

## HEALTHPLEX VOLUNTARY DENTAL PLANS- Comparison Chart

Plan	Capdent		Capdent Plus		Healthplex Preferred
Providers	CapDent Network		CapDent Network or Out of Network		Healthplex PPO Network or Out of Network
Plan Type	DMO (must visit a participating dentist)		POS (can visit a participating dentist or a non-participating dentist)		PPO (Can visit any Dentist)
Plan Availability	New Jersey & New York		New York only		New York Only
Minimum Participation	<b>One Employee w/ Annual Premium Two Employees for a Group</b>		<b>Three Employees Enrolled</b>		<b>Three Employees Enrolled</b>
Deductible	No Deductible		<u>In-Network</u> \$5 per visit fee	<u>Out-of-Network \$40 per person</u> waived for Diagnostic & Preventive	<u>In or Out-of-Network \$40 per person</u> waived for Diagnostic & Preventive
Preventive	100%		100%	Scheduled Reimbursements	Scheduled Reimbursements
Basic (Root Canal, Fillings, Etc)	Scheduled Copayments		Scheduled Copayments	Scheduled Reimbursements	Scheduled Reimbursements
Major (Crowns, Bridges, Etc)	Scheduled Copayments		Scheduled Copayments	Scheduled Reimbursements	Scheduled Reimbursements
Maximum	None		None	\$1200 per year, per person	\$1200 per year, per person
Ortho Maximum	25% discount off participating CapDent Specialist fees		25% discount off participating CapDent Specialist fees	\$720 lifetime per person (over 24 months)	\$720 lifetime per person (over 24 months)
Waiting Periods	NONE		NONE	12 months for prosthetics 24 months for orthodontics	12 months for prosthetics 24 months for orthodontics
Claim Forms	NO		NO	YES	YES
Assignment of Benefits	Not Applicable		Not Applicable	YES	YES
Unlisted Services	Covered at 25% discount off participating dentist fee		Covered at 25% discount off participating dentist fee	Not covered	Not covered
Care rendered by Specialists	25% discount off participating specialist fees. Any CapDent Specialist can be used		25% discount off participating specialist fees. Any CapDent Specialist can be used	Reimbursed according to Schedule of Allowances	Reimbursed according to Schedule of Allowances
Patient Expenses	Co-payments paid by patient		Co-payments paid by patient & Healthplex	Co-insurance (balance of Dentist's fees not paid by plan) paid by patient	Co-insurance paid by patients will be lower at Healthplex PPO dentist
Provider Changes	New participating dentist may be selected with prior notice		New participating dentist may be selected with prior notice	Not Applicable	Not Applicable
Vision Benefits	Not Applicable		Covered as per Davis Vision discount plan	Covered as per Davis Vision discount plan	Covered as per Davis Vision discount plan
I.D. Cards	YES- with name of participating dentist		YES- with name of participating dentist and the "Davis Vision" name indicating Vision coverage	YES- and "Davis Vision" name indicating discount Vision coverage	YES- and "Davis Vision" name indicating discount Vision coverage
<b>MONTHLY RATE</b>	<b><u>New York Rate</u></b>	<b><u>New Jersey Rate</u></b>	<b><u>New York only</u></b>		<b><u>New York only</u></b>
Single	\$13.25	\$12.80	\$22.00		\$21.00
Employee + One	\$22.00	\$25.65	\$38.00		\$42.00
Family	\$30.00	\$36.65	\$55.00		\$55.00