

# Welcome to Your EmblemHealth Dental Benefits

We're happy to offer your child quality dental care through EmblemHealth's Individual Direct Pay Plan. Our goal is to give your child access to high quality, low cost care.

As a member of EmblemHealth's Individual Direct Pay 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 based on your dental benefits.
- Be covered until the month they turn 19.

## IN-NETWORK COVERAGE

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.



## YOUR DENTAL BENEFITS

Here are some important things to know about your plan:

- There may be a deductible. A deductible is the amount you must pay each year before your plan starts to pay for covered services. You can find more information in the table below.
- Your out-of-pocket maximum, the maximum amount you will have to pay each year for in-network services under your plan, 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 health care provider or you will be responsible for the cost.
- Under your plan, a child is any member under 19 years old. Pediatric dental benefits are available only to children under 19 years old. If your plan includes adult dental benefits, all covered adult family members, including your child 19 years of age or older, are eligible for adult dental benefits. Check your contract to see if your plan includes adult dental benefits.

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<b>Copay per visit</b>	\$15	\$25 after deductible	\$30 after deductible	\$30 after deductible	\$15 after deductible	\$10	\$50 after deductible	0% coinsurance after deductible
<b>Annual Deductible*</b>	\$0	\$600 Indv/ \$1,200 Family	\$1,750 Indv/ \$3,500 Family	\$1,625 Indv/ \$3,250 Family	\$250 Indv/ \$500 Family	\$0	\$4,700 Indv/ \$9,400 Family	\$9,100 Indv/ \$18,200 Family
<b>Annual Out-of-pocket maximum*</b>	\$2,000 Indv/ \$4,000 Family	\$4,750 Indv/ \$9,500 Family	\$9,100 Indv/ \$18,200 Family	\$7,250 Indv/ \$14,500 Family	\$2,800 Indv/ \$5,600 Family	\$1,000 Indv/ \$2,000 Family	\$8,700 Indv/ \$17,400 Family	\$9,100 Indv/ \$18,200 Family

\*Annual deductible and annual out-of-pocket maximum applies to most covered services under the combined medical and dental contract.

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**EMBLEMHEALTH INDIVIDUAL DIRECT PAY PEDIATRIC DENTAL BENEFITS**

CATEGORY/PROCEDURE	BENEFIT LIMITATIONS
<b>In-network Only</b>	
<b>DIAGNOSTIC – Helps to determine your treatment needs.</b>	
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
<b>PREVENTIVE – Procedures to help prevent oral disease from occurring.</b>	
Routine cleaning	Once every 6 months
Fluoride varnish application	Four times in 12 months
Topical fluoride treatment	Once every 6 months
Sealants	Once per tooth per 60 months – up to age 15
<b>BASIC RESTORATIVE – Routine dental procedures to stabilize oral health.</b>	
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
<b>MAJOR RESTORATIVE – Complex dental procedures to stabilize oral health.</b>	
<b>ENDODONTICS* – Treatment involving the pulp of your tooth.</b>	
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
<b>PERIODONTICS* – Prevention and treatment of gum disease.</b>	
Periodontal maintenance (for gum disease)	Twice per 12 months
Scaling and root planing (removing dental plaque and tartar)	Once per 24 months per quadrant
<b>DENTURES*</b>	
Complete or partial dentures	Services are covered
Repair of dentures or fixed bridges	Services are covered
Rebase/Reline of dentures	Once per 12 months
<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
Surgical tooth extraction	Once per tooth per lifetime
<b>ORTHODONTICS – Helps restore oral structures, function, and treats sserious medical conditions.</b>	
Orthodontia	When medically necessary
<b>EMERGENCY DENTAL CARE</b>	
Palliative treatment for dental pain - minor procedure	Twice per 12 months
<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.
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.

\*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. 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. These plans are underwritten by Health Insurance Plan of Greater New York (HIP), refer to policy forms: 155-23-IONHIXPSchedule (04/22), 155-23-IONHIXGSchedule (04/22), 155-23-IONHIXSSchedule (04/22), 155-23-IONHIXBSchedule (04/22), 155-23-IONHIXS200Schedule (04/22), 155-23-IONHIXS150Schedule (04/22), and 155-23-IONHIXS100Schedule (04/22)