



# WELFARE FUND

Dentcare Delivery Systems, Inc.  
60 Charles Lindbergh Blvd.  
Uniondale, New York 11553

(516) 794-3000 (800) 468-0600

A-Not-For-Profit Dental Insurance Company

Plan Designed by *Healthplex*®

## WHAT IS DENTCARE?

DENTCARE is a prepaid program of preventive dentistry offered by Dentcare Delivery Systems, Inc., a not-for-profit dental insurance company licensed by the New York State Insurance Department.

Our purpose is simple. It is to provide members with access to a wide range of dental benefits, with a special emphasis on preventive dentistry. In this way, we work to hold down major dental problems - and their high cost - by assuring that highly qualified care is available to you on both a regular and an "as-needed" basis.

### Q. HOW DOES THE DENTCARE PLAN BENEFIT ME AND MY FAMILY?

A. DENTCARE programs have no deductibles to restrain your use of the plan. Putting off dental care simply means higher future costs, due to inflation and advancing dental disease.

There are no annual or lifetime maximums and we offer 100% coverage on many dental services.

We have no pre-existing exclusions or special waiting period for coverage. Teeth extracted prior to this coverage are eligible for replacement.

### Q. WHAT IF I NEED A SPECIALIST?

A. Our programs cover care provided by specialists. Other programs may have reduced benefits for care given by specialists. Referrals to DENTCARE screened specialists are handled through your DENTCARE participating provider either at his office or at conveniently located sites.

### Q. DO I HAVE TO CHANGE DENTISTS IF MY PRESENT DENTIST IS NOT A LISTED PROVIDER?

A. Yes. Only by utilizing participating providers can DENTCARE programs guarantee the continuing high levels of dental care while maintaining the desirable cost containment features.

### Q. HOW WILL MY TREATMENT DIFFER UNDER THIS PROGRAM FROM MY PREVIOUS TREATMENT?

A. You will be treated in the same professional manner that you are accustomed to receive from any family dentist. However, with this plan you will not have to fill out claim forms.

### Q. WE ARE A FAMILY WHO BELIEVES IN PREVENTIVE DENTAL CARE. WE VISIT THE DENTIST TWICE A YEAR FOR CLEANING AND EXAMINATIONS. IS THIS TYPE OF MAINTENANCE COVERED BY DENTCARE PLANS?

A. Yes. You and your family are completely covered for this preventive dental care. We strongly recommend preventive services and dental health education. This permits early detection when treatment can be most effective in preventing dental disease.

### Q. HOW OFTEN CAN I CHANGE MY FAMILY DENTIST?

A. You may change your family dentist at each open enrollment period.

### Q. HOW OFTEN DO I ENROLL IN THE DENTCARE PLAN?

A. Complete the accompanying application form and return it to your Personnel or Benefits office. Please be sure to select a conveniently located dentist for you and your family from the accompanying list.

## COMPREHENSIVE PROGRAM

Under the Comprehensive Program you are asked to select a dentist from the Affiliated Provider List. This dentist will provide you with all necessary care, referring to a wide range of specialists 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.

All our affiliated dental providers undergo a rigorous selection process, meeting rigid requirements as to professional standards, office cleanliness, sufficient and qualified staff and modern equipment. Panel locations have been selected with a view to provide coverage in nearly all geographical areas.

#### **Advantages:**

- Eliminates or reduces out-of-pocket expenses.
- No forms to complete.
- Pre-existing conditions are covered.
- No deductibles or maximums.
- Emergency services provided.

In cases of emergency, you are covered for a maximum of two visits per member per contract year for services rendered by an affiliated provider. However, if you have had regular check-ups, or are undergoing treatment, the two visit limitation will be waived. If the emergency occurs out-of-area, or in the unlikely event you are unable to reach an affiliated provider, you will be reimbursed up to \$25 per family member per contract year, upon presentation of bills for palliative care rendered by a non-participating dentist until treatment can be obtained from your participating provider.

In the event you are unable to reach your own affiliated dentist, DENTCARE provides 24 hour emergency service operators.

#### **EMERGENCY REFERRAL 24 HOUR SERVICE**

**(516) 794-3000**

#### **CLAIM REVIEW PROCEDURE**

Pre-certification by a Plan Dentist with the approval of the Dental Plan Director is necessary before any prosthetic services will be provided.

#### **COORDINATION OF BENEFITS**

Coordination of Benefits is the method by which subscribers who are covered by more than one insurance company can collect up to the amount of expenses they actually incurred.

#### **EXPIRATION OF COVERAGE**

Your insurance ceases when either your group or your employment terminates. You or any of your dependents no longer eligible for any reason may convert their dental insurance to a regular Direct Payment contract. This direct payment contract provides all basic benefits.

Coverage under this program may be continued after an employee terminates his/her employment pursuant to the rules and regulations of COBRA.

#### **GENERAL LIMITATIONS ON COVERED EXPENSES**

The contract requires that if alternate methods of treatment exist, payment will not be made for treatment carrying the greater fee, unless that treatment is the only adequate treatment.

