

CapDent Plus

A
POINT OF SERVICE
DENTAL PLAN
FROM

HEALTHPLEX

"The Dental Plan Specialists"

Plan Underwritten by:

**Dentcare Delivery Systems, Inc.
International Healthcare Services, Inc.**

**Healthplex, Inc.
60 Charles Lindbergh Blvd.
Uniondale, NY 11553**

(516) 542-2200 (800) 468-0600

CapDent Plus Plan

This is a point-of-service plan available **only in New York** that includes coverage for services rendered by any dentist. It is available on a voluntary basis to groups of any size with a minimum enrollment of three. The In-Network plan is similar to CapDent but has lower out-of-pocket expenses and a \$5.00 per visit fee. The Out-of-Network plan includes a deductible, an annual maximum and requires the use of claim forms for reimbursement. The out-of-network option may include waiting periods for prosthetics and orthodontics unless the group has an existing dental plan. Premiums are billed monthly.

WHY POINT-OF-SERVICE?

Because you told us what you wanted in dental benefits - affordability *and* choice. That's why we put both into this first-of-its-kind plan from Healthplex, Inc. - CapDent Plus.

Sure to please purchasers as well as patients, the heart of this true point-of-service dental program is an affordable managed care plan using a network of participating dentists. Diagnostic and preventive services are covered in full, with minimal cost to patients for additional services. There are **no deductibles, no maximums and no waiting periods** for prosthetic treatment in-network. Out-of-pocket expenses are low and coverage is extensive.

What's innovative about CapDent Plus, however, is that managed care enrollees may also elect to use **any licensed dentist** of their choice - **at any time**. Patients who seek care out-of-network are reimbursed according to a schedule of benefits for covered procedures. While some deductibles and maximums may apply, "freedom of choice" means you get the care you want at a cost you can afford - - the best of both worlds.

WHY HEALTHPLEX?

Founded and managed by practicing dentists, Healthplex, Inc. pioneered the introduction of managed care to dental benefit plans and is one of the largest independent dental benefit companies in the Northeast. This is our only business. As specialists in managed care and dental claims administration, we are uniquely qualified to design and administer innovative, high quality - low cost dental plans. In fact, Healthplex's CapDent Plus program was the first true point-of-service dental plan to be offered in the New York Metropolitan area!

The plan is underwritten by Dentcare Delivery Systems, Inc. in New York and by International Healthcare Services, Inc. in New Jersey. Both companies are authorized by the respective insurance department in each state to provide prepaid dental programs.

VISION

As an added benefit, a vision plan is available to your members at "Co-Health/Coast-To-Coast" locations for no additional cost.

PLAN SPECIFICATIONS

OUT-OF-NETWORK:

- Coverage is available at any dental office.
- Deductible of \$40.00 per person (not applicable to Diagnostic and Preventive Services).
- Maximum benefit of \$1200.00 per person per contract year for general dentistry and \$720.00 per person (lifetime) for Orthodontic treatment.
- Allowances for Basic and Major Services will be paid to the enrollee or can be assigned to the dentist. Patients are responsible to their own dentist for all charges not covered by the Plan.
- There is a waiting period of 12 months for prosthetic benefits (other than single crowns) and 24 months for orthodontic coverage.
- Services not listed are not covered.
- Predetermination of Benefits is suggested for treatment plans in excess of \$500.00.

IN-NETWORK:

1. Coverage is available only at the offices of participating general dentists and specialists.
2. General dentists must be selected in advance from the list of CapDent/CapDent Plus general dentists. All family members must go to the same general dentist.
3. No deductibles, no maximums, no claim forms and no waiting periods for prosthetics.
4. Diagnostic and Preventive Services are covered in full.
5. Basic and Major Services have fixed copayments that are paid by the patients directly to their participating General dentists.
6. If the services of a specialist are required you will be charged directly by the specialist at a discount of 25% less than usual fees. No referral forms are necessary.
7. There is a \$5.00 fee for each visit to participating dentists.
8. Services not listed (including cosmetic treatments) are covered with a copayment of 25% less than the participating dentists usual fees.

EMERGENCY REFERRAL

24 HOUR SERVICES
(516) 542-2200 / (800) 468-0600

SCHEDULE OF BENEFITS - CAPDENT PLUS

OUT-OF-NETWORK: These are the amounts that the **plan will pay** for the services listed.

