



CAPDENT COMPREHENSIVE VOLUNTARY DENTAL PLAN

About the Comprehensive Voluntary Dental Plan

The Comprehensive Voluntary Dental Plan provides you and your family complete dental coverage. And, YOU select the plan you want - the plan only YOU know can best meet your family's needs and budget.

With the Comprehensive Voluntary Dental Plan you get: Quality dental benefits

- Choice of three plan levels
- Extraordinary customer service
- CapDent network of dentists and specialists
- No claims forms or paperwork to complete
- No deductible
- No maximum limitations

No charge for many routine services and procedures, co-payments for others

Specialty services covered by participating specialists

Affordable premiums

Possible payroll deduction of premiums

Out-of-network reimbursement for emergency care

24-hour toll-free emergency service

How the Comprehensive Voluntary Dental Plan Works

There are three plan options in the CapDent Comprehensive Voluntary Dental Plan. You select the plan level that's right for you and your family: High, Medium or Low. Co-payments are determined by the plan level selected. The higher the plan, the lower the co-payment. Refer to the Schedule of Dental Services to review the services and co-payments within each plan.

Groups of 10 or more can allow individual enrollees to select their plan of choice (Low, Medium, High or High with Enhanced Ortho), groups of 9 or less enrollees must have the employer select a single plan and groups of 2 or less only have the Low and Medium options available. The number of insured employees in a group will be monitored, and groups with one or two employees will not be eligible to have the High Option Plan.

After you have selected the plan level of your choice, you must then choose a participating primary care general dentist from the CapDent Provider List. Covered dental services for employees and dependents are provided by that primary dentist. Most services are covered at no cost to insureds, while more complex procedures require co-payments (fees that are paid by you directly to the dentists).

All family members must enroll with the same CapDent primary care general dentist. *If you want to change your selected CapDent primary dentist, you may do so once a year on the plan's anniversary date* (we will accommodate requests to change primary dentists between anniversary dates if requested).

Once you enroll in the plan, we will send an I.D. Card (one per family) directly to your home. Refer to this card when making appointments with your CapDent Participating General Dentists and Specialists.

"Specialty Services" are covered in all three options using CapDent participating specialists. When treatment is rendered by a CapDent Specialist, the listed co-payments do not apply. Instead, you will pay the specialist's usual fee, less a 25 percent discount.

In the High Option, insureds may also be treated by non-CapDent participating specialists. When using this smaller panel of affiliated dentists, referrals are necessary but patients will have no out-of-pocket expenses (except for the usual plan copayments).

Eligibility

Employees must actively work at least 30 hours a week to be eligible for this plan. Eligible dependents include spouses and children under the age of 19. Children older than 19 years of age are eligible if they are dependent, full-time students under the age of 25.

The Participating Providers

Because a managed care dental plan is only as good as its participating dentists, Dentcare takes provider credentialing seriously. All dentists must submit detailed information about their practices as well as their education and personal history to be considered for the network. The data is then verified using primary sources such as dental schools, state licensing agencies, the Drug Enforcement Administration and the National Practitioner Databank. A site visit is conducted to check the office for sterilization techniques, radiation protective devices, OSHA requirements, adequate staffing and other critical factors. After the dentists have successfully completed the credentialing process, they are then considered for participation in our Comprehensive Voluntary Dental Plan.

Participating dental locations have been selected to provide a uniform distribution of dentists throughout the service area. With hundreds of affiliated dentists in the network, a provider can usually be found near your work or home. The CapDent providers who participate are under contract with Dentcare Delivery Systems, Inc.

Reimbursement for Out-of-Network Emergency Treatment

If a dental emergency arises outside the area, or in the unlikely event you are unable to obtain the services of a CapDent or other affiliated provider, you will be reimbursed up to \$50 per person per calendar year for emergency palliative care. This will help cover the costs of treatment solely to relieve pain by a non-participating dentist until treatment is obtained from your participating dentist. This is not for routine treatment or major services.

If you are unable to reach your CapDent primary care general dentist, you can call the emergency number listed here to obtain immediate care from another local participating dentist (**1-800/468-0600**). On Long Island, call **516/542-2200**.

Plan Exclusions and Limitations

The following exclusions apply to all 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, grafts, 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 and/or 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 dental plans:

Oral exams, bitewing x-rays, prophylaxes, scalings and fluoride treatments	- Once every 6 months.
Full mouth and panoramic x-rays	- Once every 36 months.
Crowns, bridges, dentures & periodontal surgery	-Once every 60 months.
Orthodontic treatment of Class II/Class III malocclusions	- One 24 month case.

Certain other procedures may have age limitations. A list of such services is available on request.

Schedule Of Dental Services, Co-Payments and Provider Networks

The co-payments on the next page will be charged to you by your CapDent primary care general dentist for covered dental services. These co-payments **do not apply** when you receive treatment from CapDent participating specialists. CapDent Specialists (including orthodontists) will charge their usual fees, less a discount of 25 percent.

In the High Option, you will also have the ability to use non-CapDent participating specialists (other than Orthodontists). If so, the co-payments shown **will apply** for the services listed (referrals are necessary when using these other Specialists).

For orthodontic care, enrollees in all three options can be treated by CapDent Orthodontists with a 25 percent discount off their usual fee (24 months of coverage). High Option enrollees may also be treated by non-CapDent Orthodontists **if the Enhanced Orthodontia Benefit was purchased by the employer**. If so, your co-payments will be \$1,200 for children and \$1,600 for adults (24 months of coverage). The Enhanced Orthodontia Benefit is not available to groups with one or two insured employees.

