

HEALTHPLEX DHMO DENTAL PROGRAM

PLANS UNDERWRITTEN BY **DENTCARE DELIVERY SYSTEMS, INC.** IN NEW YORK
AND **INTERNATIONAL HEALTHCARE SERVICES, INC.** IN NEW JERSEY

PATIENT COPAYMENTS

ADA Codes	Description	Bronze	Silver	Gold
	Per Visit Fee	\$0	\$5 PV	\$5 PV
0150/0120/0140	Oral Exam	0	0	0
210	Full Mouth X-rays	0	0	0
0220/0230/0240	Single Films	0	0	0
0270/0272/0274	Bitewing Films	0	0	0
330	Panoramic Film	0	0	0
1110	Prophylaxis- Adult	0	0	0
1120	Prophylaxis- Child	0	0	0
1203	Topical Fluoride	0	0	0
2140	Amalgam 1, Primary	20	0	0
2150	Amalgam 2, Primary	35	0	0
2160/2161	Amalgam 3, Primary	50	0	0
2140	Amalgam 1, Permanent	20	0	0
2150	Amalgam 2, Permanent	35	0	0
2160/2161	Amalgam 3, Permanent	50	0	0
2951	Pin Retention	10	0	0
1351	Sealants	35	20	0
2330	Anterior Composite 1	25	0	0
2331	Anterior Composite 2	40	0	0
2332/2335	Anterior Composite 3	55	0	0
2740	Porcelain Crown	385	270	150
2751/2752	Porcelain/ Metal Crown	425	270	150
2791/2792	Full Metal Crown	295	150	150
2930	Stainless Steel Crown	95	50	0
2954/2952	Prefab/Cast Post	95	50	0
2920/6930	Recementations	35	0	0
3110/3120	Pulp Cap	10	0	0
3220 *	Pulpotomy *	35	0	0
3310 *	Root Canal 1 *	225	125	50
3320 *	Root Canal 2 *	290	190	100
3330 *	Root Canal 3 *	395	335	150
3410/3421/3425 *	Apicoectomy *	175	125	50
4240/4241 *	Gingival Flap Proc. (Quad) *	50	60	0
4210/4211 *	Gingivectomy (Quad) *	125	95	50
4260/4261 *	Periodontal Surgery (Quad) *	425	350	150
4341/4342 *	Scaling (Quad) *	25	11.25	0
5110/5120	Full Dentures	395	295	150
5213/5214	Partial Dentures	395	295	150
55XX/56XX	Denture Repairs	35-95	25-75	0
573X/574X	Office Reline	95	50	0
575X/576X	Lab Reline	150	95	0
6241/6242	Porcelain/Metal Pontic	425	270	150
6251/6252	Acrylic/Metal Pontic	295	150	150
6721/6722	Acrylic/Metal Abutment	295	150	150
6751/6752	Porcelain/Metal Abutment	425	270	150
6791/6792	Full Metal Abutment	295	150	150
7111/7140 *	Simple Extraction *	45	25	0
7210/7250 *	Surgical Extraction *	75	50	0
7220 *	Soft Tissue Impaction *	95	50	0
7240/7241 *	Bony Impactions *	160	100	50
731X/732X *	Alveolectomy (Quad) *	95	50	0
8070/8080/8090 *	Orthodontia *	75%	2400C/2800A	1200C/1600A
9110	Palliative Treatment	0	0	0

* Copays are different at Specialists' Offices - See the Comparison Chart for details

This policy provides dental insurance only. The expected benefit ratio for this policy is 85%. The ratio is the portion of future premiums which the company expects to return as benefits when averaged over all people with this policy.

This brochure includes a partial listing of the benefits, exclusions and limitations in the DHMO Plan. A complete description will be distributed to all enrollees (Certificate of Insurance).