast High Noble Pontic	472.50	52.50	Occlusal Adjustment - Limited / Complete	49.50 / 135.00	5.50 / 15.00