Plan	Benefit	Network
Low Option	Co-payment Chart Applies 25% Discount Off Regular Fees	CapDent Primary Dentists Capdent Specialists
Medium Option	Co-payment Chart Applies 25% Discount Off Regular Fees	CapDent Primary Dentists CapDent Specialists
High Option *	Co-payment Chart Applies 25% Discount Off Regular Fees Co-payment Chart Applies	CapDent Primary Dentists CapDent Specialists Non-CapDent Specialists **

SERVICE	LOW OPTION	MEDIUM OPTION	HIGH OPTION *
Each office visit	\$ 0	\$ 5	\$ 5
Oral exams	0	0	0
Full mouth X-rays	0	0	0
Single films/each add'l	0	0	0
Panoramic	0	0	0
Prophylaxis	0	0	0
Topical fluoride	0	0	0
Sealants, per tooth	Not covered	20	0
Amalgam one	20	0	0
Amalgam two	35	0	0
Amalgam three/four	50	0	0
Pin retention	10	0	0
Composite one	25	0	0
Composite two	40	0	0
Composite three/four	55	0	0
Porcelain crown	\$385	\$270	\$150
Porcelain/metal crown	425	270	150
Full cast crown	295	150	150
Porcelain laminates	295	270	150
Stainless steel crown	95	50	0
Cast and prefab post	95	50	0
Recement crown/bridge	35	0	0
Direct/indirect pulp cap	10	0	0
Pulpotomy	35	0	0
Root canal one	225	125	0
Root canal two	290	190	0
Root canal three/four	395	335	150
Apicoectomy incl. retrograde	175	125	0
Gingival curettage	50 Q	60 Q	0
Gingivectomy	125 Q	95 Q	0
Perio surgery muco/osseous	395 Q/425 Q	350 Q/350 Q	150 Q
Scaling/root planing	25 Q	45 FM	0
Full dentures	395	295	150
Partial dentures, chrome	395	295	150
Denture repairs incl. adding teeth	35-95	25-75	0
Office reline	95	50	0
Lab reline	150	95	0
Porcelain/metal pontic	425	270	150
Acrylic/metal pontic	295	150	150
Acrylic/metal abutment	295	150	150
Porcelain/metal abutment	425	270	150
Full cast abutment	295	150	150
Resin retainer	Not Covered	220	0
Simple extraction	45	25	0
Surgical extraction	75	50	0
Soft tissue impaction	95	50	0
Partial/full bony impaction	125/160	75/100	0
Alveolectomy	95 Q	50 Q	0
Orthodontics	25% Discount	25% Discount	25% Discount
Enhanced Orthodontics (if purchased)	N/A	N/A	1200/1600
Palliative treatment	0	0	0
Occlusal adjustment complete/limit	0	0	0

* The High Option Plan requires \$150 co-pay per procedure for all crowns (other than stainless steel), all units of bridgework, dentures, molar root canals and periodontal surgery. Not all services which require this co-pay are listed above.

** This does not include Orthodontists unless the Enhanced Orthodontic Benefit was purchased by the employer.

DENTCARE - CAPDENT COMPREHENSIVE VOLUNTARY PLANS - Comparison Chart

Plan	Comprehensive Voluntary Low Plan	Comprehensive Voluntary Medium Plan	Comprehensive Voluntary High Plan	Comprehensive Voluntary High Enhanced Plan
Providers	CapDent General Dentist	CapDent General Dentist	CapDent General Dentist	CapDent General Dentist
Plan Type	Member must choose a participating dentist	Member must choose a participating dentist	Member must choose a participating dentist	Member must choose a participating dentist
Plan Availability	New York only	New York only	New York only	New York only
Minimum Participation	Groups of 1 or more	Groups of 2 or more	Groups of 3 or more	Groups of 3 or more
Claim Forms	None	None	None	None
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Co-payments	Scheduled Co-payments	.	Lowest Scheduled Co-payments	Lowest Scheduled Co-payments
Specialty Services	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees.	25% discount off CapDent participating specialists or Dentcare participating specialists with approval. (Co-payments Will apply)	25% discount off CapDent participating specialists or Dentcare participating specialists with approval. (Co-payments Will apply)
Annual Maximum	None	None	None	None
Orthodontia	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees.	25% discount off any Capdent participating specialists fees. Approvals necessary for high enhanced option if chosen. Co-payment for child is \$1200 / Adult \$1600
Provider Changes	Open Enrollment	Open Enrollment	Open Enrollment	Open Enrollment
Unlisted Services	Not Covered	Not Covered	Not Covered	Not Covered
I.D. Cards	Yes - with name of participating Dentist	Yes - with name of participating Dentist	Yes - with name of participating Dentist	Yes - with name of participating Dentist
MONTHLY RATE				
Employee	\$16.90	\$28.17	\$36.62	\$40.85
Employee + Spouse	\$27.46	\$48.94	\$64.08	\$72.54
Employee + Child	\$27.46	\$48.94	\$64.08	\$72.54
Employee + Family	\$38.02	\$69.71	\$91.54	\$104.23

Groups of **10 or more** can allow individual **enrollees to select their plan** of choice.

Groups of **9 or less** enrollees must have the **employer select a single plan**.

Groups of 1 or 2 enrollees may **only** select the Low or Medium plans.