EmblemHealth®

Preferred Plus Dental Benefits Plan

Small Group: EmblemHealth Preferred Plus with $5,000 yearly maximum. Available to groups with 10 or more employees.

For the most up-to-date listings of participating dentists, visit **emblemhealth.com**, click on “Find a Doctor,” and select the “Preferred Plus” Dental Network option.

EmblemHealth Preferred Plus Plan

This dental plan gives you quality coverage with access to over 13,800 dentists and specialists in New York and New Jersey, plus access to dentists nationwide through the Careington Network. You can choose a network dentist or specialist or an out of network dentist or specialist for services covered under your plan. You will usually pay more for services you receive out of network.

Dependent Coverage: With this dental plan, you can cover your children until the end of the month they turn 26.

Predetermination of Benefits: EmblemHealth can give you an estimate of what dental services and materials will be paid for before you get the services. You can ask your dentist to send a Treatment Plan to EmblemHealth before you get oral surgery, prosthetics or appliances. EmblemHealth will review the Treatment Plan and give you and your dentist an estimate of what is covered. Please note: Predetermination of Benefits are not required.

Some examples of non-covered services are:

- Cosmetic surgery and treatment.
- Prescription drugs and medicines.
- Services and appliances for the treatment of temporomandibular joint (TMJ) dysfunction.
- Transplantations.

Annual Deductible: This is the amount you pay each year before your plan begins to pay. Your plan deductible is $50 per individual, $150 per family. The deductible only applies to Type B and Type C services.

Annual Maximum: This is the maximum dollar amount your dental plan will pay toward the cost of dental care during your plan year. You are personally responsible for paying costs above the annual maximum. You plan annual maximum is $5,000 per individual.

Lifetime Orthodontic Maximum: Your plan has a $2,500 lifetime maximum per covered person for orthodontic services. This is the maximum dollar amount your dental plan 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. You are responsible for paying all costs above the lifetime maximum.

<table>
<tr><th>BENEFITS</th><th>IN-NETWORK*</th><th>OUT-OF-NETWORK*</th></tr>
<tr><td colspan="3">Type A – Preventive and Diagnostic Services</td></tr>
<tr><td>Base Coverage Level</td><td>EmblemHealth will pay 100% of the set dollar amount for covered services when you see a Preferred Plus dentist or specialist.</td><td>EmblemHealth will pay 100% of the set dollar amount for covered services. This is the dollar amount your plan has agreed to pay for covered services. You are personally responsible to pay for any costs that are more than the plan’s agreed-upon amount.***</td></tr>
<tr><td>Examinations – 2 periodic exams per each person on the plan per calendar year. 1 comprehensive examination per dentist, per lifetime.</td><td rowspan="6">Covered
You don’t have to pay for these covered services.</td><td rowspan="6">See Type A base coverage level above.</td></tr>
<tr><td>Prophylaxes (Cleanings) – 2 per person on the plan per calendar year.</td></tr>
<tr><td>X-rays – 4 bitewing x-rays per person on the plan per calendar year.
• 1 full-mouth series of x-rays or 1 panoramic film per person on the plan once every 3 years.</td></tr>
<tr><td>Fluoride Treatments – 1 per child per calendar year. Coverage is available for this service until the end of the calendar year in which the child reaches age nineteen (19).</td></tr>
<tr><td>Space Maintainers – 1 per each child on the plan per lifetime. Coverage provided until the end of the calendar year the child turns 19.</td></tr>
<tr><td>Athletic Mouth Guards – 1 per each child on the plan per lifetime. Coverage provided until the end of the calendar year the child turns 19.</td></tr>
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BENEFITS	IN-NETWORK*	OUT-OF-NETWORK*
Type B – Basic Services		
Base Coverage Level	**EmblemHealth will pay 80% for covered services. You are responsible for paying 20% coinsurance** after you meet the annual deductible.**	**EmblemHealth will pay 80% of the set dollar amount for covered services. This is the dollar amount your plan has agreed to pay for covered services. You are personally responsible to pay for any costs that are more than the plan's agreed-upon amount.***
Simple Extractions	**You are responsible for paying 20% coinsurance** after you meet the annual deductible.**	**See Type B base coverage level above.**
Basic Restorations (Fillings) • Posterior composite fillings on molars are reimbursed at the fee paid for amalgam (metal) fillings. If you or someone on your plan chooses composite restorations on molars, you are responsible for the difference between what EmblemHealth pays and the maximum amount allowed as defined in the Preferred Plus Schedule of Fees. Discuss these additional fees with your dentist when reviewing the treatment and payment plans.		
Anesthesia & IV Sedation – Your plan will pay for general anesthesia and IV sedation for covered services. Charges for local anesthesia are included in the allowance for the dental procedure. No separate allowance for local anesthesia. Analgesia and monitoring devices will not be paid for by your plan.		
Palliative Services (Relief of pain) • 1 service per person on the plan per calendar year. This is for emergencies only.		
Repair of Appliances • Replacement of broken teeth or clasps. Recementation of inlays, crowns, bridges, and space maintainers. Replacement of broken facings.		
Tests and Laboratory Exams – Biopsy and examination of oral tissue.		
Type C – Major Services		
Base Coverage Level	**EmblemHealth will pay 60% for covered services. You are responsible for paying 40% coinsurance** after you meet the annual deductible.**	**EmblemHealth will pay 60% of the set dollar amount for covered services. This is the dollar amount your plan has agreed to pay for covered services. You are personally responsible to pay for any costs that are more than the plan's agreed-upon amount.***
Endodontics (Root canal therapy) • Pulpotomy covered once per tooth, per lifetime. Not covered if root canal is done on the same tooth by the same dentist within 3 months of the pulpotomy.	**You are responsible for paying 40% coinsurance** after you meet the annual deductible.**	**See Type C base coverage level above.**
Periodontics (Treatment of diseases of the gum and jaw) • 5 periodontal treatments per person on the plan,per calendar year. • 1 type of periodontal surgery and/or 1 graft per quadrant.		

