

Group Benefit Page

Name of Group: Suffolk County Municipal Employees

Group Number: GG-749, GG-749C, GG-749L, GG-749RE, and GG-749REC

Effective Date: January 1, 2021

Benefit Period: Calendar Year

Plan Description: Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Healthplex. Using an in-network PPO provider may eliminate or reduce the member's out-of-pocket expense. Additional information can be found on the reverse side.

Payments by the plan are subject to the following terms:

Category I	Diagnostic Services Preventive Services	100%	of the maximum allowable amount
Category II	Basic Restorative Services Endodontic Services Periodontal Services Oral Surgery Services Adjunctive Services	100%	of the maximum allowable amount
Category III	Major Restorative Services Prosthetic Services Implant Services*	100%	of the maximum allowable amount
Category IV	Orthodontic Services	100%	of the maximum allowable amount
Individual/Family Deductible:		N/A	
Individual/Family Maximum (Category I, II, III):		N/A	
Orthodontic Maximum (Category IV):		\$2,000.00	per lifetime

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

Orthodontics: Coverage is based on a 24-month case which includes the initial banding and monthly adjustments for dependent children and adults, not to exceed the lifetime orthodontic maximum of \$2,000. Upon reaching the lifetime maximum allowance, members will be responsible to pay reduced out of pocket costs when seen by a participating provider. If additional orthodontic treatment is needed beyond a 24-month period, the member will be responsible for the provider's usual and customary fees. Please note, the amount may vary based on the provider seen at the time of care.

Implants*: Implants and implant related services are limited to two (2) per calendar year.

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 healthplex.com.

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In-Network PPO Copayments

You may select any dentist from the National Plus Directory of Participating Providers. Some services are rendered without any cost, while others have a minimal copayment you pay directly to the dentist.

Out-of-Network Reimbursement

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the *Schedule of Benefits*. You will be responsible for all costs exceeding that amount.

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.

Note: The *Schedule of Benefits* contains a partial listing of the most frequently utilized services covered under this plan. All benefits are governed by the provisions of your group's contract. Frequencies and limitations apply.

Administered by



Underwritten by Healthplex Insurance Company

Healthplex Insurance Company,
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Uniondale, NY 11553-3608
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Schedule of Benefits

Diagnostic & Preventive	In-Network PPO Copayments	Out-of-Network Reimbursement
Periodic Oral Examination	No Charge	\$25.00
X-Rays, Complete Series	No Charge	45.00
Periapical, First Film	No Charge	5.00
Bitewings, Four Films	No Charge	18.00
Prophylaxis, Adult/Child	No Charge	39.00/34.00
Fluoride Treatment	No Charge	14.00
Sealants, Per Tooth	No Charge	20.00

Basic Restorative

Amalgam, 1/2 Surfaces	No Charge	\$40.00/50.00
Amalgam, 3/4+ Surfaces	No Charge	60.00/70.00
Composite, 1 Surface, Anterior/Posterior	No Charge	50.00
Composite, 2 Surfaces, Anterior/Posterior	No Charge	65.00
Composite, 3 Surfaces, Anterior/Posterior	No Charge	80.00/90.00
Composite, 4+ Surfaces, Anterior/Posterior	No Charge	90.00/85.00
Re-cement Crown	No Charge	30.00
Re-cement Bridge	No Charge	62.00

Endodontics

Root Canal Therapy, Anterior	No Charge	\$280.00
Root Canal Therapy, Bicuspid	No Charge	327.00
Root Canal Therapy, Molar	No Charge	374.00
Apicoectomy, Anterior	No Charge	234.00

Periodontics

Gingivectomy, Per Quad	No Charge	\$120.00
Osseous Surgery, Per Quad	No Charge	300.00
Periodontal Maintenance	No Charge	50.00
Scaling & Root Planing, Per Quad	No Charge	40.00

Oral Surgery

Routine/Surgical Extraction	No Charge	\$76.00/90.00
Soft Tissue Impaction	No Charge	102.00
Partial/Full Bony Impaction	No Charge	132.00/152.00

Major Restorative

Porcelain with High Noble Metal Crown	No Charge	\$500.00
Full Cast High Noble Metal Crown	No Charge	500.00
Post and Core, Cast/Prefabricated	No Charge	110.00

Prosthetics - Removable

Complete Upper/Lower Denture	No Charge	\$650.00
Partial Upper/Lower Denture, Cast Base	No Charge	695.00

Prosthetics - Fixed

Porcelain with High Noble Metal Pontic/Abutment	No Charge	\$500.00
Full Cast High Noble Metal Abutment	No Charge	500.00

Implant Services*

Bone Graft at Time of Implant	No Charge	\$225.00
Endosteal Implant	No Charge	500.00
Prefabricated/Custom Fabricated Abutment	No Charge	500.00
Implant Supported Porcelain/Ceramic Crown	No Charge	500.00
Abutment Supported Porcelain High Noble Metal Crown	No Charge	500.00

Prosthetic Repairs/Relines

Repair Complete Denture Broken Base	No Charge	\$65.00
Repair Partial Denture Base/Framework	No Charge	65.00/100.00
Replace Broken Tooth	No Charge	55.00
Add Tooth/Clasp to Existing Partial Denture	No Charge	60.00/90.00
Reline Complete/Partial Denture - Chair	No Charge	85.00
Reline Complete/Partial Denture - Laboratory	No Charge	130.00

Adjunctive Services

Palliative Treatment	No Charge	\$25.00
Anesthesia - First 15 minutes	No Charge	100.00