

Welcome to Your EmblemHealth Dental Benefits

We're happy to offer you quality dental care through EmblemHealth's Essential Plan. Our goal is to give you access to high-quality, low-cost care.

As a member of EmblemHealth's Essential Plan, you will:

- Be covered for preventive services like cleanings, X-rays, and exams.
- Be covered for basic services through our network for fillings, root canals, extractions, and periodontal care based on your dental benefits.

IN-NETWORK COVERAGE

You will be able to choose from our in-network dentists and specialists in New York State. Simply show your member ID card at your dental visit. You do not have out-of-network coverage. If you choose to visit an out-of-network dentist, you will be responsible for the cost.

YOUR DENTAL BENEFITS

Here are some important things to know about your benefits:

- Your out-of-pocket maximum, the maximum amount you will have to pay each year for in-network dental care, is listed in the table below.
- You do not have out-of-network coverage. This means that you must see an in-network dentist or specialist or you will be responsible for the cost.



| | ESSENTIAL PLAN PLUS 1 | ESSENTIAL PLAN PLUS 2 | ESSENTIAL PLAN 3 | ESSENTIAL PLAN 4 |
|-----------------------|-----------------------|-----------------------|------------------|------------------|
| Fee per visit | \$15 | \$0 | \$0 | \$0 |
| Deductible | \$0 | \$0 | \$0 | \$0 |
| Out-of-pocket maximum | \$2,000 | \$200 | \$200 | \$0 |

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EMBLEMHEALTH INDIVIDUAL DIRECT PAY DENTAL BENEFITS

| CATEGORY/PROCEDURE | BENEFIT LIMITATIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In-network Only | |
| DIAGNOSTIC — Helps to determine your treatment needs. | |
| Periodic oral exam | Once every 6 months |
| Comprehensive oral exam | Once per location |
| Full mouth x-rays | Once every 36 months |
| Bitewing x-rays | Once every 6 months |
| Single tooth x-rays | Once every 6 months |
| PREVENTIVE — Procedures to help prevent oral disease from occurring. | |
| Routine cleaning | Once every 6 months |
| Fluoride varnish application | Four times in 12 months |
| Topical fluoride treatment | Once every 6 months |
| BASIC RESTORATIVE — Routine dental procedures to stabilize oral health. | |
| Silver fillings | Twice per 24 months per tooth |
| White fillings | Twice per 24 months per tooth |
| Porcelain crowns | Once per 60 months per tooth |
| Stainless steel crowns | Once per 24 months per tooth |
| Re-cement or re-bond crown | Once per 24 months per tooth |
| MAJOR RESTORATIVE — Complex dental procedures to stabilize oral health. | |
| ENDODONTICS* — Treatment involving the pulp of your tooth. | |
| Root canal treatment | Once per tooth per lifetime |
| Pulpotomy (removing a portion of the pulp of your tooth) | Once per tooth per lifetime on primary teeth only |
| PERIODONTICS* — Prevention and treatment of gum disease. | |
| Periodontal maintenance (for gum disease) | Twice per 12 months |
| Scaling and root planing (removing dental plaque and tartar) | Once per 24 months per quadrant |
| DENTURES* | |
| Complete or partial dentures | Services are covered |
| Repair of dentures or fixed bridges | Services are covered |
| Rebase/Reline of dentures | Once per 12 months |
| ORAL SURGERY* — Surgical treatment or repair of various problematic or extreme conditions of the mouth or jaws. | |
| Simple tooth extraction | Once per tooth per lifetime |
| Surgical tooth extraction | Once per tooth per lifetime |
| EMERGENCY DENTAL CARE | |
| Palliative treatment for dental pain — minor procedure | Twice per 12 months |
| ANESTHESIA — A drug used by a dentist to numb your mouth or put you to sleep so no pain is experienced during dental procedures. | |
| General anesthesia | Deep sedation/general anesthesia — each 15-minute increment. Anesthesia time begins when the doctor gives you the anesthetic and ends when you can be safely left alone. For billing purposes, it is measured in 15-minute increments. |
| Intravenous anesthesia | Intravenous moderate (conscious) sedation/analgesia — each 15-minute increment. Anesthesia time begins when the doctor gives you the anesthetic through an IV and ends when you can be safely left alone. For billing purposes, it is measured in 15-minute increments. |

*Service requires preauthorization and is covered as long as clinical criteria is met.

The information on this coverage summary should be used only as a guideline for your dental benefits. For detailed information on your plan's terms and conditions, or limitations and exclusions, refer to your Certificate of Coverage. If you receive a treatment from an out-of-network dentist you will not have benefits and you will be billed at the dentist's normal rate.

This summary provides only benefit highlights. Coverage is subject to all terms, conditions, limits and exclusions set forth in the Certificate of Coverage. Refer to policy forms: 155-23-IONHIXPSchedule (04/20), 155-23-IONHIXGSchedule (04/20), 155-23-IONHIXSSchedule (04/20), 155-23-IONHIXBSchedule (04/20), 155-23-IONHIXS200Schedule (04/20), 155-23-IONHIXS150Schedule (04/20), and 155-23-IONHIXS100Schedule (04/20)