

FirstSmiles Dental

SUMMARY OF BENEFITS	
Major Cost-Sharing Provisions	Comments
Annual deductible (Individual)	\$0 copay at participating provider Non-participating provider services are not covered
Out-of-pocket maximum (Individual)	\$360 Per Child copay at participating provider Non-participating provider services are not covered
Pediatric Dental Care	
Emergency Dental Care	\$36 copay at participating provider Non-participating provider services are not covered
Preventive Dental Care	\$36 copay at participating provider Non-participating provider services are not covered
Routine Dental Care	\$36 copay at participating provider Non-participating provider services are not covered
Endodontics (preauthorization required)	\$36 copay at participating provider Non-participating provider services are not covered
Periodontics (preauthorization required)	\$36 copay at participating provider Non-participating provider services are not covered
Orthodontics (preauthorization required)	\$36 copay at participating provider Non-participating provider services are not covered

Some services are subject to prior authorization. The provider will contact EmblemHealth for prior authorization to perform the service as a covered benefit. This summary is provided for information only; it does not contain complete details of the plan, (which are available only in the Contract and Schedule of Benefits, and it does not constitute an Agreement.

The EmblemHealth FirstSmiles Plan is underwritten by HIP Insurance Plan of New York and provides in-network benefits only. Except for emergency hospital care, no out-of-network services are covered. Coverage is subject to all terms, conditions, limitations, and exclusions set forth in the contract. Refer to HIP policy form numbers 155-23-IDHIX(04/13).

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