Crowns and/or bridgework will only be allowed when these services are used to restore tooth structure or replace missing teeth as covered by the Group Contract.

Reconstruction: Payment will be made toward the cost of procedures necessary to eliminate oral disease and to replace teeth which have been removed subsequent to the effective date of insurance for the covered person.

When a prophylaxis and gum treatment are both performed on the same day, only the gum treatment is a covered benefit.

Benefits for emergency treatment for relief of pain will not be allowed if the service is rendered along with any other service (excluding x-rays).

## DENTAL CARE PROGRAM

### Patient Copayment

#### Diagnostic & Preventive Services

Full mouth x-ray.....	No Charge
Single Films (periapical or bitewing) .....	No Charge
Bitewing Series .....	No Charge
Oral Examination .....	No Charge
Specialty Consultation.....	No Charge
Cleaning of Teeth (prophylaxis & polishing) .....	No Charge
Fluoride Treatment.....	No Charge
Treatment in case of dental emergency .....	No Charge

#### Restorative Dentistry

Silver amalgam, one surface.....	No Charge
Silver amalgam, two surfaces .....	No Charge
Silver amalgam, three surfaces or more .....	No Charge
Composite filling, one surface.....	No Charge
Composite filling, two surfaces.....	No Charge
Composite filling, three surfaces or more.....	No Charge

#### Oral Surgery

Routine extractions - per tooth.....	No Charge
Surgical extractions.....	No Charge
Soft tissue impactions.....	No Charge
Boney impactions .....	No Charge
Alveolectomy, per quadrant .....	No Charge

#### Root Canal Therapy

Pulp Capping, Direct.....	No Charge
Root Therapy - one canal.....	No Charge
Root Therapy - two canals.....	No Charge
Root Therapy - three canals.....	No Charge
Apicoectomy .....	No Charge

#### Periodontics

Scaling of teeth, per quad.....	No Charge
Subgingival curettage, per quad .....	No Charge
Gingivectomy, per quad .....	No Charge
Mucogingival surgery, per quad .....	No Charge
Osseous surgery, per quad .....	No Charge

#### Prosthetics - Crowns

Acrylic with metal crown .....	No Charge
Porcelain crown.....	No Charge
Porcelain with metal crown .....	\$50.00
Stainless steel crown.....	No Charge
Post.....	No Charge
Recementation, per crown .....	No Charge

#### Prosthetics - Fixed Bridges

Acrylic with metal crown or pontic .....	No Charge
Porcelain with metal crown or pontic.....	50.00
Recementation, bridge .....	No Charge

#### Prosthetics - Removable

Full upper or lower denture, w/adjustments.....	No Charge
Partial upper or lower denture, cast chrome.....	No Charge
Denture adjustments .....	No Charge
Broken Body of Denture .....	No Charge
Replacement of Broken/Missing Teeth.....	No Charge

#### Orthodontia (Dependent Children Only)

Maximum case fee - 24 months .....	250.00
------------------------------------	--------

Children covered up to age 19, 23 if full-time student.

## EXCLUSIONS AND LIMITATIONS

Benefits shall not be provided for:

- Any dental services which were not rendered, prescribed, arranged, or approved by plan dentist except in cases of out of area dental emergency.
- General anesthesia.
- Consultation by non-Plan Dentists unless specifically directed by Dentcare.
- Any dental procedures which are undertaken primarily for cosmetic reasons.
- Any service or appliance unless required in accordance with accepted standards of dental practice.
- Prosthetic benefits are not covered where in the view of the Plan Dentist, sound restorations can be achieved by amalgam or alternative methods.
- Replacements or substitutions of appliances supplied by Plan until five (5) years have elapsed.
- Services or appliances used solely as an adjunct to periodontal care or for some cosmetic purposes.
- Implants and attachments thereof.
- More than two (2) oral examinations and oral prophylaxis (cleaning, scaling and polishing of teeth) per member per year. (Once every six months)
- Orthodontia - Lost or Broken Appliance.
- Broken Appointments - If specified by Plan Dentist for appointments not cancelled 24 hours in advance, there is a \$30.00 charge.
- Dentures, crowns, inlays, onlays, bridgework or other appliances or procedures altering vertical dimension, restoring or maintaining occlusion, splinting or replacing tooth structure lost by abrasion or attrition, or treatment of a temporo-mandibular joint disturbance.
- A new denture or bridgework if the existing denture or bridgework can be made serviceable.
- Orthodontic services unless for eligible dependent children consisting of the necessary diagnosis and treatment of class 2 and 3 malocclusions which cause interference with normal function.

- Services rendered in a hospital or outside of a participating dentist's office.
- Services not listed, or treatment involving personalized procedures are not covered. Such procedures (if performed) will be the financial responsibility of the patient.

This brochure contains a general description of your Dental Care Program for your use as a convenient reference. All benefits are governed by the provisions of your group's contract.