

Small Group Business

Dental Coverage

The Right Investment for Your Client's Organization



Dental coverage is a great investment. It can help attract and retain valued staff. It can improve the overall health of your client's organization. And, dental checkups can spot early symptoms of diabetes and detect certain cancers, cardiovascular disease, stroke, adverse pregnancy, and other medical conditions.

Add EmblemHealth Dental to your benefit portfolio!



CHOICE. A wide range of product designs, cost-sharing options, and price points with coverage for children until the end of the month they turn 26.

FLEXIBILITY. Various individual and family deductibles, coinsurance levels, and annual maximums, and out-of-network reimbursement to suit your clients' specific needs.

QUALITY. All EmblemHealth dental networks are credentialed by an NCQA-certified Credentials Verification Organization (CVO).

ACCESS. Access to over 10,000 providers in New York and New Jersey, plus over 150,000 providers nationwide on an in-network basis.

AFFORDABILITY. Choose from great options:

- Contributory plan options as well as Voluntary plan options
- Competitive pricing
- Discounts for bundled coverage with medical offerings
- Student/non-student coverage

Additionally, EmblemHealth provides efficient claims processing, hassle-free administrative flexibility and response services, and fast reimbursement for out-of-network care. We also have a great mobile app for our members so they can access the information they need whenever they need it.

	Access EPO	Preferred EPO	Preferred Premier PPO	Preferred Plus PPO
Annual Deductible¹	None	\$50 per individual and \$150 per family	\$50 per individual and \$150 per family	\$50 per individual and \$150 per family
Annual Maximum²	\$1,500 annual maximum	\$2,000 annual maximum	\$2,500 annual maximum	\$5,000 annual maximum
Preventive & Diagnostic Dental Services	Paid in full ³ 100%, in-network coverage under the Preferred Network allowance.	Plan pays 100% of Preferred Network allowance for in-network services. No out-of-area network coverage.	Plan pays 100% of Preferred Premier Network allowance for in-network services. No balance billing beyond the amount allowed by plan and amount billed by network providers when certain enhanced services are provided and/or upgraded materials are used. Plan pays 100% of Preferred Network allowance for out of network services.	Plan pays 100% of Preferred Plus Network allowance for in-network services or 100% of Preferred Plus Network allowance for out of network services. For out of network services, member pays the difference between plan payment and dentist's fee.
Basic Dental Services	Paid in full ³ 100%, in-network coverage under the Preferred Network allowance for crown, bridge, and denture repair only; other basic dental services are not covered, but are available for direct purchase from preferred network dentists at reduced fees under the discount program. ⁴	After deductible, plan pays 80% of Preferred Network allowance for in-network services. No out-of-area network coverage.	After deductible, plan pays 80% and member pays 20% co-insurance of Preferred Premier Network allowance for in-network services. No balance billing beyond the amount allowed by plan and amount billed by network providers when certain enhanced services are provided and/or upgraded materials are used. Plan pays 80% and member pays 20% co-insurance of Preferred Network allowance for out of network services. Member also pays the difference between plan payment and dentist's billed fee.	After deductible, plan pays 80% of Preferred Plus Network allowance for in-network services or 80% of Preferred Plus Network allowance for out of network services. For out of network services, member pays the difference between plan payment and dentist's fee.
Major/Complex Dental Services	Not covered; available for direct purchase from preferred network dentists at reduced fees under the discount program. ⁴	After deductible, plan pays 50% of Preferred Network allowance for in-network services. No out-of-area network coverage.	After deductible, plan pays 50% and member pays 50% co-insurance of Preferred Premier Network allowance for in-network services. No balance billing beyond the amount allowed by plan and amount billed by network providers when certain enhanced services are provided and/or upgraded materials are used. Plan pays 50% and member pays 50% co-insurance of Preferred Network allowance for out of network services. Member also pays the difference between plan payment and dentist's billed fee.	After deductible, plan pays 60% of Preferred Plus Network allowance for in-network services or 60% of Preferred Plus Network allowance for out of network services. For out of network services, member pays the difference between plan payment and dentist's fee.
Orthodontic Dental Services	Not covered; available for direct purchase from preferred network dentists at reduced fees under the discount program. ⁴	Not available.	Not available.	\$2,500 maximum per covered person. This is the maximum dollar amount EmblemHealth will pay toward the cost of orthodontic dental care for each person. Orthodontic services for dependents are only available until the end of the month they turn 26. Available to groups with 10 or more employees. Adult orthodontia is not covered.
Annual Maximum Rollover Feature for Unused Annual Maximum Benefits	Not available.	Available.	Available.	Not available.

1 Annual Deductible is the amount a member pays each year before the health plan begins to pay. The deductible only applies to Basic and Major/Complex dental services. 2 Annual Maximum: This is the maximum dollar amount the dental plan will pay toward the cost of dental care during a member's plan year. Members are personally responsible for paying costs above the annual maximum. The annual maximum applies to Preventive & Diagnostic, Basic, and Major/Complex services. 3 Members pay no additional out-of-pocket costs for covered in-network services and procedures until the plan's annual and/or lifetime benefit maximum is reached. Members may have out of pocket costs for enhanced services and/or upgraded materials. 4 The discount program is not insurance. It allows members to access dental services, at their own cost out-of-pocket, from network providers at our pre-established discounted, negotiated fees. 5 Members may not be billed by a participating provider for the difference between the amount billed and the amount allowed by the plan when certain enhanced services are provided and/or upgraded materials are used.



New Vision to Help You Navigate Today's Health Insurance.

We mean health.

Call your EmblemHealth sales representative to get a Dental proposal for your clients today!

For more details, visit [emblemhealth.com](https://www.emblemhealth.com).

Refer to policy forms EHPI-PLD-1103 and EHPI-PLD-1104

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