Your coverage offers value and access through DentaQuest.

Welcome to Your EmblemHealth Dental Benefits

We're happy to offer your child high-quality, low-cost dental care through EmblemHealth's small group plans.

As a member of an EmblemHealth small group health plan, your child will:

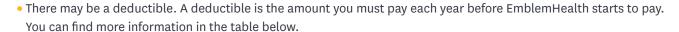
- Be covered for preventive services like cleanings, x-rays, and exams.
- Be covered for basic services for fillings, root canals, extractions, and periodontal care.
- Be covered until the end of month they turn 19.



You will be able to choose from our in-network dentists and specialists in New York state. Simply show your child's EmblemHealth 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.



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 services under your contract, is listed in the table below.
- You do not have out-of-network coverage. This means that you or anyone covered by this plan must see an in-network dentist or specialist or you will be responsible for the cost.
- A child is any member under 19 years old. These plan benefits are pediatric benefits available only to children.

	PLATINUM PREMIER	GOLD PREMIER	SILVER PREMIER	SILVER PLUS HSA	BRONZE PREMIER	BRONZE PLUS HSA
Preventive copay	\$0	\$0	\$0	\$0 after deductible	\$0	\$0 after deductible
Deductible	\$260 indiv./	\$8,650 indiv./	\$6,200 indiv./	\$3,500 indiv./	\$8,400 indiv./	\$8,000 indiv./
	\$520 family	\$17,300 family	\$12,400 family	\$7,000 family	\$16,800 family	\$16,000 family
Out-of-pocket	\$2,800 indiv./	\$8,650 indiv./	\$10,000 indiv./	\$8,000 indiv./	\$10,000 indiv./	\$8,500 indiv./
maximum	\$5,600 family	\$17,300 family	\$20,000 family	\$16,000 family	\$20,000 family	\$17,000 family

(continued)



EMBLEMHEALTH SMALL GROUP 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 s	tabilize 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 variou	s 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 m	nouth 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 contract. 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.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. This summary provides only benefit highlights. Coverage is subject to all terms, conditions, limits, and exclusions set forth in the contract. These plans are underwritten by Health Insurance Plan of Greater New York (HIP).