

Health Plex Dental Options

Dental Network Network Option Network Name Deductible (Waived for Preventive) Maximum Benefit Orthodontia Maximum	CapDent		CapDent Plus		Capdent Plus Ultra		OMNI PPO	
	In Network CapDent	Out of Network	In Network CapDent	Out of Network	In Network CapDent	Out of Network	In Network PPO	Out of Network
	None		None	\$40	None	\$40	\$50/\$150	\$50/150
	None		None	\$1,200	None	\$1,200	\$1250	\$1250
	N/A		N/A	\$720	N/A	\$900	\$2910 Patient Cost	N/A
Diagnostic & Preventive	Member Fee		Member Fee	Member Reimbursement	Member Fee	Member Reimbursement	PPO FEE	UCR
<i>Periodic Examination</i>	No Charge	N/A	No Charge	\$16.50	No Charge	\$19.80	100%	100%
<i>Prophylaxis-adult (teeth cleaning)</i>	No Charge	N/A	No Charge	\$27.50	No Charge	\$33.00	100%	100%
<i>Full mouth X-rays</i>	No Charge	N/A	No Charge	\$38.50	No Charge	\$46.20	100%	100%
<i>Fluoride Treatment</i>	No Charge	N/A	No Charge	\$16.50	No Charge	\$19.80	100%	100%
<i>Panorex X-Ray</i>	No Charge	N/A	No Charge	\$27.50	No Charge	\$33.00	100%	100%
<i>Emergency Treatment</i>	No Charge	N/A	No Charge	\$22.00	No Charge	\$26.40	100%	100%
Restorative								
<i>Silver Amalgam, One Surface</i>	\$20.00	N/A	No Charge	\$22.00	No Charge	\$26.40	80%	80%
<i>Silver Amalgam, Two Surface</i>	\$35.00	N/A	No Charge	\$33.00	No Charge	\$39.60	80%	80%
<i>Silver Amalgam, Three Surface</i>	\$50.00	N/A	No Charge	\$44.00	No Charge	\$52.80	80%	80%
<i>Composite Filling, One Surface</i>	\$25.00	N/A	No Charge	\$22.00	No Charge	\$26.40	80%	80%
<i>Composite Filling, Two Surface</i>	\$40.00	N/A	No Charge	\$33.00	No Charge	\$39.60	80%	80%
<i>Composite Filling, Three Surface</i>	\$55.00	N/A	No Charge	\$44.00	No Charge	\$52.80	80%	80%
Endodontics								
<i>Anterior Root Canal</i>	\$225.00	N/A	\$125.00	\$215.00	\$125.00	\$258.00	80%	80%
<i>Bicuspid Root Canal</i>	\$290.00	N/A	\$190.00	\$250.00	\$190.00	\$300.00	80%	80%
<i>Molar Root Canal</i>	\$395.00	N/A	\$335.00	\$300.00	\$335.00	\$360.00	80%	80%
Oral Surgery								
<i>Routine Extraction</i>	\$45.00	N/A	\$25.00	\$38.50	\$25.00	\$46.20	80%	80%
<i>Surgical Extraction</i>	\$75.00	N/A	\$50.00	\$50.00	\$50.00	\$60.00	80%	80%
<i>Extract impacted tooth, soft tissue</i>	\$95.00	N/A	\$50.00	\$65.00	\$50.00	\$78.00	80%	80%
<i>Extract impacted tooth, partial/full bony</i>	\$125 / \$160	N/A	\$75-\$100	\$100-\$135	\$75-\$100	\$120-\$162	80%	80%
Periodontics								
<i>Gingivectomy, per quad</i>	\$125.00	N/A	\$95.00	\$80.00	\$95.00	\$96.00	50%	50%
<i>Osseous Surgery, Per Quad</i>	\$425.00	N/A	\$350.00	\$135.00	\$350.00	\$162.00	50%	50%
Crown and Bridge								
<i>Porcelain Crown</i>	\$385.00	N/A	\$270.00	\$160.00	\$270.00	\$192.00	50%	50%
<i>Porcelain w/ Metal Crown</i>	\$425.00	N/A	\$270.00	\$215.00	\$270.00	\$258.00	50%	50%
<i>Stainless Steel Crown</i>	\$95.00	N/A	\$50.00	\$55.00	\$50.00	\$66.00	50%	50%
Prosthodontics								
<i>Full Upper/Lower Denture</i>	\$395.00	N/A	\$295.00	\$275.00	\$295.00	\$330.00	50%	50%
<i>Partial Upper/Lower Denture</i>	\$395.00	N/A	\$295.00	\$305.00	\$295.00	\$366.00	50%	50%
<i>Denture reline (chair side)</i>	\$95.00	N/A	\$50.00	\$40.00	\$50.00	\$48.00	50%	50%
<i>Denture reline (laboratory)</i>	\$150.00	N/A	\$95.00	\$82.00	\$95.00	\$98.40	50%	50%
Orthodontia								
<i>Child to age 19</i>	75% of UCR	N/A	75% of UCR	\$30 Per Month	75% of UCR	\$30 Per Month	\$2,910	NA
Monthly Premium								
<i>Single</i>	\$13.25		\$22.00	\$22.00	\$29.50	\$29.50	\$33.50	\$33.50
<i>Two Party</i>	\$22.00		\$38.00	\$38.00	\$50.00	\$50.00	\$65.00	\$65.00
<i>Family</i>	\$30.00		\$55.00	\$55.00	\$72.00	\$72.00	\$87.00	\$87.00

NOTES:

- All benefits are subject to Dentcare's standard Limitations and Exclusions.
- In CapDent Plus, there is a 12 month wait for major services except for single crowns and a 24 month wait for Orthodontics, in the Out-of-Netowrk option.
- In the Omni Plan, there is a 12 month wait for major services except for single crowns. Ortho.
- Waiting periods may be reduced for groups with prior coverage.
- Out-of-Network allowances in the Omni Plan are based on Healthplex's UCR Fees.
- With the exception of CapDent, all plans are subject to minimum enrollment. In addition, the Omni Plan requires 50% participation. This can be accomplished with combined enrollments in all plans.

8. Davis Vision provides preferred pricing and member discounts for Examinations, Frames, Contact Lenses and Laser Vision Car services. Vision benefits are not available with the CapDent Plan.