



TRANSPORT WORKERS UNION LOCAL 100

Healthplex knows that in order to stand out in your field, you have to do one thing and do it right. We have made dental benefits our primary focus and have stabilized premiums for thousands of satisfied groups. We are the largest dental administrator in the state of New York with over three million members.

In 1977, two dentists created Healthplex in an effort to control the increasing costs of dental care. In the years that followed, the Company maintained its goal and successfully managed dental expenses for labor organizations, municipalities and businesses of all sizes. Although Healthplex has grown into one of the largest dental providers in the Northeast, we are still committed to providing the same personalized and friendly service we did when the Company was founded. This philosophy has enabled us to become a leader in the dental plan industry. We work with our clients to custom design dental benefit plans that are tailored to fit their specific business needs and provide three important features needed by all organizations - solid administrative support, proven cost controls, and superior service.

NETWORK

All plans include access to a network of participating dentists who are credentialed in accordance to NCQA guidelines. Healthplex itself is fully certified as a Credentials Verification Organization. The National Committee for Quality Assurance is an independent, non-profit organization that certifies credentials verification organizations, and accredits managed care organizations. All dentists participating with our programs have been carefully screened and are monitored through our Quality Assurance Program. This includes on-site inspections, evaluations of patient records and a review of utilization and referral patterns.

The networks range in size from 2,300 to 9,000 dentists. The networks are not only differentiated by size but also on the level of reimbursement. The different levels of reimbursement offer flexibility and affordability to our members and groups.

THE MANAGED CARE PLAN

A positive aspect of Healthplex's Managed Care Program for your members is our use of the "Dental Home" model for care delivery. The American Academy of Pediatric Dentistry endorsed the dental home model in 2001, but Healthplex developed this model in 1978, and it is the only managed care delivery model we have ever used. All Healthplex members either choose or are assigned to a "Dental Home" upon enrollment, before their first dental visit. This facilitates provider outreach prior to a dental visit, physician referrals for oral health care, guaranteed member access to care, and evaluation of provider performance, all of which significantly raise members' satisfaction with their dental program. Having a "Dental Home" provides multiple advantages to our outreach programs, another Healthplex strength.

PREFERRED PROVIDER PLAN (PPO)

Healthplex's PPO Plans offers In-Network and Out-of-Network coverage which means that our members can see any dentist of their choice. Our extensive PPO networks offer between 5,000 to 9,000 dentists and different levels of reimbursement, which gives the member and group the flexibility to customize their plan to fit their specific needs and to fit any budget.



TYPE I - DIAGNOSTIC & PREVENTIVE

Procedures performed by the dentist to evaluate the condition of the teeth and mouth, and to prevent decay and gum disease. Examples include: Oral Exams, X-Rays, Cleanings, and Fluoride Treatments.

TYPE II - BASIC SERVICES

Procedures performed by the dentist to restore damaged teeth and repair dentures, bridges, and crowns. It also covers endodontic, periodontic and surgical procedures used to treat oral disease. Examples Include: Fillings, Root Canals, Extractions, Periodontal Scalings, and Osseous Surgery.

TYPE III - MAJOR SERVICES

Procedures performed by the dentist relating to the replacement of missing natural teeth with dentures and bridges, and the repair of severely decayed or fractured teeth with crowns. Examples Include: Post and Cores, Crowns, Pontics and Bridges, Complete and Partial Dentures.

TYPE IV - ORTHODONTIC SERVICES

Procedures performed by the dentist to correct the improper alignment of biting or chewing surfaces of the upper and lower teeth. Orthodontic treatment is covered for patients who have a malocclusion that significantly interferes with function. Examples Include: Initial Insertion and Monthly Adjustments.



Plan Design & Rates

Custom PPO Plan (In/Out-of-Network)

\$1,800 Individual Maximum/\$3,000 Family Maximum/Maximums only apply to covered people 19 years or older.

No Deductible

Orthodontic Benefit: Full 24-month case covered in full when seen by a participating specialist.

