

WHAT IS DENTCARE?

DENTCARE is a prepaid program of preventive dentistry offered by Dentcare Delivery Systems, Inc., a not-for-profit dental insurance company licensed by the New York State Insurance Department.

Our purpose is simple. It is to provide members with access to a wide range of dental benefits, with a special emphasis on preventive dentistry. In this way, we work to hold down major dental problems - and their high costs - by assuring that highly qualified care is available to you on both a regular and an "as-needed" basis.

Q. HOW DOES THE DENTCARE PLAN BENEFIT ME AND MY FAMILY?

A. DENTCARE programs have no deductibles to restrain your use of the plan. Putting off dental care simply means higher future costs, due to inflation and advancing dental disease.

There are no annual or lifetime maximums and we offer 100% coverage on many dental services.

We have no pre-existing exclusions or special waiting period for coverage. Teeth extracted prior to this coverage are eligible for replacement.

Q. WHAT IF I NEED A SPECIALIST?

A. Our programs cover care provided by specialists. Other programs may have reduced benefits for care given by specialists. Referrals to DENTCARE screened specialists are handled through your DENTCARE participating provider either at his or her office or at conveniently located sites.

Q. DO I HAVE TO CHANGE DENTISTS IF MY PRESENT DENTIST IS NOT A LISTED PROVIDER?

A. Yes. Only by utilizing participating providers can DENTCARE programs guarantee the continuing high levels of dental care while maintaining the desirable cost containment features. To find a dentist, you can log onto www.healthplex.com and click on "Our Dentists" and "Comprehensive Managed Care".

Q. HOW WILL MY TREATMENT DIFFER UNDER THIS PROGRAM FROM MY PREVIOUS TREATMENT?

A. You will be treated in the same professional manner that you are accustomed to receive from any family dentist. However, with this plan you will not have to fill out claim forms.

Q. WE ARE A FAMILY WHO BELIEVES IN PREVENTIVE DENTAL CARE. WE VISIT THE DENTIST TWICE A YEAR FOR CLEANING AND EXAMINATIONS. IS THIS TYPE OF MAINTENANCE COVERED BY DENTCARE PLANS?

A. Yes. You and your family are completely covered for this preventive dental care. We strongly recommend preventive services and dental health education. This permits early detection when treatment can be most effective in preventing dental disease.

Q. HOW CAN I CHANGE MY FAMILY DENTIST?

A. To find a dentist, you can log onto www.healthplex.com and click on "Our Dentists" and "Comprehensive Managed Care". Your provider selection must be in writing and only the member can make the request. You can fax your selection to 516-227-0582, email Enrollments@Healthplex.com or mail to the address on the front of this brochure.

MANAGED CARE PROGRAM

Under the Comprehensive Program you are asked to select **one** dentist for you and your family from the Affiliated Provider List. This dentist will provide you with all necessary care, referring to a wide range of specialists should it become necessary. We request that you wait until you receive your eligibility card (except of course in case of emergency) before making appointments. It is important to note that under this option, care provided by a non-participating dentist is NOT covered, unless arranged for by DENTCARE.

All our affiliated dental providers undergo a rigorous selection process, meeting rigid requirements as to professional standards, office cleanliness, sufficient and qualified staff and modern equipment. Panel locations have been selected with a view to provide coverage in nearly all geographical areas.

Advantages:

- > Eliminates out-of-pocket expenses in most cases.
- > No forms to complete.
- > Specialty services covered by participating specialists.
- > No deductibles or maximums.

In cases of emergency, you are covered for a maximum of two visits per member per contract year for services rendered by an affiliated provider. However, if you have had regular check-ups, or are undergoing treatment, the two visit limitation will be waived. If the emergency occurs out-of-area, or in the unlikely event you are unable to reach an affiliated provider, you will be reimbursed up to \$25 per family member per contract year, upon presentation of bills for palliative care rendered by a non-participating dentist until treatment can be obtained from your participating provider.

In the event you are unable to reach your own affiliated dentist, DENTCARE provides 24 hour emergency service operators.

EMERGENCY REFERRAL 24 HOUR SERVICE

(800) 468-0600

CLAIM REVIEW PROCEDURE

Precertification by a Plan Dentist with the approval of the Dental Plan Director is necessary before any prosthetic services will be provided.

COORDINATION OF BENEFITS

Coordination of Benefits is the method in which claims are processed when the patient is covered by more than one insurance company. When this occurs, Dentcare will follow the guidelines developed by the National Association of Insurance Commissioners in order to determine the primary and secondary payors. Under C.O.B. rules, both plans may pay up to their maximum amounts as long as the total does not exceed the dentists fees being charged.

EXPIRATION OF COVERAGE

Your insurance ceases when either your group or your employment terminates. You or any of your dependents no longer eligible for any reason may convert their dental insurance to a regular Direct Payment contract. This direct payment contract provides all basic benefits.

