

Category	Services	Member Pays	
Diagnostic & Preventive	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	
Basic	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	
	Major	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	
Orthodontics		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. All benefits are governed by the provisions of your group’s contract.

yourdentalplan.com/healthplex

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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