

# Reimbursement Plan Summary

**Name of Group:** ATU Local 726 Benefit Fund - PPO Plan  
**Group Number:** 1730394 (64173)  
**Effective Date:** January 1, 2019  
**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 Dentcare. Payments by the plan are subject to the following terms:

**Individual Deductible:**     \$50     (Waived for Diagnostic and Preventive Services)

**Family Deductible:**    \$100    (Waived for Diagnostic and Preventive Services)

## Coinsurance Percentages:

<b>Category I</b>	Diagnostic Services	<u>   100   </u> %	of the maximum In-Network allowable amount.
	Preventive Services	<u>   70   </u> %	of the maximum Out-of-Network allowable amount.
<b>Category II</b>	Basic Restorative Services	<u>   100   </u> %	of the maximum In-Network allowable amount.
	Endodontic Services	<u>   70   </u> %	of the maximum Out-of-Network allowable amount.
	Periodontal Services		
	Oral Surgery Services		
<b>Category III</b>	Major Restorative Services	<u>   100   </u> %	of the maximum In-Network allowable amount.
	Prosthetic Services	<u>   70   </u> %	of the maximum Out-of-Network allowable amount.
<b>Category IV</b>	Orthodontic Services	<u>   50   </u> %	of the maximum In-Network allowable amount.
		<u>   50   </u> %	of the maximum Out-of-Network allowable amount.

**Individual Maximum (Category I, II, III):**    \$2,500.00    per benefit period

**Family Maximum (Category I, II, III):**       N/A       per benefit period

**Orthodontic Maximum (Category IV):**    \$2,500.00    Lifetime

**Implant Maximum (Category III):**    \$2,000.00    per benefit period

**Dependent Eligibility -** Dependent Children are covered up to the end of the month of their 26th birthday.

**Orthodontics -** Dependent Children up to age 19.

**Note -** As of January 1st, 2024 your new group number is **1730394** and your new portal is [yourdentalplan.com/healthplex](https://yourdentalplan.com/healthplex)

# Schedule of Benefits

Category	Services	In-Network PPO Copayments	Out-of-Network Reimbursement %
<b>Diagnostic</b>	Periodic Oral Examination	No Charge	70%
<b>&amp; Preventive</b>	Full Mouth Series X-Rays	No Charge	70%
	Periapical, First Film	No Charge	70%
	Prophylaxis, Adult	No Charge	70%
	Prophylaxis, Child	No Charge	70%
	Fluoride Treatment	No Charge	70%
	Sealants, Per Tooth	No Charge	70%
<b>Basic</b>	Amalgam, 1 Surface	No Charge	70%
	Amalgam, 2 Surfaces	No Charge	70%
	Amalgam, 3 Surfaces	No Charge	70%
	Amalgam, 4+ Surfaces	No Charge	70%
	Resin-Based Composite, 1 Surface	No Charge	70%
	Resin-Based Composite, 2 Surfaces	No Charge	70%
	Resin-Based Composite, 3 Surfaces	No Charge	70%
	Resin-Based Composite, 4+ Surfaces	No Charge	70%
	Root Canal Therapy, Anterior	No Charge	70%
	Root Canal Therapy, Bicuspids	No Charge	70%
	Root Canal Therapy, Molar	No Charge	70%
	Apicoectomy, Anterior	No Charge	70%
	Gingivectomy, Per Quad	No Charge	70%
	Osseous Surgery, Per Quad	No Charge	70%
	Scaling/Root Planing, Per Quad	No Charge	70%
	Routine Extraction	No Charge	70%
	Surgical Extraction	No Charge	70%
	Soft Tissue Impaction	No Charge	70%
	Partial Bony Impaction	No Charge	70%
	Full Bony Impaction	No Charge	70%
	Alveolectomy, Per Quad, w/Extraction	No Charge	70%
	Broken Body of Denture	No Charge	70%
	Replacement of Broken/Missing Teeth	No Charge	70%
	Palliative Treatment	No Charge	70%
<b>Major</b>	Endosseal Implant	No Charge	70%
	Porcelain with High Noble Metal Crown	No Charge	70%
	Implant - Porcelain/Ceramic Crown	No Charge	70%
	Complete Upper or Lower Denture	No Charge	70%
	Partial Upper or Lower Denture, Cast Base	No Charge	70%
	Recementation Bridge	No Charge	70%
	Stainless Steel Crown (Primary Tooth)	No Charge	70%
	Post and Core, Casted	No Charge	70%
	Porcelain with High Noble Metal Pontic	No Charge	70%
	Porcelain with High Noble Metal Abutment	No Charge	70%
	<b>Orthodontics</b>	Lifetime Orthodontic Maximum	\$2,500.00

## In-Network PPO Copayments

You may select any dentist from the National Plus Directory of Participating Providers. Some services are rendered without any cost, while others have a minimal copayment you pay directly to the dentist.