Coverage under this program may be continued after an employee terminates his/her employment pursuant to the rules and regulations of COBRA.

GENERAL LIMITATIONS ON COVERED EXPENSES

The contract requires that if alternate methods of treatment exist, payment will not be made for treatment carrying the greater fee, unless that treatment is the only adequate treatment.

Crowns and/or bridgework will only be allowed when these services are used to restore tooth structure or replace missing teeth as covered by the Group Contract.

Reconstruction: Payment will be made toward the cost of procedures necessary to eliminate oral disease and to replace teeth which have been removed subsequent to the effective date of insurance for the covered person.

When a prophylaxis and gum treatment are both performed on the same day, only the prophylaxis is a covered benefit.

Benefits for emergency treatment for relief of pain will not be allowed if the service is rendered along with any other service (excluding x-rays).

MANAGED CARE DENTAL PROGRAM

Patient Copayment

Diagnostic & Preventive Services

Oral Examination (once every 6 months).....	No Charge
Full Mouth X-Rays (once every 36 months)	No Charge
Single Films (periapical or bitewing)	No Charge
Bitewing Series.....	No Charge
Cleaning of Teeth (prohylaxis & polishing)	No Charge
Fluoride Treatment	No Charge
Sealant, per tooth	No Charge
Specialty Consultation	No Charge
Emergency Treatment	No Charge

Restorative Dentistry

Silver Amalgam, one surface.....	No Charge
Silver Amalgam, two surfaces	No Charge
Silver Amalgam, three surfaces or more.....	No Charge
Composite Filling, one surface	No Charge
Composite Filling, two surfaces	No Charge
Composite Filling, three surfaces or more	No Charge

Oral Surgery

Routine Extractions - per tooth.....	No Charge
Surgical Extractions.....	No Charge
Soft Tissue Impactions	No Charge
Bony Impactions (Partial/Full).....	No Charge
Alveolectomy, per quadrant w/extraction.....	No Charge

Root Canal Therapy

Pulp Capping, Direct/Indirect.....	No Charge
Root Canal Therapy, Anterior	No Charge
Root Canal Therapy, Bicuspid	\$100.00
Root Canal Therapy, Molar	150.00
Apicoectomy (Anterior)	No Charge

Periodontics

Scaling of Teeth, per quad	No Charge
Gingivectomy, per quad.....	No Charge
Osseous surgery, per quad	100.00

Prosthetics - Crowns

Acrylic with Metal Crown.....	100.00
Porcelain Crown.....	100.00
Porcelain with Metal Crown.	100.00
Stainless Steel Crown	No Charge
Cast Post	No Charge
Recementation, per crown	No Charge

Prosthetics - Fixed Bridges

Acrylic w/Metal Bridge Crown or Pontic.....	100.00
Porcelain w/Metal Bridge Crown or Pontic.....	100.00
Recementation, bridge	No Charge

Prosthetics - Removable

Full Upper or Lower Denture, w/adjustments	100.00
Partial Upper or Lower Denture, cast base	100.00

Prosthetic Repairs

Denture Adjustments.....	No Charge
Broken Body of Denture	No Charge
Replacement of Broken/Missing Teeth	No Charge

Orthodontia - (Dependent children only)

Maximum case fee - 24 months	2,000.00
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Dependent Children are covered up to age 26.

EXCLUSIONS AND LIMITATIONS

The following exclusions apply:

1. Any dental services which were not rendered or approved by a participating dentist except in cases of out-of-area dental emergency.
2. A service not furnished by a Dentist, unless the service is performed by a licensed dental hygienist under the supervision of a dentist or for an x-ray ordered by a dentist.
3. Treatment of a disease, defect, or injury covered by a major medical plan, Workmen's Compensation Law, occupational disease law, or similar legislation.
4. General anesthesia, analgesia and any 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 malformations.
6. Restorations, crowns or fixed prosthetics when acceptable results can be achieved with 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 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 or otherwise unruly patients. 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.
13. Services not listed in the Schedule of Benefits are not covered.

The following limitations apply:

- Oral exams, bitewing x-rays, prophylaxes, scalings and fluoride treatments- Once every 6 mos.
- Full mouth and panoramic x-rays - Once every 36 mos.
- Crowns, bridges, dentures & periodontal surgery - Once every 60 mos.
- Orthodontic treatment of Class II/Class III malocclusions - One 24 month case.

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

DISTRICT COUNCIL 1707

LOCAL 95 HEAD START

EMPLOYEES WELFARE FUND



GG-532

DENTCARE
DELIVERY SYSTEMS, INC.

333 EARLE OVINGTON BLVD. SUITE 300
UNIONDALE, NEW YORK 11553-3608

(800) 468-0600 Customer Service

◆ A NOT-FOR-PROFIT DENTAL INSURANCE COMPANY ◆

Administered By:



This brochure contains a general description of your Dental Care Program for your use as a convenient reference. All benefits are governed by the provisions of your group's contract.