

Group Benefit Page

Name of Group: United Welfare Fund

Group Number: L1AK00213Y

Effective Date: June 1, 2020

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.

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	100%	of the maximum allowable amount
Category IV	Orthodontic Services	50%	of the maximum allowable amount
Individual Deductible:		\$50	applies to Periodontal Services only
Family Deductible:		\$150	applies to Periodontal Services only
Individual Maximum (Category I, II, III):		\$2,000.00*	per benefit period
Family Maximum (Category I, II, III):		N/A	
Orthodontic Maximum (Category IV):		\$1,000.00	per lifetime

Dependent Eligibility: Dependent children are covered through the end of the month of their 26th birthday.

Orthodontics: Coverage includes initial banding and up to 24 monthly adjustments for dependent children up to age 19. Member copayments will apply and may vary based on the provider seen at the time of care. When the orthodontic lifetime maximum has been reached, the member will be responsible for 100% reduced fees payable directly to the Liberty PPO Orthodontist.

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.

**Individual annual maximum does not apply to dependent children up to their 19th birthday.*

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In-Network PPO Copayments

You may select any dentist from the Liberty Directory of Participating Providers. Some services are rendered without any cost while others may have a minimal copayment you pay directly to the dentist. Copayments listed in the *Schedule of Benefits* are applicable to Liberty PPO providers only.

When outside of the NY area, you may select any dentist from the Careington Directory of Participating providers. Copayments will vary based on the location of the provider seen at the time of care. Pre-authorization is recommended in order to determine your out-of-pocket expense prior to receiving treatment.

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. In such situations where more than one alternative would adequately treat a given condition, the plan will cover the least costly alternative. Please speak with your dentist regarding the options covered under your dental plan.

Dental Implant Benefit

Below you will find covered implant services and the associated member cost payable to in-network Liberty PPO providers only. This benefit is not available out-of-network or when services are rendered by an in-network Careington PPO provider.

Single crowns on implants will be reimbursed according to the non-implant crown benefit indicated in the *Schedule of Benefits*. The member will be responsible for the remaining balance up to the Liberty PPO reduced fee as indicated below.

Service Description	Member cost payable to Liberty PPO Providers
Endosteal Implant	\$1,400.00
Custom Fabricated/Prefabricated Abutment	650.00/550.00
Implant Supported Porcelain/Ceramic Crown	815.00
Abutment Supported Porcelain fused to Noble Metal Crown	532.50
Abutment Supported Porcelain fused to High Noble Metal Crown	455.50

Schedule of Benefits

L1AK00213Y

	In-Network Healthplex Liberty PPO Provider Copayments	Out-of-Network Reimbursement
Diagnostic & Preventive		
Periodic Oral Examination	No Charge	\$16.50
X-Rays, Complete Series	No Charge	49.50
Periapical, First Film	No Charge	8.80
Bitewings, Four Films	No Charge	18.70
Prophylaxis, Adult/Child	No Charge	38.50/22.00
Fluoride Treatment	No Charge	27.50
Sealants, Per Tooth	No Charge	22.00
Basic Restorative		
Amalgam, 1/2 Surfaces	No Charge	\$38.50/49.50
Amalgam, 3/4+ Surfaces	No Charge	60.50/71.50
Composite, 1 Surface, Anterior	No Charge	44.00
Composite, 2 Surfaces, Anterior	No Charge	60.50
Composite, 3 Surfaces, Anterior	No Charge	77.00
Composite, 4+ Surfaces, Anterior	No Charge	77.00
Re-cement Crown	No Charge	27.50
Re-cement Bridge	No Charge	55.00
Endodontics		
Root Canal Therapy, Anterior	No Charge	\$275.00
Root Canal Therapy, Bicuspid	No Charge	330.00
Root Canal Therapy, Molar	No Charge	412.50
Apicoectomy, Anterior	No Charge	192.50
Periodontics (after deductible has been met)		
Gingivectomy, Per Quad	No Charge	\$165.00
Osseous Surgery, Per Quad	No Charge	412.50
Scaling & Root Planing, Per Quad	No Charge	82.50
Periodontal Maintenance	No Charge	66.00
Oral Surgery		
Routine/Surgical Extraction	No Charge	\$60.50/93.50
Soft Tissue Impaction	No Charge	137.50
Partial/Full Bony Impaction	No Charge	165.00/214.50
Major Restorative		
Porcelain/Ceramic Crown	No Charge	\$385.00
Porcelain fused to Noble Metal Crown	No Charge	467.50
Porcelain fused to High Noble Metal Crown	No Charge	544.50
Post and Core Cast/Prefabricated	No Charge	148.50/93.50
Prosthetics - Removable		
Complete Upper/Lower Denture	No Charge	\$577.50
Partial Upper/Lower Denture, Cast Base	No Charge	632.50
Prosthetics - Fixed Bridges		
Porcelain/Ceramic Pontic/Abutment	No Charge	\$467.50
Porcelain with High Noble Metal Pontic/Abutment	No Charge	544.50
Prosthetic Repairs/Relines		
Repair Complete Denture Broken Base	No Charge	\$49.50
Repair Partial Denture Base/Framework	No Charge	49.50/77.00
Replace Broken Tooth	No Charge	49.50
Add Tooth/Clasp Existing Partial Denture	No Charge	49.50/55.00
Reline Complete Lower Denture - Chair/Laboratory	No Charge	121.00/181.50
Reline Partial Lower Denture - Chair/Laboratory	No Charge	121.00/165.00
Adjunctive Services		
Palliative Treatment	No Charge	\$27.50
Anesthesia (15 minutes)	No Charge	51.33

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.

Underwritten by

Healthplex Insurance Company
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608
516-542-2200 • 800-468-0608
healthplex.com

