

# Welcome to Your EmblemHealth Dental Benefits

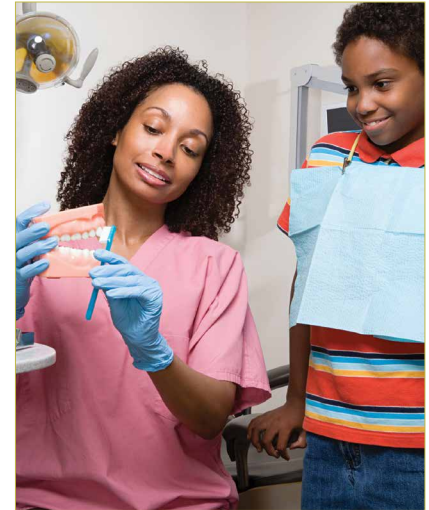
We're happy to offer you and your family quality dental care through EmblemHealth's Gold Value Plan. Our goal is to give you access to high quality, low cost care.

As a member of EmblemHealth's Gold Value health plan, you will:

- Be covered for preventive services like cleanings, cleanings, sealants, and space maintainers.
- Be covered for basic services through our network for dental examinations, visits, consultations, and X-rays based on your dental benefits.
- Be able to cover your children until they turn 26.

## IN-NETWORK COVERAGE

You will be able to choose from our in-network dentists and specialists in New York State. Simply show your EmblemHealth medical 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:

- There is no deductible for your dental care. A deductible is the amount you must pay each year before EmblemHealth starts to pay.
- Your out-of-pocket maximum, the maximum amount you will have to pay each plan year for dental care, is combined with your medical out of pocket maximum. You can find this information in your subscriber certificate.
- A child is any member under 19 years old. After the month your child turns 19, they can be covered until they turn 26 years old. You can see the difference in coverage in the chart below.
- You do not have out-of-network coverage. This means that you or your child must see an in-network dentist or specialist or you will be responsible for the cost.

COVERAGE TYPE	CHILDREN UNDER 19 WILL PAY	19 AND OLDER WILL PAY
Preventive services	\$0 per visit	\$0 per visit
Diagnostic, Emergency, Routine and other Basic services	\$45 per visit	\$45 per visit
Major services	\$65 per visit	Not covered
Orthodontics	\$65 per visit	Not covered

## EMBLEMHEALTH GOLD VALUE PLANS DENTAL BENEFITS

CATEGORY/PROCEDURE	BENEFIT LIMITATIONS	MEMBER WILL PAY	
		Under 19	19 and Over
In-network only			
<b>DIAGNOSTIC — Helps to determine your treatment needs.</b>			
Periodic oral exam	Once every 6 months	\$45	\$45
Comprehensive oral exam	Once per location	\$45	\$45
Full mouth X-rays	Once every 36 months	\$45	\$45

(Continued)



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<b>DIAGNOSTIC — Helps to determine your treatment needs. (Continued)</b>			
In-network only		Under 19	19 and Over
Bitewing X-rays	Once every 6 months	\$45	\$45
Single tooth X-rays	Once every 6 months	\$45	\$45
<b>PREVENTIVE — Procedures to help prevent oral disease from occurring.</b>			
Routine cleaning	Once every 6 months	\$0	\$0
Fluoride varnish application	Four times in 12 months	\$0	\$0
Topical fluoride treatment	Once every 6 months	\$0	\$0
Sealants	Once per tooth per 60 months	\$0	\$0
<b>BASIC RESTORATIVE — Routine dental procedures to stabilize oral health.</b>			
Silver fillings	Twice per 24 months per tooth	\$45	\$45
White fillings	Twice per 24 months per tooth	\$45	\$45
Porcelain crowns	Once per 60 months per tooth	\$65	N/A
Stainless steel crowns	Once per 24 months per tooth	\$45	\$45
Re-cement or re-bond crown	Once per 24 months per tooth	\$45	\$45
<b>ENDODONTICS — Treatment involving the pulp of your tooth.</b>			
Root canal treatment	Once per tooth per lifetime	\$65	N/A
Pulpotomy (removing a portion of the pulp of your tooth)	Once per tooth per lifetime on primary teeth only	\$65	N/A
<b>PERIODONTICS — Prevention and treatment of gum disease.</b>			
Periodontal maintenance (for gum disease)	Twice per 12 months	\$65	N/A
Scaling and root planing (removing dental plaque and tartar)	Once per 24 months per quadrant	\$65	N/A
<b>DENTURES</b>			
Complete or partial dentures	Services are covered	\$65	N/A
Repair of dentures or fixed bridges	Services are covered	\$65	N/A
Rebase/Reline of dentures	Once per 12 months	\$65	N/A
<b>ORAL SURGERY — Surgical treatment or repair of various problematic or extreme conditions of the mouth or jaws.</b>			
Simple tooth extraction	Once per tooth per lifetime	\$65	N/A
Surgical tooth extraction	Once per tooth per lifetime	\$65	N/A
<b>ORTHODONTICS — Helps restore oral structures, function, and treats serious medical conditions.</b>			
Orthodontia	Under age 19 — when medically necessary	\$65	N/A
<b>EMERGENCY DENTAL CARE</b>			
Palliative treatment for dental pain — minor procedure	Twice per 12 months	\$45	\$45
<b>ANESTHESIA — A drug used by a dentist to numb your mouth or put you to sleep so no pain is experienced during dental procedures.</b>			
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.	\$45	\$45
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.	\$45	\$45

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plans 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.

Group Health Incorporated (GHI), HIP Health Plan of 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. 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 HIP policy forms 155-23-NSIONHIXS100Schedule (04-17); 155-23-NSIONHIXS150Schedule (04-17); 155-23-NSIONHIXS200Schedule (04-17); 155-23-NSIONHIXSSchedule (04-17); 155-23-NSSGOFFHIXSSchedule (04-17); 155-23-NSIONHIXS100Schedule (04-17); 155-23-NSIONHIXS150Schedule (04-17); 155-23-NSIONHIXS200Schedule (04-17); 155-23-NSIONHIXSSchedule (04-17);