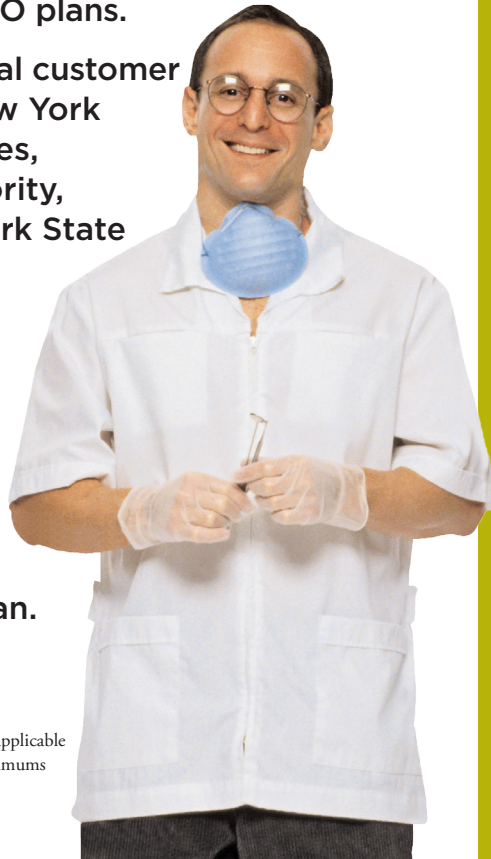


## DID YOU KNOW ...

- ✓ EmblemHealth's Preferred Dental network fee schedule has discount levels ranging from 50% to 70% off of average charges throughout New York State.\*
- ✓ EmblemHealth's Preferred Dental participating dentist network is a proprietary, stable New York and New Jersey network, established in 1988 and still growing today.
- ✓ EmblemHealth has well over 500,000 employees and covered dependents enrolled in its dental PPO plans.
- ✓ EmblemHealth, with its GHI history, has almost 60 years of experience in administering dental benefits.
- ✓ EmblemHealth's Preferred Dental product features a unique blend of paid-in-full benefits\*\* for all covered services in-network, while leveraging the popular features of large network PPO plans.
- ✓ EmblemHealth's group Dental customer list includes the State of New York active employees and retirees, New York City Transit Authority, SEIU Local 1199, the New York State Unified Courts System and the City of Buffalo.
- ✓ EmblemHealth's Preferred Dental plan is an option for Federal employees in the Federal Dental and Vision Insurance Plan (FEDVIP). Over 25,000 members are enrolled in this voluntary plan.



### **Our Preferred Dental product may be the right solution for your clients:**

- A New York/New Jersey provider network of over 8,000 participating dentists.
- 100% coverage for high-dollar procedures performed by network dentists or specialists. Once any applicable deductible is met, complex procedures such as root canals, wisdom tooth extractions, periodontal services, IV sedation, dentures and bridgework are covered with no patient out-of-pocket expense.
- Access to a nationwide network of over 150,000 dentists.
- A variety of out-of-network reimbursement levels.
- Network provider credentialing that meets the rigorous standards of the NCQA Credentials Verification Organization (CVO) Certification Program.

**CALL YOUR EMBLEMHEALTH MARKETING REPRESENTATIVE TO GET A DENTAL PROPOSAL FOR YOUR CLIENTS TODAY!**

\*Based upon FAIR Health submitted fee data, 2012.

\*\*Covered in-network services are paid in full after satisfaction of any applicable plan deductible(s) and until plan annual and/or lifetime benefit maximums are reached.

Refer to GHI policy form numbers PLD-1103-C, PLD-1104-C et al.