

Group Benefit Page

Name of Group:	Transport Workers Union Local 100 - Semi-annual premium
Group Number:	1730277 (64008)
Plan Type:	DHMO
Plan Effective Date:	January 1, 2017
Benefit Period:	Calendar Year

Managed Care Plan - To use this plan, members must select one participating dentist per family from the Comprehensive Panel to provide general dental services. Your primary care dentist will provide all covered services according to the *Copayment Schedule*. Many services will be provided at no cost, while others may have a small copayment that patients will pay directly to the dentist. When specialty treatment is needed, your dentist will refer the case to a participating specialist. Members have no benefits when treatment is provided by a non-participating dentist or when specialty services are provided without a referral from Dentcare or a participating dentist.¹

Please log on to our website at yourdentalplan.com/healthplex to locate a participating provider, change your primary care dentist, view plan information, and more.

Dependent Eligibility - Dependent children are covered up to their 26th birthday.

Orthodontics - Coverage includes one case per lifetime for dependent children only. Dependent children must be fully banded prior to their 23rd birthday to have coverage up to their 26th birthday.

Note - 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 an explanation of these Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at yourdentalplan.com/healthplex. All benefits are governed by the provisions of your group's contract.

As of January 1st, 2024 your new group number is **1730277** and your new portal is **yourdentalplan.com/healthplex**

¹With the exception of Oral Surgeons, referrals are required to see a dental specialist. In the event that a participating specialist is not available within 50 miles of your residence, please contact Healthplex Member Services at (800) 468-0600 for assistance.

Services	Member Pays
Diagnostic & Preventive	
Periodic Oral Examination	No Charge
X-Rays, Complete Series	No Charge
Periapical, First Film	No Charge
Bitewings, Four Films	No Charge
Prophylaxis, Adult/Child	No Charge
Fluoride Treatment	No Charge
Sealants, Per Tooth	No Charge
Specialty Consultation	No Charge
Basic Restorative	
Amalgam, 1/2 Surfaces	No Charge
Amalgam, 3/4+ Surfaces	No Charge
Composite, 1/2 Surfaces - Anterior/Posterior	No Charge
Composite, 3/4+ Surfaces - Anterior/Posterior	No Charge
Endodontics	
Pulp Cap, Direct/Indirect	No Charge
Root Canal Therapy, Anterior/Bicuspid/ Molar	No Charge
Apicoectomy, Anterior/Molar	No Charge
Periodontics	
Gingivectomy, Per Quad	No Charge
Osseous Surgery, Per Quad	No Charge
Crown Lengthening	No Charge
Scaling & Root Planing, Per Quad	No Charge
Localized Delivery of Antimicrobial Agents ²	No Charge
Periodontal Maintenance	No Charge
Oral Surgery	
Routine/Surgical Extraction	No Charge
Soft Tissue Impaction	No Charge
Partial/Full Bony Impaction	No Charge
Biopsy, Hard/Soft Tissue	No Charge
Major Restorative	
Porcelain with High Noble Metal Crown	No Charge
Full Cast Metal Crown	No Charge
Re-cement Crown	No Charge
Post and Core	No Charge
Prosthetics - Removable	
Complete Upper/Lower Denture	No Charge
Partial Upper/Lower Denture, Cast Base	No Charge
Prosthetics - Fixed Bridges	
Porcelain with High Noble Metal Pontic/Abutment	No Charge
Full Cast Metal Abutment	No Charge
Re-cement Bridge	No Charge
Prosthetic Repairs/Relines	
Denture Repairs	No Charge
Add Tooth to Existing Partial Denture	No Charge
Replace Broken Tooth	No Charge
Reline Complete/Partial Denture - Direct/Indirect	No Charge
Adjunctive Services	
Palliative Treatment	No Charge
Anesthesia	No Charge
Specialty Consultation	No Charge
Occlusal Guard	\$300.00

Managed Care

Our managed care dental plans feature:

- No deductibles
- No claim forms
- Coverage for pre-existing conditions

Important

- The *Copayment Schedule* contains a partial listing of the most frequently utilized services covered under this plan
- Pre-certification is recommended for services not listed, as well as major restorative and prosthetic services
- Members are responsible for all costs not covered by this dental plan
- Frequencies and limitations apply

²Localized Delivery of Antimicrobial Agents

This service is included in a \$100 lifetime maximum.

Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable professional result. Please speak with your dentist regarding the options covered under your dental plan.

yourdentalplan.com/healthplex

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