All copayments are based on Dentcare's National Plus Schedule of Allowances. Member copayments will vary based on the provider seen at the time of care.

## Out-of-Network Reimbursement

When services are received from an Out-of-Network dentist, you will be reimbursed based on Dentcare Capital Schedule of Allowance and you will be responsible for costs exceeding your reimbursement.

This schedule of benefits contains a general description of your dental care program for your use as a convenient reference. **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 Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at [yourdentalplan.com/healthplex](http://yourdentalplan.com/healthplex). All benefits are governed by the provisions of your group's contract.

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\*Initial Insertion and 24 monthly adjustments for traditional braces

# ATU Local 726 Benefits Trust

## Member Copayment Schedule - 1730394 (64173)

Category	Services	Member Pays	
<b>Diagnostic &amp; Preventive</b>	Periodic Oral Examination (once every 6 months)	No Charge	
	Full Mouth Series X-Rays (once every 36 months)	No Charge	
	Periapical, First Film	No Charge	
	Bitewings, Four Films	No Charge	
	Prophylaxis, Adult/Child	No Charge	
	Fluoride Treatment	No Charge	
<b>Basic</b>	Amalgam, 1 Surface	No Charge	
	Amalgam, 2 Surfaces	No Charge	
	Amalgam, 3+ Surfaces	No Charge	
	Resin-Based Composite, 1 Surface, Anterior	No Charge	
	Resin-Based Composite, 2 Surfaces, Anterior	No Charge	
	Resin-Based Composite, 3 Surfaces, Anterior	No Charge	
	Resin-Based Composite, 4+ Surfaces, Anterior	No Charge	
	Pulpotomy	No Charge	
	Root Canal Therapy, Anterior	No Charge	
	Root Canal Therapy, Bicuspid	No Charge	
	Root Canal Therapy, Molar	No Charge	
	Apicoectomy, Anterior	No Charge	
	Gingivectomy, Per Quad	No Charge	
	Osseous Surgery, Per Quad	No Charge	
	Scaling/Root Planing, Per Quad	No Charge	
	Routine Extraction	No Charge	
	Surgical Extraction	No Charge	
	Soft Tissue Impaction	No Charge	
	Partial Bony Impaction	No Charge	
	Full Bony Impaction	No Charge	
	Alveolectomy, Per Quad, w/Extraction	No Charge	
	Palliative Treatment	No Charge	
	<b>Major</b>	Porcelain with High Noble Metal Crown	No Charge
		Full Cast High Noble Metal Crown	No Charge
		Recementation Crown	No Charge
		Recementation Bridge	No Charge
Stainless Steel Crown (Primary Tooth)		No Charge	
Post and Core, Casted		No Charge	
Complete Upper or Lower Denture		\$50.00	
Partial Upper or Lower Denture, Cast Base		50.00	
Denture Repairs		No Charge	
Porcelain with High Noble Metal Pontic		50.00	
Porcelain with High Noble Metal Abutment		50.00	
Full Cast High Noble Metal Abutment		50.00	
<b>Orthodontics</b>		Maximum Case Fee 24 Months Periodic Oral Exami-	\$950.00

### Managed Care

Our managed care dental plans feature:

- No claim forms
- No deductibles
- Coverage for pre-existing conditions

### Important

- Members must use dentists who participate in the Comprehensive Panel.
- Referrals are required to see a dental specialist.
- Members are responsible for all costs not covered by this dental plan.

This copayment schedule contains a general description of your dental care program for your use as a convenient reference. **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 Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at [yourdentalplan.com/healthplex](http://yourdentalplan.com/healthplex). All benefits are governed by the provisions of your group's contract.

