



EXECUTIVE DENTAL & VISION

The Dental and Vision Plan Everyone Is Seeing Clearly to Smile About

Underwritten By
DENTCARE
DELIVERY SYSTEMS, INC.

Co-Administered By
Healthplex
Leadership in Dental Plans

2008 PATIENT OUT-OF-POCKET EXAMPLES

CAPDENT OPTION

PROCEDURE	PATIENT COPAYS TO DENTIST			CAPDENT OPTION
	RED PLAN	WHITE PLAN	BLUE PLAN	
Prophylaxis – Adult (Cleaning)	No Charge	No Charge	No Charge	No Claim Forms No Deductibles Minimal Copays No Waiting Periods No Annual Maximum
Amalgam – Two Surface (Filling)	\$35	\$35	\$35	
Routine Extraction	\$45	\$45	\$45	
Root Canal – Anterior	\$225	\$225	\$225	
Porcelain Crown	\$385	\$385	\$385	

MANAGED CARE OPTION

PROCEDURE	PATIENT COPAYS TO DENTIST			MANAGED CARE OPTION
	RED PLAN	WHITE PLAN	BLUE PLAN	
Prophylaxis – Adult (Cleaning)	No Charge	No Charge	No Charge	No Claim Forms No Deductibles Minimal Copays No Waiting Periods No Annual Maximum
Amalgam – Two Surface (Filling)	No Charge	No Charge	No Charge	
Routine Extraction	No Charge	No Charge	No Charge	
Root Canal – Anterior	\$125	\$125	\$50	
Porcelain Crown	\$295	\$275	\$190	

PPO OPTION IN-NETWORK

PROCEDURE	IN NETWORK (PPO) REIMBURSEMENT %	THE MAXIMUM AMOUNT THE DENTIST MAY CHARGE THE PATIENT (PPO FEE)
Prophylaxis – Adult (Cleaning)	Preventive Care 100% Of PPO Fee	\$ 35
Amalgam – Two Surface (Filling)	Basic Care 80% Of PPO Fee	\$ 45
Routine Extraction	Basic Care 80% Of PPO Fee	\$ 55
Root Canal – Anterior	Basic Care 80% Of PPO Fee	\$ 250
Porcelain Crown	Major Service 50% Of PPO Fee	\$ 350

PPO OPTION OUT-OF-NETWORK

PROCEDURE	OUT OF NETWORK REIMBURSEMENT %	ACTUAL REASONABLE & CUSTOMARY SCHEDULE (R&C)
Prophylaxis – Adult (Cleaning)	Preventive Care 100% Of R&C	\$ 80
Amalgam – Two Surface (Filling)	Basic Care 80% Of R&C	\$ 100
Routine Extraction	Basic Care 80% Of R&C	\$ 125
Root Canal – Anterior	Basic Care 80% Of R&C	\$ 505
Porcelain Crown	Major Service 50% Of R&C	\$ 800

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE CONTACT YOUR PGP REPRESENTATIVE.