

STATE OF NEW JERSEY ACTIVE EMPLOYEES GJ2006A

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International Healthcare Services, Inc. (IHS) is a Dental Plan Organization certified by the State of New Jersey. IHS was formed by Dentists and other Healthcare professionals who share a common desire to meet the dental needs of the public.

MANAGED CARE PLAN

In this plan, you will select a primary care dentist. You and your dependents will receive most treatments by this dentist. Some procedures are rendered without any cost and others have a minimum copayment that you pay directly to the dentist.

If it becomes necessary to use the services of a specialist, your IHS dentist will complete a Specialist Referral Form and refer you to the nearest participating specialist. **You will only be covered according to the plan if the specialist is participating, and the services have been authorized.**

ELIGIBILITY

All active employees and their dependents are eligible for this dental care program. Dependents are your lawful spouse, civil union or domestic partner, and dependent children to the end of the year in which they turn age 26. Children include step-children, adopted children and foster children.

WEBSITE LOG IN

Minimize your time on the phone. Visit the website shown below to easily access the most current dental panel, your dental coverage, and other important and interesting information about your oral health.

In order to locate participating providers for your Managed Care Plan, please follow the instructions listed below:

1. Go to www.healthplex.com
2. Click on “**Our Dentists**” to view the most current listing of participating providers available to you.
3. Under the “**Members**” section on the right-hand side, enter your group number in the field, and click Search.
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 - Enter either your **Zip Code** or **City** and **State**.

If you have any questions or need further assistance, please contact **Customer Service** at **1 800 468 0600**.

Plan Underwritten by:

**INTERNATIONAL HEALTHCARE
SERVICES, INC.**

Plan Administered by:

 **HEALTHPLEX**
THE DENTAL BENEFIT EXPERTS™

DENTAL CARE BENEFITS (PARTIAL LISTING)

DIAGNOSTIC & PREVENTIVE SERVICES

	<u>PATIENT COPAYMENT</u>
Periodic Oral Examination (once every 6 months).....	No Charge
Full Mouth X-Rays.....	No Charge
Single Films (periapical or bitewing).....	No Charge
Bitewing Series.....	No Charge
Prophylaxis.....	No Charge
Fluoride Treatment (up to age 19).....	No Charge
Sealants (up to age 19).....	No Charge
Space Maintainer	No Charge
Specialty Consultation.....	No Charge
Emergency Treatment.....	No Charge

RESTORATIVE DENTISTRY

Amalgam, 1 surface.....	No Charge
Amalgam, 2 surfaces.....	No Charge
Amalgam, 3+ surfaces.....	No Charge
Composite Filling, 1 surface, Anterior.....	No Charge
Composite Filling, 2 surfaces, Anterior.....	No Charge
Composite Filling, 3+ surfaces, Anterior.....	No Charge
Composite Filling, 1 surface, Posterior.....	\$15.00
Composite Filling, 2 surfaces, Posterior.....	25.00
Composite Filling, 3+ surfaces, Posterior.....	35.00
Pin Retention.....	No Charge

ORAL SURGERY

Routine Extractions.....	20.00
Surgical Extractions.....	30.00
Soft Tissue Impaction.....	55.00
Bony Impaction (Partial/Full).....	55.00/65.00
Deep Sedation/General Anesthesia - 15 min. incr.....	20.00
Alveolectomy, per quad (w/o extractions).....	35.00

ROOT CANAL THERAPY

Pulp Capping (Direct/Indirect).....	No Charge
Root Canal Therapy, Anterior	100.00
Root Canal Therapy, Bicuspid.....	125.00
Root Canal Therapy, Molar.....	150.00
Apicoectomy (Anterior).....	90.00

PERIODONTICS

	<u>PATIENT COPAYMENT</u>
Scaling of Teeth, per quad	55.00
Gingival Flap Procedure, per quad.....	90.00
Occlusal Adjustment, full mouth.....	60.00
Gingivectomy, per quad.....	85.00
Osseous Surgery, per quad.....	175.00

PROSTHETICS - CROWNS

Porcelain Crown.....	200.00
Porcelain w/High Noble Metal Crown.....	225.00
Stainless Steel Crown (up to age 16).....	35.00
Cast Post	40.00
Recementation, per crown.....	No Charge

PROSTHETICS - FIXED BRIDGES

Porcelain w/High Noble Metal Crown or Pontic.....	225.00
Recementation, bridge	15.00

PROSTHETICS - REMOVABLE

Full Upper or Lower Denture, w/Adjustments.....	250.00
Partial Upper or Lower Denture, Cast Base.....	275.00

PROSTHETICS - REPAIRS

Denture Adjustments.....	No Charge
Broken Body of Denture.....	35.00
Replacement of Broken/Missing Teeth.....	35.00
Denture Relines.....	40.00

ORTHODONTIA - MAXIMUM ONE 24 MONTH CASE*

Dependent Children (up to age 19).....	\$1,000.00
Adult Orthodontics.....	\$1,750.00

* Benefits shall be provided for members and their eligible dependent children consisting of the necessary diagnosis and treatment of Class 2 and 3 malocclusions which cause interference with normal functions.

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

EXCLUSIONS AND LIMITATIONS

1. A service started before the person became a covered individual under the plan (except where the service was provided to the person as a covered individual under a DPO whose contract with the State was revoked or terminated).
2. A service covered under any medical or surgical or major medical plan (including a health maintenance organization).
3. Replacement of lost, stolen or damaged prosthodontic devices within two years of the date of initial installation.
4. A service not reasonably necessary for the dental care of a covered individual or provided solely for cosmetic purposes.
5. The provision of supplies of a type normally intended for home use, such as toothpaste, toothbrushes, waterpicks and mouthwash.
6. A service required because of war or an act of war.
7. A service made available to a covered individual or covered by the federal government or a state or local government. This includes, but is not limited to, the federal Medicare program and any similar federal program, any Workers' Compensation law or similar law, any automobile no-fault law, or any other program or law under which the covered individual is, or could be, covered. The exclusion is applicable whether or not the covered individual receives the service, makes a claim or receives compensation for the services, or receives a recovery from a third party for damages.
8. A service not furnished by a dentist. This is not applicable to a service performed by a licensed dental hygienist under the supervision of a dentist.
9. General anesthesia, except when medically necessary in connection with covered oral surgery procedures.
10. Hospitalization.
11. Any implantation or experimental procedures. Any devices or appliances attached to implants.
12. Appliances, restorations and procedures to alter vertical dimension and/or restore occlusion, including temporomandibular joint dysfunction, except oral splints.
13. Procedures not listed in Appendix A of the group contract.
14. A covered individual may elect a more expensive procedure than an appropriate procedure recommended by the DPO, but shall then be responsible to pay the difference between the two procedures.

EMERGENCY TREATMENT

"Out-of-Area Emergency Treatment" shall be reimbursed by the DPO at the full amount of the charge to a maximum of \$100.00 per episode. Emergency Treatment is when a covered SHBP member or dependent is at least 50 miles from home and needs care because of an unforeseen occurrence, which requires immediate, urgent action or remedy. Examples are: acute pain, bleeding, fractured tooth, broken filling, broken front tooth on removable denture, lost or loose crown, lost or loose fixed partial denture.

This is not a summary plan description designed to meet the requirements of ERISA. This brochure contains a general description of your dental care program for your use as a convenient reference. All benefits are governed by the provision of your group's contract with IHS.

If you have any questions regarding this IHS Plan, contact us directly at 1-800-468-0600.