

Welcome to Your EmblemHealth Dental Benefits

We're happy to offer your child access to quality, low cost dental care through EmblemHealth's Individual and Family Plans.

As a member of an EmblemHealth Individual and Family 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.

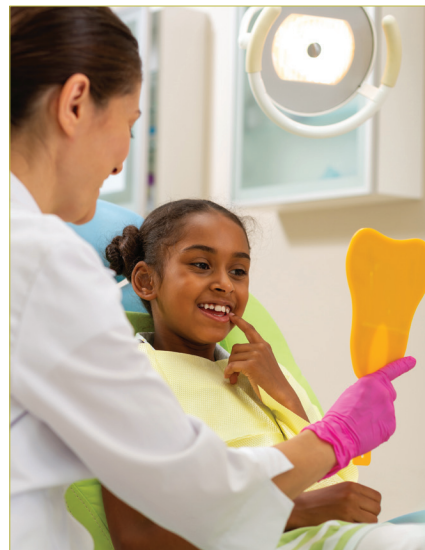
IN-NETWORK COVERAGE

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 benefits:

- There may be a deductible. A deductible is the amount you must pay each year before EmblemHealth starts to pay. 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 dental 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 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/ PLATINUM D	GOLD/ GOLD D	SILVER/ SILVER D	SILVER CSR1	SILVER CSR2	SILVER CSR3	BRONZE/ BRONZE D	CATASTROPHIC*
Copay	\$15	\$25 after deductible	\$30 after deductible	\$30 after deductible	\$15 after deductible	\$10	\$50 after deductible	0% coinsurance after deductible
Deductible	\$0	\$775 Indv/\$1550 Family	\$2,450 Indv/\$4,900 Family	\$2,160 Indv/\$4,320 Family	\$450 Indv/\$900 Family	\$0	\$4,125 Indv/\$8,250 Family	\$10,600 Indv/\$21,200 Family
Out-of-pocket maximum	\$2,000 Indv/ \$4,000 Family	\$10,150 Indv/\$20,300 Family	\$10,150 Indv/\$20,300 Family	\$8,100 Indv/\$16,200 Family	\$3,350 Indv/\$6,700 Family	\$1,275 Indv/\$2,550 Family	\$10,150 Indv/\$20,300 Family	\$10,600 Indv/\$21,200 Family

*Catastrophic is only offered in the following New York state counties: Schoharie, Otsego and Montgomery.

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EMBLEMHEALTH INDIVIDUAL AND FAMILY 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 stabilize 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 various 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 mouth 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.

*Services require preauthorization 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-IONHIXSelectPSchedule (04/25), 155-23-IONHIXSelectBSchedule (04/25), 155-23-IONHIXSelectGSchedule (04/25), 155-23-IONHIXSelectSSchedule (04/25), 155-23-IONHIXSelectS100Schedule (04/25), 155-23-IONHIXSelectS150Schedule (04/25), 155-23-IONHIXSelectS200Schedule (04/25), 155-23-IONHIXSelectCSchedule (04/25), 155-23-IONHIXMillenniumPSchedule (04/25), 155-23-IONHIXMillenniumBSchedule (04/25), 155-23-IONHIXMillenniumGSchedule (04/25), 155-23-IONHIXMillenniumSSchedule (04/25), 155-23-IONHIXMillenniumS100Schedule (04/25), 155-23-IONHIXMillenniumS150Schedule (04/25), 155-23-IONHIXMillenniumS200Schedule (04/25), 155-23-IONHIXMillenniumCSchedule (04/25).