Dental Active Benefit Information

**Reimbursement Plan**

- **Fee-for-Service Reimbursement In-Network Plan (PPO - Active)**
  You may select any participating Healthplex PPO Active provider. These providers will accept the reimbursement allowances as payment in full. The Plan provides assignment of benefits to your in-network dentist. Upon completion of your dental work, the reimbursement check will be mailed directly to your participating dentist. For a list of Active Preferred Providers contact Healthplex Customer Service at (800) 468-0600 (Press Option 1), [www.healthplex.com](http://www.healthplex.com), or the SBA Health & Welfare office at (212) 431-6555.

- **Fee-for-Service Schedule Reimbursement Out-of-Network Plan.**
  You may select any duly licensed dentist or specialist whom you and/or your eligible family members prefer. Upon completion of dental services and submission of a required claim form you will be reimbursed according to the schedule of payments for expenses you incur for preventive, basic and major non-orthodontia dental services. You are responsible to your dentist for any costs beyond the schedule of reimbursement. Upon completion of your dental work, the reimbursement check will be mailed directly to you.

For a summary plan description for the above Reimbursement plans please refer to the [Dental Active Reimbursement Plan Brochure](http://www.healthplex.com), and for additional information please contact Healthplex customer service at (800) 468-0600 (Press Option 1), [www.healthplex.com](http://www.healthplex.com), or the SBA Health & Welfare office at (212) 431-6555.

*All benefits are governed by the provisions of the master group contract between Healthplex and the Health & Welfare Fund.*

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**Submitting a Claim**

Claim forms are available through our dental provider, Healthplex, at the SBA Health & Welfare office or here on the SBA website ([Dental Active Claim Form](http://www.healthplex.com)). Please read these forms carefully and follow all instructions provided on the form when completing. Forms will be returned if it is incomplete or incorrect. When you have a claim, you should promptly submit the completed claim form to Healthplex direct. *Claims submitted 180 days after completion of dental services will be denied.* It may become necessary to submit additional proof or information concerning a particular claim. Healthplex reserves the right to require such proof or information, including but not limited to any or all of the following:

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Submitting a Claim (continued)

(1) Dental chart showing work to be performed before the treatment of submitted claim,

(2) X-rays, lab or hospital reports,

(3) Cast molds or other evidence of the dental condition or treatment,

(4) Post-treatment examination of the patient, at the Fund’s expense, by a dentist it selects.

Claims must be submitted direct to:

Healthplex

333 Earle Ovington Blvd.

Suite 300

Uniondale, New York 11553

(800) 468-0600

How Benefits Are Affected By the Alternate Benefit Provision

When more than one dental service would provide suitable treatment, your benefits will be based on the treatment determined by Healthplex to be best suited to your condition by accepted standards of dental practice. If two services provide satisfactory results according to accepted standards of dental practice and one service is less expensive than the other, the Fund will reimburse up to the scheduled allowance for the less expensive service.

In addition to this description, each subscribing participant is provided with a Healthplex brochure explaining in more detail the above provisions and containing the schedule of reimbursement for most frequently performed dental services. This booklet and the applicable Healthplex brochure contain a general description of your dental benefit plan for your use as a convenient reference. *All benefits are governed by the provisions of the master group contract between Healthplex and the Health & Welfare Fund.*

Pre-Authorization

When a dentist’s charge for a proposed course of treatment is $250 or more, a dental service treatment plan must be submitted to Healthplex for approval before treatment is started. X-rays and a description of the procedure must be included with treatment plan being submitted for pre-authorization. The treatment plan, prepared by the dentist, must be submitted direct for review by Healthplex, no later than 30 days after the initial examination.

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Pre-authorization (continued)

Pre-authorization by Healthplex is limited to the approval of the course of the treatment proposed; it does not include approval of payment for services not covered under the dental plan, nor is it a determination of the patient’s eligibility.

A claim submitted to Healthplex for pre-authorization will be returned to the dentist indicating their decision. Your dentist should contact you upon receipt of the returned form. Approval will include the maximum amount of reimbursement you will receive upon completion of the approved dental services. The dentist may proceed to provide the approved services after you have been notified of the reimbursement amount and agree to have the approved work performed. Healthplex reserves the right to modify or deny payment of claims of $250 or more which have not been approved by Healthplex before treatment begins.

