

# Welcome to Your EmblemHealth Dental Benefits

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

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

- Be covered for preventive services like cleanings, cleanings, sealants, and space maintainers.
- Be covered for basic services for dental examinations, visits, consultations, and X-rays based on your dental benefits.

## 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 routine 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.
- 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. After the month your child turns 19, they remain eligible for coverage until they turn 26 years old and can receive adult dental benefits. You can see examples of the differences between pediatric and adult dental coverage in the chart below.



| COVERAGE TYPE (In-network only)                         | 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 | \$25 per visit                  | \$25 per visit        |
| Major services  | \$45 after deductible per visit | Not covered           |
| Orthodontics  | \$45 after deductible per visit | Not covered           |

## EMBLEMHEALTH GOLD PREMIER 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  | \$25            | \$25        |
| Comprehensive oral exam                                      | Once per location    | \$25            | \$25        |
| Full mouth X-rays  | Once every 36 months | \$25            | \$25        |

(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   | \$25                  | \$25        |
| Single tooth X-rays   | Once every 6 months   | \$25                  | \$25        |
| <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   | \$25                  | \$25        |
| White fillings  | Twice per 24 months per tooth   | \$25                  | \$25        |
| Porcelain crowns  | Once per 60 months per tooth  | \$45 after deductible | N/A         |
| Stainless steel crowns  | Once per 24 months per tooth  | \$25                  | \$25        |
| Re-cement or re-bond crown  | Once per 24 months per tooth  | \$25                  | \$25        |
| <b>ENDODONTICS* — Treatment involving the pulp of your tooth.</b>   |   |                       |             |
| Root canal treatment  | Once per tooth per lifetime   | \$45 after deductible | N/A         |
| Pulpotomy (removing a portion of the pulp of your tooth)  | Once per tooth per lifetime on primary teeth only   | \$45 after deductible | N/A         |
| <b>PERIODONTICS* — Prevention and treatment of gum disease.</b>   |   |                       |             |
| Periodontal maintenance (for gum disease)   | Twice per 12 months   | \$45 after deductible | N/A         |
| Scaling and root planing (removing dental plaque and tartar)  | Once per 24 months per quadrant   | \$45 after deductible | N/A         |
| <b>DENTURES*</b>  |   |                       |             |
| Complete or partial dentures  | Services are covered  | \$45 after deductible | N/A         |
| Repair of dentures or fixed bridges   | Services are covered  | \$45 after deductible | N/A         |
| Rebase/Reline of dentures   | Once per 12 months  | \$45 after deductible | 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   | \$45 after deductible | N/A         |
| Surgical tooth extraction   | Once per tooth per lifetime   | \$45 after deductible | N/A         |
| <b>ORTHODONTICS — Helps restore oral structures, function, and treats serious medical conditions.</b>                                   |   |                       |             |
| Orthodontia   | Under age 19 — when medically necessary   | \$45 after deductible | N/A         |
| <b>EMERGENCY DENTAL CARE</b>  |   |                       |             |
| Palliative treatment for dental pain — minor procedure  | Twice per 12 months   | \$25                  | \$25        |
| <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.                                  | \$25                  | \$25        |
| 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. | \$25                  | \$25        |

\*Services require pre-authorization and are covered provided clinical criteria is met.

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 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. This plan is underwritten by Health Insurance Plan of Greater New York (HIP), refer to policy form: 155-23-NSIONGoldPremierSchedule (04/21)