IN-NETWORK: These fees are the most **you will pay** to your CapDent participating dentist for the services listed.

	OUT-OF-NETWORK Reimbursement Schedule	IN-NETWORK Patient Copayment \$5 Per Visit Fee Per Person
Diagnostic & Preventive Services		
Oral Exam.....	\$16.50	No Charge
Full Mouth X-rays	38.50	No Charge
Periapical, 1st Film	5.00	No Charge
Panorex X-ray.....	27.50	No Charge
Cleaning (polishing).....	27.50	No Charge
Fluoride Treatment, to age 16	16.00	No Charge
Emergency Treatment.....	22.00	No Charge
Restorative		
Sealants, Per Tooth	16.00	\$20.00
Silver amalgam, one surface.....	22.00	No Charge
Silver amalgam, two surfaces.....	33.00	No Charge
Silver amalgam, three surfaces or more.....	44.00	No Charge
Composite filling, one surface	22.00	No Charge
Composite filling, two surface	33.00	No Charge
Composite filling, three or more surfaces	44.00	No Charge
Pin Retention.....	11.00	No Charge
Oral Surgery **		
Routine Extraction	38.50	25.00
Surgical Extraction	50.00	50.00
Soft Tissue Impaction	65.00	50.00
Partial Bony/Full Impaction.....	100.00/135.00	75.00/100.00
Alveolectomy, per quad	65.00	50.00
Root Canal Therapy **		
Pulp Capping, direct	11.00	No Charge
Pulpotomy.....	32.00	No Charge
Root Canal therapy, one canal	215.00	125.00
Root Canal therapy, two canals	250.00	190.00
Root Canal therapy, three canals or more.....	300.00	335.00
Apicoectomy	110.00	125.00
Periodontics (over 18 years of age) **		
Scaling of teeth, full mouth.....	32.00	45.00
Subgingival curettage, per quad	38.50	60.00
Gingivectomy, per quad.....	80.00	95.00
Osseous surgery, per quad.....	135.00	350.00
Prosthetics - Fixed, Removable Acrylic with Metal		
Porcelain Crown	160.00	270.00
Porcelain with Metal Crown.....	215.00	270.00
Full Cast Crown	160.00	150.00
Porcelain Laminates	135.00	270.00
Stainless Steel Crown	55.00	50.00
Post.....	55.00	50.00
Recementation, per crown	17.00	No Charge
Acrylic w/Metal Bridge Crown or Pontic.....	160.00 *	150.00
Porcelain w/Metal Bridge Crown or Pontic.....	215.00 *	270.00
Full Cast Metal Bridge Crown or Pontic.....	160.00 *	150.00
Resin Retainer	135.00 *	220.00
Recementation, bridge	17.00	No Charge
Full upper or lower denture, inc. adjustments.....	275.00 *	295.00
Partial upper or lower denture, cast chrome.....	305.00 *	295.00
Denture Repairs	12.00 - 55.00	25.00 - 75.00
Office Reline.....	40.00	50.00
Lab Reline	80.00	95.00
Orthodontics **		
Case Fee - 24 months	\$30.00/month *	75% UCR

* Subject to a waiting period as specified on the preceding page.

** Copayments for these services when rendered by a participating specialist will be 25% less than usual fees.

HOW TO ENROLL?

Be sure you understand all the benefits available under each CapDent option before filling out your application. Remember that the in-network benefits shown are *payments that you will make* directly to your participating dentist for services rendered. Out-of-network amounts shown are *allowances that you will receive* towards the costs of the procedures indicated. Both plans are subject to the exclusions and limitations noted in this brochure.

Once you have carefully read the information, fill out an enrollment form. Be sure to enter the name of a participating general dentist if you wish to receive treatment within the network. As soon as your enrollment form is received and the information entered in our system, your identification card with the effective date of coverage, will be on its way to you.

When you require dental care, simply call your CapDent participating general dentist, identify yourself as a plan enrollee and make an appointment. This dentist will charge all treatment according to the in-network plan benefits. **If you require specialty treatment, you may use any participating Specialist or you may use your own specialist. Work performed by a participating Specialist will be charged directly to the patient at a discount of 25% from Usual and Customary fees.** If you prefer to visit your own dentist or specialist and receive out-of-network benefits, it's just as easy. Make your appointment and submit claim forms to Healthplex at the address shown on the front of this brochure. You will then be reimbursed according to the out-of-network schedule in this brochure.