Orthodontia Benefit Eligibility

Orthodontia benefits are available only to eligible dependent children up to their 19th birthday only.

Orthodontia Benefits/Expenses for In-Network (PPO - Active)

Benefits shall be provided for eligible dependent children consisting of necessary diagnosis and treatment of Class 2 and 3 malocclusions which cause interference with normal functions. The treatment plan, with requires X-Rays and molds, must be approved by Healthplex before treatment is started. Active members will not incur any out of pocket expenses for covered procedures (appliances are not covered), provided you select one of the orthodontists participating in the Preferred Provider Organization Panel (PPO - Active).

If a covered dependent begins orthodontic treatment while you are an active member and you retire prior to the completion of treatment your benefit will revert to the retiree reimbursement fee schedule. Any post retirement benefit will be based on the cost incurred to the Health & Welfare Fund to the point of retirement. Members who are considering retirement can contact Healthplex to determine the remaining cost, if any, that they may incur.

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**Orthodontia Benefits for Out-of-Network**

Benefits shall be provided for eligible dependent children consisting of necessary diagnosis and treatment of Class 2 and 3 malocclusions which cause interference with normal functions. The treatment plan, with requires X-Rays and molds, must be approved by Healthplex before treatment is started. Orthodontia services are reimbursed according to a fee schedule up to a lifetime maximum of $1,905. The orthodontia benefit payments are not included in the yearly dental maximum.

**Covered Orthodontia Expenses for Out-of-Network**

1. Initial work up, diagnosis and insertion of appliance are covered once in a lifetime up to $460.
2. $70 per active monthly treatment with a maximum of 20 consecutive treatments. If your dependent misses a monthly treatment, Healthplex will not reimburse for that month but it will be counted toward the 20 consecutive treatments. Also covered are 3 passive treatments at $15 per treatment. Please note that the Fund does not cover replacement or repair of any lost or damaged orthodontic appliance.

**Coverage Exclusions**

Charges incurred for the following services will not be paid:
- Treatment from anyone other than a licensed dentist or physician (except routine cleaning of teeth and fluoride application which can be performed by a licensed dental hygienist under the direct supervision of, and billed by, a dentist or physician),
- Facings, veneers, or similar material placed on molar crowns or pontics,
- Services performed by a member of your or your spouse’s immediate family, unless acceptable proof of payment is provided for those services,
- Services or supplies that are cosmetic in nature or directed toward a cosmetic end,
- Any service or supplies incurred, installed or delivered before you or your dependent(s) become eligible for benefits from this Fund,
- Replacement of a lost, missing or stolen prosthetic orthodontic appliance,
- A broken appointment,
- Any services received from a medical department, clinic or any facility provided or furnished by your spouse's/domestic partner's employer,
- Any service that is not medically necessary or is not normally performed for proper dental care of the condition or any service that is not approved by the attending dentist,

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Coverage Exclusions (continued)

- services or supplies that do not meet accepted standards of dental practice including experimental or investigational services or supplies,
- services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared,
- any duplicate prosthetic appliance except as specifically provided,
- oral hygiene, or dietary instruction or plaque control programs,
- implants
- wiring or bonding teeth or crowns to act as a splint for any reason,
- injury arising from employment, covered by workers’ compensation,
- services or supplies for which you are not required to pay,
- appliances, restorations or any procedure to alter vertical dimension for cosmetic purposes, or
- services or supplies not specifically listed under covered expenses.

Comprehensive Managed Care Plan

Under the Managed Care Plan, you are asked to select one dentist for you and your family from the Affiliated Provider List. This dentist will provide you and your family with all necessary care and referrals to a wide range of specialists, including Orthodontia, should it become necessary. It is important to note that under this option, care provided by a non-participating dentist is NOT covered, unless arranged for by Dentcare (516) 542-2200. For a list of Affiliated Providers contact Healthplex customer service at (800) 468-0600 (Press Option 1), www.healthplex.com, or the SBA Health & Welfare office at (212) 431-6555.

For a summary plan description please refer to the Dental Active Managed Care Plan Brochure, and for additional information please contact Healthplex Customer Service at (800) 468-0600 (Press Option 1), www.healthplex.com, or the SBA Health & Welfare office at (212) 431-6555.

Note: If any member requests credentialing of a non participating provider please complete and forward the following form to Healthplex: Healthplex Provider Referral Form.