



Dental Access Program

Small Group: EmblemHealth Dental Access Program with \$1,500 yearly maximum



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

EmblemHealth Dental Access Program

This dental program gives you quality coverage with access to over 12,700 dentists and specialists in New York and New Jersey. You can choose a network dentist or specialist for services covered under your plan. You don't have to pick a specific primary care dentist.

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.

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. Your plan annual maximum is \$1,500 per individual.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type A – Preventive and Diagnostic Services		
Base Coverage Level	We pay the Provider 100% of the Preferred Network Schedule of Allowances.	Not covered. You have to pay provider.
Prophylaxes – 2 scaling, cleaning, and polishing treatments per member, per calendar year.	Covered You don't have to pay for these covered services.	Not Covered You are personally responsible to pay for any costs.
Fluoride Treatments – 1 fluoride treatments per covered child until the end of the calendar year the child turns 19		
Examinations – 1 routine examination per member, per calendar year. 1 initial comprehensive oral evaluation per dentist, per member lifetime.		
X-Rays – 4 bitewing x-rays per member, per calendar year. 1 full-mouth series of X-rays or 1 panoramic film once every 3 years.		
Sealants – 1 sealant per covered tooth every 3 calendar years per covered child age 6 until age 14 birthdate.		
Space Maintainers – 1 space maintainer per lifetime, per covered child up to age 19 end of year.		
Palliative Services – 1 emergency service for the relief of pain per member, per calendar year.		
Repair of Prosthetic Appliances – 1 denture reline per denture every 5 years. Rebase or repair of new dentures covered 6 months from date of insertion. Repair of dentures includes: replacement of broken teeth or clasps, broken facings; recementation of inlays, crowns, bridges, space maintainers; repair of inlays, veneers.		
Fixed & Removable Prosthodontics – Includes: permanent dentures, fixed bridgework and removable partial dentures, posts if evidence of root canal therapy on the tooth, pins once every 6 months. Replacements covered after 10 years from date of service. Insertion of fixed bridge and partial denture in same arch covered after 10 years from date of service. Adjustment of appliances is covered after 1 year of insertion.		

Access to Discounted Fees for More Complex and Costly Services

EmblemHealth's Dental Access Program is a combination of traditional dental insurance for basic preventive and diagnostic services described in the Benefit Summary above, plus access to a discount program for more complex and costly services that are not covered. EmblemHealth has negotiated with our network dentists and specialists to establish fees for additional basic, major, and specialty dental services that are significantly discounted off the usual pricing. These services, such as dentures, oral surgery, and gum disease treatment, are not available under the insured portion of the EmblemHealth Dental Access Program. If you or any family member needs a filling, crown, or root canal, you can get these services at a discount from dentists in the EmblemHealth network. You pay the discounted fee directly to your EmblemHealth network dentist when you receive the service. Plus, you don't need approval from EmblemHealth for any of these services. Due to this unique fee structure, these discounted services are only available from network providers.

NOTE: This is not a complete benefit comparison or a contract and should only be viewed as a brief summary to assist you in understanding this EmblemHealth benefit program. A detailed benefits description, including limitations and exclusions, is contained within the Certificate of Insurance. The terms, conditions, limits, and exclusions shown in the Certificate of Insurance shall govern.

Insured dental plan components underwritten by Group Health Incorporated (GHI), an EmblemHealth company. Refer to Policy Forms PLD-1104-H and PLD-1103-H.

Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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