

Nassau County G022514 Managed Care Plan

Plan Underwritten by:

DENTCARE
DELIVERY SYSTEMS, INC.

Plan Administered by:

HEALTHPLEX
THE DENTAL BENEFIT EXPERTS™



PLAN UPGRADES FOR 2017

It is our pleasure to provide you with Dental Benefits through Nassau County. This document outlines your Managed Care Plan enhancements effective **January 1, 2017**.



EASY

Student verification is no longer required for dates of service after January 1, 2017. Dependent Children are now covered up to the end of the month of their 26th birthday.



COVERED SERVICES

White fillings 1-4 surfaces - **NO CHARGE!**
Palate Expander - **NO CHARGE!**



REFERRALS

Referrals for pediatric dentists will now be covered up to age 7. Medical necessity will not be required to obtain a referral.



ACCESS

If an emergency occurs outside of the New York/New Jersey area and **you require urgent care**, you may now see any participating provider in the **Careington PPO Network**.

You can contact **Customer Service** with any questions about your coverage at **800 468 0600**, 8:00 a.m. to 6 p.m., EST Monday – Friday, or email us at **info@healthplex.com**. If you need assistance accessing forms on our website or logging in, you can contact **Web Support** at **888 468 5171**.

Nassau County G022514 Preferred Provider Organization Plan

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PLAN UPGRADES FOR 2017

It is our pleasure to provide you with Dental Benefits through Nassau County. This document outlines your Preferred Provider Organization (PPO) plan enhancements effective **January 1, 2017**.



EASY

Student verification is no longer required for dates of service after January 1, 2017. Dependent Children are now covered up to the end of the month of their 26th birthday.



ACCESS

You may now see any participating provider in the **Careington** PPO network outside of the New York/New Jersey area.



ROLLOVER

Members and/or dependents who do not reach 50% (\$1,250) of their annual maximum in a calendar year can carry over 25% (\$625) of their annual maximum into the following calendar year. The maximum rollover can be accrued until an annual maximum of \$5,000 is reached.

Procedures	In-Network PPO Copayments	Out-of-Network Reimbursements
Sealant – Per Tooth	No Charge	\$30
Endosteal Implant	\$1,400	Not Covered
Palate Expander*	\$375	\$375
Orthodontic Retention*	\$375	\$375

***Does not apply to the Ortho Lifetime Maximum**

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