

Welcome to Your EmblemHealth Dental Benefits

We're happy to offer you dental care through EmblemHealth's Enhanced Care (Medicaid) and Enhanced Care Plus (HARP) plans. Our goal is to give you access to high-quality care.

As a member, you will:

- Be covered for preventive services like cleanings, x-rays, and exams.
- Be covered for basic services through our network for fillings, root canals, extractions, and periodontal care.

IN-NETWORK COVERAGE

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

- Your plan does not have a copay, deductible, or out-of-pocket maximum for in-network dental care.
- Services like root canals, crowns, dentures, and partial dentures will only be approved based on specific criteria. Dental implants, including single implants, and implant related services, will be covered when medically necessary. Prior approval requests for implants must have supporting documentation from the patient's dentist. The patient's dentist's office must submit a completed Evaluation of the Dental Implant Patient Form.
- Complete and partial dentures will not be replaced for at least 8 years unless they are medically necessary. Your doctor and dentist must provide specific reasons the replacement is needed as explained in the New York State Medicaid Dental Policy and Procedure Code Manual on page 45.
- Orthodontic care may be covered for members under age 21 with severe malocclusion (teeth not properly aligned). This is decided by clinical review and plan guidelines.



ENHANCED CARE/ENHANCED CARE PLUS		
Copay	Deductible	Out-of-pocket maximum
\$0	\$0	\$0

(continued)

EMBLEMHEALTH ENHANCED CARE/ENHANCED CARE PLUS 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 provider-member relationship
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	Once every 3 months
Topical fluoride treatment	Once every 6 months
BASIC RESTORATIVE — Routine dental procedures to stabilize oral health.	
Silver fillings	Once every 12 months per tooth
White fillings	Once every 12 months per tooth
Porcelain crowns	Once every 60 months per tooth
Stainless steel crowns	Once every 60 months per tooth
Re-cement or re-bond crown	Once every 12 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)	Once every 6 months
Scaling and root planing (removing dental plaque and tartar)	Once every 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 every 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	Once every 3 months per tooth
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.

*Service requires preauthorization and is covered as long as clinical criteria is met.

The information on this coverage summary should be used only as a guideline for your dental benefits. Coverage is subject to all terms, conditions, limits and exclusions set forth by New York State Medicaid rules. For detailed information on your plan's terms and conditions, or limitations and exclusions, refer to the [New York State Medicaid Dental Policy and Procedure Code manual](#) for a more detailed description of services.