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# Group Benefit Page

**Name of Group:** ATU Local 726 Benefits Trust - Managed Care

**Group Number:** 1730394 (64173)

**Effective Date:** September 1, 2015

**Benefit Period:** Calendar Year

**Managed Care Plan -** Covered services can only be rendered by participating dentists. Each covered person must select one participating dentist (per family) to provide general dental services. These general dentists will provide all covered services according to the Schedule of Copayments. Many services will be provided at no cost. Others may have small copayments that patients will pay directly to the dentist. When endodontic, periodontal, surgical or orthodontic treatment is needed by a specialist, the participating general dentist will refer the case to participating specialists. Unless otherwise noted, patient copayments will be the same when services are rendered by participating specialists. In the event that participating specialists are not available within 50 miles of your participating general dentist, you may be entitled to receive a benefit equal to the amount that we would pay a participating specialist. Members have no benefits when treatment is provided by a non-participating general dentist or when specialty services are provided without a referral from Dentcare or the participating general dentist.

**Dependent Eligibility -** Dependent Children are covered up to the end of the month of their 26th birthday.

**Orthodontics -** Dependent Children up to age 19.

**Note:** As of January 1st, 2024 your new group number is **1730394 (64173)** and your new portal is **[yourdentalplan.com/healthplex](https://yourdentalplan.com/healthplex)**

# ATU Local 726 Benefits Fund Member Copayment Schedule - 1730394 (64173)

Category	Services	Member Pays	
<b>Diagnostic &amp; Preventive</b>	Periodic Oral Examination (once every 6 months)	No Charge	
	Full Mouth Series X-Rays (once every 36 months)	No Charge	
	Periapical, First Film	No Charge	
	Bitewings, Four Films	No Charge	
	Prophylaxis, Adult/Child	No Charge	
	Fluoride Treatment	No Charge	
<b>Basic</b>	Amalgam, 1 Surface	No Charge	
	Amalgam, 2 Surfaces	No Charge	
	Amalgam, 3+ Surfaces	No Charge	
	Resin-Based Composite, 1 Surface, Anterior	No Charge	
	Resin-Based Composite, 2 Surfaces, Anterior	No Charge	
	Resin-Based Composite, 3 Surfaces, Anterior	No Charge	
	Resin-Based Composite, 4+ Surfaces, Anterior	No Charge	
	Pulpotomy	No Charge	
	Root Canal Therapy, Anterior	No Charge	
	Root Canal Therapy, Bicuspids	No Charge	
	Root Canal Therapy, Molar	No Charge	
	Apicoectomy, Anterior	No Charge	
	Gingivectomy, Per Quad	\$50.00	
	Osseous Surgery, Per Quad	200.00	
	Scaling/Root Planing, Per Quad	50.00	
	Routine Extraction	No Charge	
	Surgical Extraction	No Charge	
	Soft Tissue Impaction	No Charge	
	Partial Bony Impaction	No Charge	
	Full Bony Impaction	No Charge	
	Alveolectomy, Per Quad, w/Extraction	No Charge	
	Palliative Treatment	No Charge	
	<b>Major</b>	Porcelain with High Noble Metal Crown	150.00
		Full Cast High Noble Metal Crown	150.00
Recementation Crown		No Charge	
Recementation Bridge		No Charge	
Stainless Steel Crown (Primary Tooth)		No Charge	
Post and Core, Casted		No Charge	
Complete Upper or Lower Denture		150.00	
Partial Upper or Lower Denture, Cast Base		150.00	
Denture Repairs		No Charge	
Porcelain with High Noble Metal Pontic		150.00	
Porcelain with High Noble Metal Abutment		150.00	
Full Cast High Noble Metal Abutment		150.00	
<b>Orthodontics</b>	Maximum Case Fee 24 Months	\$950.00	

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# Group Benefit Page

**Name of Group:** ATU Local 726 Benefits Fund - Managed Care

**Group Number:** 1730394 (64173)

**Effective Date:** January 1, 2016

**Benefit Period:** Calendar Year

**Managed Care Plan -** Covered services can only be rendered by participating dentists. Each covered person must select one participating dentist (per family) to provide general dental services. These general dentists will provide all covered services according to the Schedule of Copayments. Many services will be provided at no cost. Others may have small copayments that patients will pay directly to the dentist. When endodontic, periodontal, surgical or orthodontic treatment is needed by a specialist, the participating general dentist will refer the case to participating specialists. Unless otherwise noted, patient copayments will be the same when services are rendered by participating specialists. In the event that participating specialists are not available within 50 miles of your participating general dentist, you may be entitled to receive a benefit equal to the amount that we would pay a participating specialist. Members have no benefits when treatment is provided by a non-participating general dentist or when specialty services are provided without a referral from Dentcare or the participating general dentist.

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