BENEFITS	IN-NETWORK*	OUT-OF-NETWORK*
Type C – Major Services (continued)		
Oral Surgery (Surgical removal of an erupted tooth) • Your plan will pay for x-rays taken for surgery, local anesthesia, and post-operative care. • Your plan will pay for surgery on fractured jaws, impactions, lesions in and around the mouth, and reimplantations. • Some types of oral surgery may be covered under your medical plan, not this dental plan.	**You are responsible for paying 40% coinsurance** after you meet the annual deductible.**	**See Type C base coverage level above.**
Fixed and Removable Prosthetics – Both temporary and permanent dentures, full or partial, repair, and crowns over implants. **Major Restoration** – Includes crowns, related post and core procedures, and inlays. • Your plan will pay for replacement or substitution of appliances only after 5 years have passed since appliance was inserted. • EmblemHealth reimburses crowns, single abutment crowns, and pontics other than porcelain fused to base metal at the allowance for predominantly base metal. If you or someone on your plan chooses crowns other than porcelain fused to base metal, you will be responsible for the differences between what EmblemHealth pays and the maximum amount allowed as defined in the Preferred Plus Schedule of Fees. Discuss these additional fees with your dentist when reviewing the treatment and payment plans. • Your plan will pay for crowns or pontics for attachment or clasp purposes only if tooth cannot be restored by fillings. • When a fixed bridge and partial denture are inserted in the same arch, your plan will only pay for the partial denture unless 5 years have passed since prior insertion of the fixed bridge or partial denture. • No separate allowance for temporary service or appliance. • Your plan will pay for posts only if there is evidence of root canal on the tooth. • Charges for cementation of crown/inlay are included in allowance for the crown/inlay. • Crowns over implants are paid based upon the allowance for a single crown, porcelain fused to predominantly base metal. You are responsible for the difference between the amount the dentist charges EmblemHealth and the amount EmblemHealth pays the dentist.		
Type D – Orthodontics		
Base Coverage Level This benefit is available only to children until the end of the month they turn 26. This benefit does not include charges for missed appointments or additional cosmetic banding. You are responsible for these charges.	**You are not responsible to pay for covered orthodontic services until you reach the $2,500 lifetime maximum. After you reach the lifetime maximum, you are responsible to pay for all services.**	**You are not responsible to pay for covered orthodontic services until you reach the $2,500 lifetime maximum. After you reach the lifetime maximum, you are responsible to pay for all services.**

*Payment amounts shown apply after you have met the applicable annual deductible.
**Coinsurance is the percentage you pay at each visit once you have met your deductible.
***This refers to the GHI Preferred Plus allowance for the covered service.