Exclusions and Limitations

The following exclusions apply:

1. A service not furnished by a dentist, unless the service is performed by a licensed dental hygienist under the supervision of a dentist or for an x-ray ordered by a dentist.
2. Treatment of a disease, defect, or injury covered by a major medical plan, Workers’ Compensation Law, occupational disease law, or similar legislation.
3. General anesthesia, analgesia and any service rendered in a hospital environment.
4. Dental procedures undertaken primarily for cosmetic reasons or dental care to treat accidental injuries, congenital or developmental malformations.
5. Services started prior to becoming covered under this plan.
6. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
7. Replacement of any existing crown, bridge or denture that can be made serviceable according to common dental standards.
8. Procedures, appliances or restorations (except full dentures) for which the main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint; stabilize periodontally involved teeth, or restore occlusion.
9. Services not listed in the Schedule of Benefits are not covered.

The following limitations apply:

- Oral exams, bitewing x-rays, prophylaxes, and fluoride treatments - Twice every 12 months.
- Full mouth x-rays - Once every 36 months.
- Crowns and bridges (per tooth), dentures (per arch) & periodontal surgery (per quadrant) - Once every 36 months.
- Orthodontic treatment of Class I/Class II/Class III malocclusions – One 24 month case with traditional braces.

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

Limitations on Orthodontics

Orthodontia - Benefits shall be provided for eligible members and dependents consisting of the necessary diagnosis and treatment of class 1, 2 and 3 malocclusions which cause interference with normal functions. Each month of active or passive orthodontic treatment rendered before the commencement of the patient’s coverage by the Contract reduces the maximum number of months of such treatment allowed under the Contract. The Fund will not pay towards the cost of any orthodontic appliance inserted when the patient was not covered by the Contract.

Payments will be made only for treatment rendered by dentists who have had special training to qualify them to render orthodontic treatment, and only for the covered conditions. To receive benefits, the member must have the dental specialist who proposed to perform the service apply to Healthplex for written authorization of the services before orthodontic treatment is started.

Coordination of Benefits

Coordination of Benefits is the method in which claims are processed when the patient is covered by more than one insurance company. When this occurs, Healthplex will follow the guidelines developed by the National Association of Insurance Commissioners in order to determine the primary and secondary payers. Under C.O.B. rules, both plans may pay up to their maximum amounts as long as the total does not exceed the dentists’ fees being charged.

Complaint Procedures

Inquiries relating to coverage and claims can be made by the member to our Customer Service Department at the telephone number shown on the front of the brochure. If the member disagrees with our disposition of the inquiry, a written request for review may be made within sixty days of notification of the disposition to:

Healthplex, Inc.
Quality Management Dept.
333 Earle Ovington Blvd., Suite 300
Uniondale, New York 11553-3608

Eligibility

Dependent Children are covered up to their 19th birthday, or up to their 23rd birthday if a full-time student.

Expiration of Coverage

Your insurance ceases when either your group or your employment terminates. Any dependent terminated or member no longer eligible for any reason may convert their dental insurance coverage to a regular Direct Payment Contract. This direct payment contract provides all basic benefits.
**Group Benefit Page**

Name of Group: Fire Alarm Dispatchers Benevolent Association Benefit Fund

Group Number: GG-070A

Effective Date: January 1, 1996

Plan Number: N/A

Benefit Period: Calendar Year

Reimbursement Plan – Covered services can be rendered by any dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Healthplex. Payments by the plan are subject to the following terms:

<table>
<thead>
<tr>
<th>Individual Deductible</th>
<th>N/A $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Deductible</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Coinsurance Percentages:

- **Category I**
  - Diagnostic Services Preventive Services: 100% of the maximum allowable amount.

- **Category II**
  - Basic Restorative Services Endodontic Services Periodontal Services Oral Surgery Services: 100% of the maximum allowable amount.

- **Category III**
  - Major Restorative Services Prosthetic Services: 100% of the maximum allowable amount.

- **Category IV**
  - Orthodontic Services: 100% of the maximum allowable amount.

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**About our Dental Plans**

Founded and managed by practicing dentists, Healthplex pioneered the introduction of managed care to dental plans and is one of the largest independent dental plan specialists in the tri-state area.

The Fire Alarm Dispatchers Benevolent Association Benefit Fund dental program, administered by HEALTHPLEX, offers two types of coverage, the Managed Care Option and the Reimbursement Option.

**Managed Care Option**

The Managed Care Plan is underwritten by Dentcare Delivery Systems, Inc., a not-for-profit dental insurance company licensed by the New York State Insurance Department.

A description of the plan can be found in the Certificate of Insurance from Dentcare.

