

THE
CapDent

DENTAL
PLAN

*For Groups and Individuals Utilizing
The CapDent Provider Network*

Dentcare Delivery Systems, Inc.
International Healthcare Services, Inc.
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Uniondale, NY 11553

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THE CAPDENT DENTAL PLAN

This Capdent managed care program offers comprehensive dental benefits on a voluntary basis to individuals or groups who do not have access to a dental plan. Coverage is underwritten by Dentcare Delivery Systems, Inc. licensed by the New York Insurance Department and International Healthcare Services, Inc., certified by the New Jersey Department of Banking and Insurance.

The CapDent Plan is different than conventional dental programs that include deductibles, maximums and other features that increase your out-of-pocket expenses. Instead of reimbursing you for dental services after you have received treatment, this plan actually provides the services that are covered through a network of participating dentists. There are no claim forms, lengthy predeterminations or waiting periods to cover pre-existing conditions. All of the benefits are available to you the day you enroll!

While the CapDent Plan includes all types of services including crowns, bridges, dentures, root canals, periodontal care and orthodontics, it stresses preventive and diagnostic dental services. Cleanings, exams, x-rays and fluoride treatments are all covered without any cost to the enrollee. This “preventive incentive” is important because dental disease can be greatly reduced with regular visits to the dentist. And if regular visits for preventive and diagnostic care are free, major dental work and its high costs can be minimized.

In this managed care program, you and your covered family members select a dentist from the CapDent Directory of Participating Providers and receive all treatment from that dentist. Some services are rendered without any cost – others have a minimal copayment that you pay directly to the dentist. The schedule on the right lists all of the benefits and the applicable copayments. Should you require the care of a specialist, you may be treated by any CapDent participating endodontist, periodontist, oral surgeon or orthodontist. In such cases, your copayment will be different than the amounts shown on the Schedule. Services rendered by a participating specialist will be charged to you at 25% less than usual fees. Referral forms are not necessary.

SCHEDULE OF BENEFITS

PROCEDURE

PATIENT COPAYMENT

Diagnostic & Preventive Services

| | |
|-------------------------------|-----------|
| Oral Exam | No Charge |
| Full Mouth X-rays | No Charge |
| Single Films | No Charge |
| Bitewing Series..... | No Charge |
| Oral Hygiene Instruction..... | No Charge |
| Cleaning of Teeth | No Charge |
| Fluoride Treatment..... | No Charge |
| Emergency Treatment..... | No Charge |

Restorative Dentistry Primary and Permanent

| | |
|--|---------|
| Silver amalgam, one surface..... | \$20.00 |
| Silver amalgam, two surfaces..... | 35.00 |
| Silver amalgam, three surfaces or more..... | 50.00 |
| Composite filling, one surface..... | 25.00 |
| Composite filling, two surfaces..... | 40.00 |
| Composite filling, three surfaces or more..... | 55.00 |

***Oral Surgery**

| | |
|--------------------------------------|--------|
| Routine Extractions - per tooth..... | 45.00 |
| Surgical Extraction..... | 75.00 |
| Soft Tissue Impaction..... | 95.00 |
| Partial Bony Impaction | 125.00 |
| Full Bony Impaction..... | 160.00 |
| Alveolectomy, per quad..... | 95.00 |

***Root Canal Therapy**

| | |
|---------------------------------------|--------|
| Pulp Capping..... | 10.00 |
| Pulpotomy..... | 35.00 |
| Root Canal Therapy, one canal..... | 225.00 |
| Root Canal Therapy, two canals | 290.00 |
| Root Canal Therapy, three canals..... | 395.00 |
| Apicoectomy..... | 175.00 |

***Periodontics**

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|--------------------------------------|--------|
| Scaling of teeth, per quad | 25.00 |
| Subgingival curettage, per quad..... | 50.00 |
| Gingivectomy, per quad..... | 125.00 |
| Mucogingival surgery, per quad..... | 395.00 |
| Osseous surgery, per quad..... | 425.00 |

Prosthetics - Crowns

| | |
|--------------------------------|--------|
| Acrylic with metal crown | 295.00 |
| Porcelain crown | 385.00 |
| Porcelain w/ metal crown | 425.00 |
| Stainless steel crown..... | 95.00 |
| Cast post..... | 95.00 |
| Recementation, per crown..... | 35.00 |

Prosthetics - Fixed Bridges

| | |
|---|--------|
| Acrylic w/ metal bridge crown or pontic | 295.00 |
| Porcelain w/ metal bridge crown or pontic | 425.00 |
| Recementation, bridge..... | 35.00 |

Prosthetics - Removable

| | |
|--|--------|
| Full upper denture, inc. adjustments..... | 395.00 |
| Full lower denture, inc. adjustments..... | 395.00 |
| Partial upper denture, cast chrome and acrylic | 395.00 |
| Partial lower denture, cast chrome and acrylic..... | 395.00 |
| Denture Adjustments (for denture not made in office) | 35.00 |

Prosthetics - Repairs

| | |
|---|--------|
| Broken body of denture (no teeth involved)..... | 95.00 |
| Replacing broken, missing teeth..... | 35.00 |
| Office Reline..... | 95.00 |
| Lab Reline | 150.00 |

***Orthodontics**

| | |
|------------------------------------|---------|
| Maximum Case Fee - 24 months | 75% UCR |
|------------------------------------|---------|

When a participating specialist renders these services, the copayment will be 25% less than specialists usual fees

FREQUENTLY ASKED QUESTIONS

Q. How do I enroll?

A. First, review the Directory of Participating Dentists and select a provider that is conveniently located for you and your family (all family members must use the same dentist). Then, complete the enrollment form and enter the name and site number of your dentist. The form must be sent to Healthplex along with your check or credit card payment.

Q. Will I be satisfied with the services of my participating dentist?

A. We guarantee it! All of the dentists in our network have been credentialed by Healthplex, a Credentials Verification Organization certified by the National Committee on Quality Assurance * in 10 out of 10 credentialing elements. We also conduct site visits to make sure that all offices are well equipped, adequately staffed and are following proper sterilization techniques. If any Dentcare/IHS enrollee has a problem with his/her dentist, we will rectify the situation or refund premium.

Q. How do I schedule an appointment?

A. Simply call your participating dentist after you receive your Healthplex ID card and identify yourself as a CapDent Plan enrollee. Visits for routine dental care will be scheduled within a few weeks of your initial phone call. If you have a dental emergency, you will be appointed within 24 hours. Should you be away from home with a dental problem, you will be reimbursed up to \$50 for emergency care only.

Q. What expenses will I have in this plan for general dentistry and specialty care?

A. Your costs are clearly noted in the "Patient Copayment" column of the Schedule of Benefits. Services marked "No Charge" are rendered with no out-of-pocket expense. Other services have dollar amounts that you pay directly to your participating dentist when the treatment is provided. If you are referred to a participating endodontist, periodontist, oral surgeon, or orthodontist your copayments will be 25% less than the specialists usual fees. Referral Forms are not necessary when visiting CapDent participating specialists. Simply present your CapDent identification card to verify your enrollment.

EXCLUSIONS AND LIMITATIONS

The following exclusions apply to all Healthplex designed dental plans:

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, 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 to all Healthplex designed dental plans:

| | |
|--|----------------------|
| 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. |

Under family coverage, children are covered to age 19 (25 if full-time students).