Groups or enrollees who terminate from the plan in less than one year may be reinstated, solely at the discretion of Healthplex. If allowed, an annual billing mode may be required.

EMERGENCY CARE (IN-NETWORK)

In general, two emergency visits to a participating dentist per calendar year are covered under this option. However, if you are undergoing treatment and have had regular checkups, there is no emergency visit limit. If you are unable to reach your plan dentist, you can call the Healthplex 24 hour emergency telephone number (516-542-2200) to obtain immediate care from another local participating dentist. If the emergency is out-of-area, or you are unable to obtain the services of a plan dentist, you will be reimbursed up to a maximum of \$50 per family member per calendar year for emergency treatment. In order to receive this payment you must submit a bill to Healthplex for emergency care rendered by a non-participating dentist.

EXCLUSIONS

1. Any dental services which were not rendered, prescribed, arranged, or approved by a plan dentist, except in cases of out-of-area dental emergency (In-Network Plan).
2. A service not furnished by a Dentist, unless the service is performed by a licensed dental hygienist under the supervision of a dentist.
3. Treatment of a disease, defect, or injury covered by Workmen's Compensation Law, occupational disease law, or similar legislation.
4. General anesthesia or anesthesia for general service rendered in a hospital environment.
5. Any dental procedures which are undertaken primarily for cosmetic reasons, or dental care to treat accidental injuries, congenital or developmental malformation.
6. Restorations, crowns or fixed prosthetics when acceptable results can be achieved by alternative methods or materials. In cases where the selection of a more expensive treatment plan is decided upon, the Plan will allow for the least costly alternative, and the patient is responsible for all additional fees charged by the dentist.
7. Services which were started prior to the person becoming covered under this plan.
8. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
9. Broken appointments – If specified by Plan Dentist, for appointments not canceled 24 hours in advance, there is a \$30.00 charge.
10. Replacement of any existing crown, bridge or denture which can be made serviceable according to common dental standards.
11. Procedures, appliances or restorations (except full dentures) whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint; stabilize periodontally involved teeth, or restore occlusion.
12. Treatment of unmanageable children by general dentists or pedodontists. An attempt will be made to treat all patients. However, if a patient is untreatable by virtue of apprehension or any other reason, and is referred to another office for treatment, the responsibility for payment lies with either the patient or with the parents of the patient (In-Network Plan).
13. Services not listed in the Schedule of Benefits are not covered.

LIMITATIONS

The following limitations apply to all Healthplex designed plans:

Oral exams, bitewings x-rays, prophylaxes, scalings, fluoride treatments - Once every 6 months

Full mouth x-rays, crowns, bridges, dentures, periodontal surgery - Once every 60 months

Periodontal Services - Covered for enrollees 18 years of age or older.

Orthodontic treatment of Class II/Class III malocclusions – One 24 month case.

Under family coverage, children are covered to age 19 (25 if full-time students).

Certain other procedures may have age or time limitations. A list of such services is available on request.

COMPLAINT PROCEDURES

The following grievance and complaint mechanism will be implemented to resolve member complaints:

1. The member should call Healthplex at 516-542-2200 (out of area call 800-468-0600) and press #5 during the pre-recorded announcement.
2. A Healthplex Customer Service Representative will complete a Complaint Form which includes a detailed description of the complaint.
3. If the complaint is not related to the quality or appropriateness of care rendered, the Customer Service Representative will proceed to contact the participating dentist to resolve the problem. The resolution of the complaint will take place within 10 days of the receipt of the complaint. If the member is not satisfied with the resolution, he/she can forward a written request for reevaluation to the Dental Director, who will respond within 30 days. The member also has the option to change participating dentists (by written request).
4. If the complaint involves substandard delivery of care, the Dental Director will review the patient records and the quality of care rendered. The Dental Director will also contact both the member and participating dentist for additional information. If second opinions are deemed necessary, then participating dentists will be utilized. The Dental Director will make a determination based upon an evaluation of information above. If the member or dentist disagrees with the Dental Director, either party can ask that the case be referred to the Peer Review Committee of the Local or State Dental Association.