OPTION XI

Procedure	Patient Cost With IHS Option
DIAGNOSTIC	
Charting history, oral examinations, periodic recall examination (every 6 months), emergency treatment	NO CHARGE
RADIOGRAPHIC	
Complete intraoral series, periapical and bitewing films	NO CHARGE
Intraoral periapical	NO CHARGE
Each additional single film (periapical or bitewing)	NO CHARGE
Occlusal view x-ray	NO CHARGE
Lateral jaw x-ray, each	NO CHARGE
Four bitewing x-ray films	NO CHARGE
Antero-posterior x-ray of head and jaw	NO CHARGE
Cephalometric radiograph	NO CHARGE
Panoramic (panography) including bitewings once every 3 years	NO CHARGE
PREVENTIVE	
Oral prophylaxis (every 6 months)	NO CHARGE
Topical fluoride treatment following prophylaxis (up to age 19)	NO CHARGE
Space maintainers - unilateral	NO CHARGE
Space maintainers - bilateral	NO CHARGE
Sealants (per tooth to age 14)	$ 15.00
OPERATIVE (Restorative) SERVICES	
Primary silver amalgam - 1 surface	NO CHARGE
Primary silver amalgam - 2 surfaces	NO CHARGE
Primary silver amalgam - 3 surfaces or more	NO CHARGE
Permanent silver amalgam - 1 surface	NO CHARGE
Permanent silver amalgam - 2 surfaces	NO CHARGE
Permanent silver amalgam - 3 surfaces or more	NO CHARGE
Silver amalgam reinforcement pins - 1st	NO CHARGE
each additional pin	NO CHARGE
Composite filling (for front teeth)	NO CHARGE
Composite Class III	NO CHARGE
Composite Class IV	NO CHARGE
Core build-up (including any pins)	NO CHARGE
PERIODONTIA	
Root scaling and root planing (per quadrant)	NO CHARGE
Prophylaxis, medication and minor bite correction	NO CHARGE
Gingivectomy, Gingivoplasty (per quadrant)	NO CHARGE
Occlusal adjustments (and/or equilibration)	NO CHARGE
Bite guards	NO CHARGE
Osseous surgery (per quadrant)	$ 75.00
ENDODONTICS (including radiographs)	
Single root canal filling	NO CHARGE
Double root canal filling	NO CHARGE
Triple or more root canal filling	NO CHARGE
Apicoectomy (per root)	NO CHARGE
SIMPLE EXTRACTIONS (including local anesthesia)	
Single tooth	NO CHARGE
Each additional tooth	NO CHARGE
ORAL SURGERY EXTRACTIONS (including local anesthesia)	
Surgical Extraction	NO CHARGE
Extraction of tooth (soft tissue impaction)	NO CHARGE
Extraction of tooth (partial bony impaction)	NO CHARGE
Extraction of tooth (complete bony impaction)	NO CHARGE
Alveoplasty/Alveolectomy (per jaw maximum)	
per quadrant in conjunction with extraction	NO CHARGE
Alveoplasty, including ridge extension, arch	NO CHARGE
Excision of benign tumor, lesion diameter up to 2.5 cm	NO CHARGE
Removal of cyst up to 2.5 cm diameter	NO CHARGE
PROSTHETICS (including adjustments and relines for 6 months following installation) removable	
Full upper denture	NO CHARGE
Full lower denture	NO CHARGE
Partial upper or lower denture w/o clasps, acrylic base	NO CHARGE
Partial upper or lower denture with two chrome clasps	
with rests, acrylic base	NO CHARGE
Partial upper or lower with chrome lingual or palatal bar	
with two clasps and rests, acrylic base	NO CHARGE
Repair broken full or partial denture, no teeth damaged	NO CHARGE
Repair broken full or partial denture, replace broken tooth	NO CHARGE
each additional tooth	NO CHARGE
Replace broken tooth on denture, no other repairs	NO CHARGE
each additional tooth	NO CHARGE
Adding tooth to partial denture to replace extracted tooth	NO CHARGE
each additional tooth	NO CHARGE

Procedure	Patient Cost With IHS Option
Reattaching clasp on denture, clasp intact	NO CHARGE
Replacing broken clasp with new clasp on denture	NO CHARGE
Relining upper or lower full or partial denture (office) once every 3 years	NO CHARGE
Relining upper or lower full or partial denture (lab) once every 3 years	NO CHARGE
Jump case, complete denture (duplicate of denture) once every 3 years	NO CHARGE
CROWNS	
Post and Core	NO CHARGE
Two surface gold inlay	NO CHARGE
Three or more surfaces gold inlay	NO CHARGE
Acrylic jacket	NO CHARGE
Acrylic with metal (semi-precious)	NO CHARGE
Porcelain jacket	NO CHARGE
Porcelain fused to metal (semi-precious)	NO CHARGE
3/4 cast	NO CHARGE
Full cast	NO CHARGE
BRIDGES - ABUTMENTS & PONTICS (fixed)*	
Cast	NO CHARGE
Maryland Bridge	NO CHARGE
Porcelain fused to metal (semi-precious)	NO CHARGE
Plastic processed to metal (semi-precious)	NO CHARGE

*Refer to Exclusion #6

ORTHODONTIC BENEFITS....

Orthodontic benefits include:

Diagnosis, including models, photographs and cephalograms
Active treatment
Retention treatment

Active treatment will be rendered only for functional problems:

a) one cusp deviation in the occlusion of the maxillary and mandibular arches;
b) overbite - 4 mm or greater;
c) crossbites;
d) overjets - 4 mm or greater;
e) crowding in excess of 4 mm.

Maximum, 24 months (to age 19)	$ 500.00
Adult (19 years or older)	$ 1250.00

PLAN EXCLUSIONS AND LIMITATIONS

The following exclusions apply to all Healthplex designed dental plans:

1. Any dental services which were not rendered, prescribed, arranged, or approved by a participating dentist except in cases of out-of-area dental emergency (Managed Care Plan).
2. A service not furnished by a participating Dentist, unless the service is performed by a licensed dental hygienist under the supervision of a participating dentist or for an x-ray ordered by a participating 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, or 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. Replacement of any existing crown, bridge or denture which can be made serviceable according to common dental standards.
10. Procedures, appliances or restorations (except full dentures) 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.
11. Treatment of unmanageable children or otherwise 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 (Managed Care Plan).
12. Services not listed in the proposed Schedule of Benefits are not covered.

The following limitations apply to all Healthplex designed 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 and periodontal surgery	Once every 60 months.
Orthodontic treatment of Class II and Class III malocclusions	One 24 month case.

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