Members utilize Healthplex's **Metro Network**, which consists of over 5,500 dental access points. If a member chooses to visit a non-participating provider, they are responsible for the difference between the reimbursement and the provider's usual and customary fees.

TRANSIT WORKERS UNION LOCAL 100 - Extended PPO Schedule of Benefits

ADA		In-Network Member Copayment	Out-of-Network Reimbursement
Diagnostic/Preventive Services			
0120	Periodic Oral Examination	No Charge	\$10.00
0150	Comprehensive Oral Examination	No Charge	\$10.00
0210	Complete Series X-rays	No Charge	\$20.00
0220	Periapical, First Film	No Charge	\$2.00
0230	Periapical, Each Additional Film	No Charge	\$2.00
0270	Bitewing - Single Film	No Charge	\$2.50
0272	Bitewings - Two Films	No Charge	\$5.00
0274	Bitewings - Four Films	No Charge	\$10.00
0330	Panoramic Film	No Charge	\$20.00
1110	Prophylaxis - Adult	No Charge	\$10.00
1120	Prophylaxis - Child	No Charge	\$7.00
1203	Topical Fluoride, Up to Age 16	No Charge	\$10.00
1351	Sealant, Per Tooth	No Charge	\$8.00
1510	Space Maintainer - Fixed	No Charge	\$50.00
1520	Space Maintainer - Removable	No Charge	\$40.00
Restorative Services			
2140	Amalgam - One Surface, Prim/Perm	No Charge	\$10.00
2150	Amalgam - Two Surfaces, Prim/Perm	No Charge	\$20.00
2160	Amalgam - Three Surfaces, Prim/Perm	No Charge	\$25.00
2330	Composite Filling - One Surface, Ant	No Charge	\$15.00
2331	Composite Filling - Two Surfaces, Ant	No Charge	\$25.00
2332	Composite Filling - Three Surfaces, Ant	No Charge	\$30.00
Prosthetics - Crowns			
2720	Crown - Resin w/High Noble Metal	No Charge	\$125.00
2721	Crown - Resin w/Base Metal	No Charge	\$125.00
2722	Crown - Resin w/Noble Metal	No Charge	\$125.00
2740	Porcelain Crown	No Charge	\$175.00
2750	Crown - Porcelain w/High Noble Metal	No Charge	\$170.00
2751	Crown - Porcelain w/Base Metal	No Charge	\$170.00
2752	Crown - Porcelain w/Noble Metal	No Charge	\$170.00
2790	Crown - Full Cast w/High Noble Metal	No Charge	\$110.00
2791	Crown - Full Cast w/Base Metal	No Charge	\$110.00
2792	Crown - Full Cast w/Noble Metal	No Charge	\$110.00
2920	Recement Crown	No Charge	\$8.00
2930	Stainless Steel Crown	No Charge	\$40.00
2952	Cast Post and Core	No Charge	\$35.00
Endodontic Services			
3110	Pulp Cap, Direct/Indirect	No Charge	\$8.00
3310	Root Canal Therapy - Anterior	No Charge	\$75.00
3320	Root Canal Therapy - Bicuspid	No Charge	\$100.00
3330	Root Canal Therapy - Molar	No Charge	\$150.00
3410	Apicoectomy - Anterior	No Charge	\$70.00
3425	Apicoectomy - Molar	No Charge	\$70.00
Periodontic Services			
4210	Gingivectomy, Per Quad	No Charge	\$65.00
4260	Osseous Surgery, Per Quad	No Charge	\$65.00
4341	Periodontal Scaling/Root Planing, Per Quad	No Charge	\$20.00

TRANSIT WORKERS UNION LOCAL 100 - Extended PPO Schedule of Benefits

ADA Prosthodontics - Removable

5110/5120	Complete U/L Denture	No Charge	\$200.00
5130/5140	Immediate U/L Denture	No Charge	\$200.00
5211/5212	Partial U/L Denture, Resin Based	No Charge	\$150.00
5213/5214	Partial U/L Denture, Cast Framework	No Charge	\$225.00