**Reimbursement Option**

The Reimbursement Plan provides for free choice of dentists. However, Healthplex has provided a network of conveniently located dental offices that will treat Fund members with no out-of-pocket expense for most covered services. When a member or eligible dependent receives services from one of these participating general dental offices, they will only be responsible for the patient copayment shown in the column labeled “In-Network PPO Copays.” To find a dentist, log onto healthplex.com and click on “Our Dentists”, select “PPO Panels”, then “Capital Panel”.

If a member or eligible dependent elects to receive services at a non-participating dental office, they will be responsible for all charges above the “Out-of-Network Reimbursement” column.

**Predetermination and Claims**

If a course of treatment can reasonably be expected to involve covered dental expenses of $250 or more, a description of the procedures to be performed and an estimate of the dentist’s charges must be filed with Healthplex before the course of treatment is begun.

As a part of the basis for determining benefits payable, Healthplex may require submission of x-rays and other appropriate diagnostic and evaluative materials. If a description of the procedures to be performed and an estimate of the dentist’s charges are not submitted in advance, Healthplex reserves the right to make a determination of benefits payable.

Predeterminations and claim forms submitted for payment should be sent directly to:

Healthplex, Inc.
Attention: Claims Dept.
PO Box 9255
Uniondale, New York, 11553-9255
Fax: 516-542-2614

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**Schedule of Benefits**

**Diagnostic & Preventive Services**

- Periodic Oral Examination: $30.00 (No Charge)
- Fluoride Treatment: $25.00 (No Charge)
- Prophylaxis: $45.00 (No Charge)
- Single Films (periapical or bitewing): $15.00/24.00 (No Charge)
- Bitewing Series: $37.00 (No Charge)
- Amalgam, 2 surfaces: $87.00 (No Charge)
- Pulpotomy: $36.00 (No Charge)
- Root Canal Therapy: $238.00 (No Charge)
- Soft Tissue Impactions: $100.00 (No Charge)
- Composite, 1 surface, Anterior: $72.00 (No Charge)
- Gingivectomy: $200.00 (No Charge)
- Full Upper Denture, w/Adjustments: $450.00 (No Charge)
- Stainless Steel Crown: $110.00 (No Charge)
- Porcelain w/Metal Crown: $325.00 (No Charge)
- Pulpotomy: $36.00 (No Charge)
- Amalgam, 2 surfaces: $87.00 (No Charge)
- Pulpotomy: $36.00 (No Charge)
- Root Canal Therapy: $238.00 (No Charge)
- Soft Tissue Impactions: $100.00 (No Charge)
- Full Mouth X-Rays: $90.00 (No Charge)
- Bitewing Series: $37.00 (No Charge)

**Out-of-Network Reimbursement**

- Full Upper Denture, w/Adjustments: $450.00 (No Charge)
- Cast Base: $410.00 (No Charge)
- Partial Upper Denture: $410.00 (No Charge)
- Porcelain with Metal Bridge Pontic: $225.00 (No Charge)
- Cast Post: $95.00 (No Charge)
- Gingivectomy: $200.00 (No Charge)

**In-Network PPO Copays**

- Full Upper Denture, w/Adjustments: $450.00 (No Charge)
- Cast Base: $410.00 (No Charge)
- Partial Upper Denture: $410.00 (No Charge)
- Porcelain w/Metal Bridge Pontic: $225.00 (No Charge)
- Cast Post: $95.00 (No Charge)
- Gingivectomy: $200.00 (No Charge)

**Prosthetics – Crowns**

- Porcelain Crown: $300.00 (No Charge)
- Porcelain w/Metal Crown: $325.00 (No Charge)
- Stainless Steel Crown: $110.00 (No Charge)
- Cast Post: $95.00 (No Charge)
- Porcelain with Metal Bridge Pontic: $225.00 (No Charge)
- Cast Post: $95.00 (No Charge)

**Prosthetics – Fixed Bridges**

- Porcelain w/Metal Bridge Crown: $275.00 (No Charge)
- Porcelain w/Metal Bridge Pontic: $225.00 (No Charge)
- Cast Post: $95.00 (No Charge)

**Prosthetics – Removable**

- Full Upper Denture, w/Adjustments: $450.00 (No Charge)
- Partial Upper Denture, Cast Base: $410.00 (No Charge)
- Partial Lower Denture, Cast Base: $410.00 (No Charge)
- Broken Body of Denture: $50.00 (No Charge)
- Replacement of Broken/Missing Teeth: $40.00 (No Charge)

**Orthodontics – Adults and Dependent Children**

- Maximum Case Fee - 24 months: $2,910.00 (No Charge)
- Lifetime Maximum - 24 months: $2,570.00 (No Charge)
- Dependent Children are covered up to their 19th birthday, or up to their 23rd birthday if a full-time student.

***No Charge for Orthodontics up to the PPO Maximum of $2,910.***