

FREQUENTLY ASKED QUESTIONS

Is this plan ACA compliant?

The Omni PPO Plan is ACA compliant for all groups with 50 or fewer employees and includes the Pediatric Dental Essential Health Benefits, as defined in the Patient Protection Affordable Care Act, for dependent children under the age of 19.

What expenses will I have?

See Schedule of Benefits for the In-Network Copayments and Out-of-Network Reimbursements. Your out-of-pocket expenses will always be less when you are treated by Healthplex's PPO dentists.

Are there any added features?

A vision discount plan for all Omni PPO plan members is provided by Healthplex.

All dentists in our network are credentialed by Healthplex, a Credentials Verification Organization certified by the National Committee for Quality Assurance for 10 out of 10 credentialing services. We conduct site visits to ensure all offices are well equipped, adequately staffed and are following proper sterilization techniques.



EXCLUSIONS

1. Services not furnished by a dentist unless performed by a licensed dental hygienist under the supervision of a dentist or for an x-ray ordered by a dentist.
2. Treatment of a disease, defect, or injury covered by a major medical plan, Workers' Compensation Law, occupational disease law, or similar legislation.
3. General anesthesia, analgesia, or sedation for general services rendered in a hospital environment.
4. Dental procedures undertaken primarily for cosmetic reasons (including composite fillings in back teeth), or dental care to treat accidental injuries, congenital or developmental malformations.
5. 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.
6. Services started prior to becoming covered under this plan.
7. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
8. Replacement of an existing crown, bridge or denture that can be made serviceable according to common dental standards.

9. 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.
10. Services not listed in the Schedule of Benefits are not covered.

LIMITATIONS

1. Oral exams, bitewing x-rays, prophylaxes and fluoride treatments: Once every 6-months.
2. Full mouth & panoramic x-rays: Once every 36 months.
3. Crowns, bridges, dentures, periodontal surgery: Once every 60 months.
4. Orthodontic treatment of Class II/III malocclusions: One 24-month case when seen by a Healthplex PPO Orthodontist.
5. Under family coverage, children are covered to age 19 (25 if a full-time student). Proof of student status must be submitted every semester.

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

This brochure contains a general description of your Dental Care Program for your use as a convenient reference. **Due to certain Exclusions and/or Limitations, all member copayments may not be applicable.** Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for Exclusions and Limitations. All benefits are governed by the provisions of your group's contract.

Plans using this network are underwritten by

DENTCARE
DELIVERY SYSTEMS, INC.



Omni

Comprehensive Dental Benefits at Very Reasonable Premiums

An Affordable Care Act (ACA) Compliant Dental Plan

Administered by
Healthplex, Inc.

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www.healthplex.com

OMNI PPO DENTAL PLAN

SCHEDULE OF BENEFITS

In the Omni PPO Dental Plan, members have only a small deductible of \$50/individual and \$150/family (not applicable to Preventive and Diagnostic Services), and an annual maximum of \$1,250 per person and \$3,750 per family.

- 12-Month Waiting Period for Prosthetics (Excluding Single Crowns)
- Discounted fee for Orthodontic care (In-Network Only)

IN-NETWORK COVERAGE

You may select any dentist from the Capital Directory of Participating Providers. Some services are rendered without any cost, while others have a minimal copayment that you pay directly to the dentist. Members who receive care through the Healthplex Capital PPO network have their benefits automatically paid to their participating dentist. Members have reduced out-of-pocket expenses at these offices because PPO dentists have reduced their fees for plan members.

OUT-OF-NETWORK COVERAGE

When services are received from an Out-of-Network dentist, you will be reimbursed up to the Maximum Out-of-Network Reimbursement and you will be responsible for costs exceeding your reimbursement. **Out-of-Network Reimbursements are based on Healthplex's Omni Out-of-Network Schedule of Allowances.**

The Omni Plan is ACA compliant and includes the Pediatric Dental Essential Health Benefits, as defined in the Patient Protection Affordable Care Act for all groups with 50 or fewer employees, for dependent children under the age of 19.

Do you have questions? Are you interested in enrolling?
Please call our **Sales Department** at **1-800-468-0466** or visit **www.healthplex.com**

Are you already a member?
Please call our **Customer Service Department** at **1-800-468-0600** or visit **www.healthplex.com**

PROCEDURE	IN-NETWORK PPO COPAYMENT	OUT-OF-NETWORK REIMBURSEMENT
PREVENTIVE & DIAGNOSTIC SERVICES		
Periodic Oral Exam	No Charge	\$40.00
Full Mouth X-rays	No Charge	\$85.00
Panoramic Film	No Charge	\$75.00
Prophylaxis, Adult	No Charge	\$80.00
Prophylaxis, Child	No Charge	\$55.00
Topical Fluoride	No Charge	\$35.00
Palliative Treatment	No Charge	\$75.00
Sealants, Per Tooth	No Charge	\$40.00
RESTORATIVE DENTISTRY		
Silver Amalgam, 1 Surface	\$9.00	\$56.00
Silver Amalgam, 2 Surfaces	\$12.00	\$80.00
Silver Amalgam, 3 Surfaces	\$15.00	\$104.00
Composite, 1 Surface	\$10.00	\$76.00
Composite, 2 Surfaces	\$14.00	\$104.00
Composite, 3 Surfaces	\$17.60	\$144.00
ORAL SURGERY		
Routine Extraction	\$13.20	\$100.00
Surgical Extraction	\$22.00	\$148.00
Soft Tissue Impaction	\$31.00	\$200.00
Full Bony Impaction	\$48.00	\$308.00
ROOT CANAL THERAPY		
Root Canal Therapy – Anterior	\$70.00	\$320.00
Root Canal Therapy – Bicuspid	\$85.00	\$472.00
Root Canal Therapy – Molar	\$100.00	\$564.00

PROCEDURE	IN-NETWORK PPO COPAYMENT	OUT-OF-NETWORK REIMBURSEMENT
PERIODONTICS		
Gingivectomy, Per Quad	\$90.00	\$200.00
Osseous Surgery, Per Quad	\$230.00	\$412.50
PROSTHETICS * – CROWNS		
Porcelain Crown	\$212.50	\$400.00
Full Cast High Noble Metal Crown	\$212.50	\$377.50
Stainless Steel Crown	\$55.00	\$87.50
PROSTHETICS * – FIXED BRIDGES		
Porcelain w/High Noble Metal Pontic	\$297.50	\$375.00
Porcelain w/High Noble Metal Abutment	\$297.50	\$380.00
Full Cast High Noble Metal Abutment	\$262.50	\$375.00
PROSTHETICS * – REMOVABLE		
Full Dentures	\$325.00	\$450.00
Partial Upper Denture, Cast	\$347.50	\$500.00
Partial Lower Denture, Cast	\$347.50	\$517.50
PROSTHETICS * – REPAIRS		
Repair Broken Denture	\$32.50	\$62.50
ORTHODONTICS (No Out-of-Network Benefit) **		
Case Fee 24 - Months	\$2,910.00	Not Covered

**There is a 12-month waiting period for prosthetics, excluding single crowns. Waiting periods waived for prior coverage.*

***Dependent Children up to age 19 will receive reduced fees available at participating orthodontic offices.*