ADA Prosthodontics - Repairs

5510	Repair Broken Complete Denture Base	No Charge	\$15.00
5520	Replace Missing or Broken Teeth, Denture	No Charge	\$5.00
5610	Repair Resin Denture Base	No Charge	\$15.00
5630	Repair or Replace Broken Clasp	No Charge	\$30.00
5640	Replace Broken Teeth, Per Tooth	No Charge	\$5.00
5650	Add Tooth to Existing Partial Denture	No Charge	\$30.00
5730/5731	Reline Complete U/L Denture - Office	No Charge	\$30.00
5740/5741	Reline Partial U/L Denture - Office	No Charge	\$30.00
5750	Reline Complete Upper Denture - Lab	No Charge	\$50.00
5751	Reline Complete Lower Denture - Lab	No Charge	\$50.00
5760	Reline Partial Upper Denture - Lab	No Charge	\$50.00
5761	Reline Partial Lower Denture - Lab	No Charge	\$50.00

ADA Prosthodontics - Fixed

6210	Pontic - Resin High Noble Metal	No Charge	\$100.00
6211/6212	Pontic - Resin w/Base or Noble Metal	No Charge	\$100.00
6240	Pontic - Porcelain w/High Noble Metal	No Charge	\$100.00
6241/6242	Pontic - Porcelain w/Base or Noble Metal	No Charge	\$100.00
6750	Crown - Porcelain w/High Noble Metal	No Charge	\$175.00
6751/6752	Crown - Porcelain w/Base or Noble Metal	No Charge	\$175.00
6790	Crown - Full Cast w/High Noble Metal	No Charge	\$125.00
6791/6792	Crown - Full Cast w/Base or Noble Metal	No Charge	\$125.00
6930	Recement Fixed Partial Denture	No Charge	\$8.00

ADA Oral Surgery

7140	Routine Extraction	No Charge	\$10.00
7210	Surgical Extraction	No Charge	\$30.00
7220	Soft Tissue Impaction	No Charge	\$30.00
7230	Partial Bony Impaction	No Charge	\$50.00
7240	Full Bony Impaction	No Charge	\$90.00
7285	Biopsy - Hard Tissue	No Charge	\$20.00
7286	Biopsy - Soft Tissue	No Charge	\$20.00
7310	Alveoloplasty w/Extractions, Per Quad	No Charge	\$50.00

ADA Miscellaneous

9110	Palliative Treatment	No Charge	\$22.00
9310	Specialist Consultation	No Charge	\$20.00

Orthodontia - Full 24-Month Case

Initial Insertion	No Charge	\$300.00
Monthly Adjustments - 24 months	No Charge	\$60.00

In-Network reimbursement is based solely on the Healthplex Metro PPO Schedule of Allowances, not UCR. Out-of-Network reimbursement is based on a fixed copayment schedule as listed above. Out-of-network members are responsible for the difference between the reimbursement and the provider's usual and customary fees. Exclusions and Limitations apply.

The above listing represents a partial listing of benefits covered by this plan. Plan underwritten by Dentcare Delivery Systems, Inc.



Plan Design & Rates

Managed Care Plan (In-Network Only)

No Maximum

No Deductible

Orthodontic Benefit: Full 24-month case covered in full when seen by a participating specialist.

Members utilize Healthplex's **Comprehensive Network**, which consists of over 2,400 dental access points.

TRANSIT WORKERS UNION LOCAL 100 - Extended Managed Care Benefits

ADA		In-Network Member Copayment
Diagnostic/Preventive Services		
0120	Periodic Oral Examination	No Charge
0150	Comprehensive Oral Examination	No Charge
0210	Complete Series X-rays	No Charge
0220	Periapical, First Film	No Charge
0230	Periapical, Each Additional Film	No Charge
0270	Bitewing - Single Film	No Charge
0272	Bitewings - Two Films	No Charge
0274	Bitewings - Four Films	No Charge
0330	Panoramic Film	No Charge
1110	Prophylaxis - Adult	No Charge
1120	Prophylaxis - Child	No Charge
1203	Topical Fluoride, Up to Age 16	No Charge
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1510	Space Maintainer - Fixed	No Charge
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