



EMBLEMHEALTH DENTAL

Making Dental Coverage An Option For Your Group

- Two established PPO dental networks
- Three approaches to delivering dental benefits
- Many innovative cost-sharing and funding options



EmblemHealth[®]
WHAT CARE FEELS LIKE.

DELIVERING WHAT MATTERS

Quality. Choice. Affordability. Access. Ease. Respect.

EmblemHealth dental plans are built on the characteristics that mean the most to our customers. As the impact of dental health on overall physical well-being becomes more apparent, business decision-makers are realizing that dental coverage is a necessity. Too often, off-the-shelf plans offer the wrong mix of benefits and are priced out of reach for many groups. EmblemHealth believes that our customers deserve a dental plan that works for them — one that is simple to administer and offers affordable, easy access to quality care for their employees — regardless of the size of their group or their financial resources.

Plans Designed for Your Budget

In a time of economic uncertainty, EmblemHealth makes adding dental coverage easy. We allow customers to choose from a menu of product designs, cost-sharing options and price points, ensuring that any business can afford to complete its benefits package with quality dental benefits. Offerings range from fully insured plans to hybrid products combining insured benefits with access to discounted services to options where members pay the full premium.

Benefits Designed for Your Members

Group members have unique needs. Our benefits designs address the diverse types of age-specific care required by a typical group — from preventive treatment that will establish a lifetime of dental health for children to the orthodontia common for young adults to restorative services needed by their parents' generation. Affording real freedom of choice, EmblemHealth's dental PPO plans give groups the option to select the program that best meets their needs and budget, and give members access to covered services, in or out of network, with no gatekeeper approvals or referrals required.

Dental coverage can make a difference in the productivity, satisfaction and overall health of a business' employees. Let EmblemHealth dental plans make a difference in the health of your organization.



The Numbers Tell the EmblemHealth Dental Story:

- EmblemHealth companies currently cover more than half a million dental members in the tristate area.
- We offer programs to groups with as few as two eligible members.
- We offer you an option to make EmblemHealth dental coverage available to your members at a group rate, but at \$0 premium to you.
- We have offered dental coverage for more than 50 years, and have administered PPO dental benefits since the 1960s.

Dental Coverage Solutions That Work for Your Group

You deserve a dental plan that works for your group. One that offers the range of covered services appropriate for your membership's demographics. One that allows your employees to receive care from their dentists of choice. And one that is priced within your budget. EmblemHealth offers three distinct approaches to delivering dental benefits, offering differences in network size, benefits design, and member and group cost-sharing responsibilities.

SOLUTION 1	SOLUTION 2	SOLUTION 3
Dental Access Program	Preferred Program	Preferred Plus Program
Paid-in-full, in-network insured benefits for covered preventive and diagnostic dental care encourage members to visit dentists regularly.	Paid-in-full, in-network insured benefits for covered preventive and diagnostic dental care encourage members to visit dentists regularly.	Offers traditional dental benefits with patient cost sharing and a network of general dentists and specialists more than 25% larger than the Preferred network.
Paid-in-full, in-network insured benefits for covered crown, bridge and denture repair help extend the life of existing prosthetics and major restorations.	Deep network discounts allow affordable 100% insurance coverage for all covered Basic and Major dental services.	A wide range of reimbursement levels for services received out of network is available.
Access to discounted fees from network providers for more costly procedures reduces member out-of-pocket costs for noncovered services.*	Over 8,500 dentists and specialists in New York and New Jersey, plus access to a nationwide network.	Over 9,500 dentists and specialists in New York and New Jersey, plus access to a nationwide network.
Over 8,500 dentists and specialists in New York and New Jersey.	Out-of-network insured benefits for covered services are paid at the in-network fee level.	Coverage through a nationwide network is available.
Out-of-network insured benefits for preventive and diagnostic care and crown, bridge and denture repair are paid at the in-network fee level.	Offers a rollover feature for annual benefits maximum.	Offers a rollover feature for annual benefits maximum.

*The discount program is not insurance. It allows members to access dental services, at their own cost, from network providers at our discounted, negotiated fees.

Respect for the Unique Needs of Each Customer

Each of the approaches described above is available to groups on either a contributory or voluntary basis. What's more, because not all businesses are the same size, EmblemHealth's dental product portfolio offers a range of coverage options to even the smallest groups:

- **Contributory plans.** Available to groups with as few as two eligible members, these plans offer a range of group and member cost-sharing arrangements.
- **Voluntary plans.** Groups with as few as five eligible members can take advantage of a voluntary arrangement, where the entire cost of the coverage is passed along to the members, who pay a low group rate not available to individual consumers.
- **Administrative Services Only.** Self-insured groups with 250 or more eligible members can choose to have EmblemHealth administer their dental plan.

Competitive Pricing — Plus Discounts for Bundled Coverage

EmblemHealth offers a simple approach to our small group offerings. Six plans are available, meeting a wide assortment of coverage options and price points. Rates are determined using base premiums and easy-to-understand group size factors. Industry codes are not required. EmblemHealth imposes no additional billing fees with its small group dental offerings.



Local Experience, Local Expertise

While the name EmblemHealth may be new to you, we are well acquainted with the needs of the community we serve. Our legacy companies, GHI and HIP, have decades of experience successfully delivering dental benefits in the tristate area, and currently provide coverage for more than half a million members. Our PPO model, underwritten by GHI, features benefits designs established over time for local businesses like yours. And, in a region increasingly dominated by national carriers, our local experience is a real advantage for our New York-based customers — especially in terms of our demonstrated ability to control costs:

- EmblemHealth's significant membership in the New York area enables us to negotiate some of the strongest discounts in the region, helping to moderate both group and member costs.
- We analyze claims against regional practice patterns with special attention to high-dollar services.
- Our strong, long-standing relationships with participating dentists ensure that our negotiated fees — and your premiums — remain stable over time.

Ensuring Employee Health, Productivity and Satisfaction

Dental coverage is an investment that pays immediate dividends. Because of the importance of continual dental maintenance and preventive care, you can be sure that these benefits will be used, and appreciated, by your employees. Dental coverage is not just important in helping attract and retain a valued staff — it can also play a significant role in an employee's overall health. Dental checkups can spot early symptoms of diabetes, cardiovascular disease, stroke and adverse pregnancy.

Essential preventive care is a hallmark of all EmblemHealth dental plans.

What's more, since the PPO design does not require gatekeeper dentist approvals or referrals, it's easy for members to access the care they need, when they need it.



Easy Access to Care From Quality Dental Practitioners

EmblemHealth's popular network of primary dental practitioners and specialists was established in 1988. Our Preferred network includes some 8,500 regionally based providers; our newer Preferred Plus network comprises more than 9,500 dentists in New York and New Jersey, plus access to providers nationwide. We continue to expand upon a core of dentists who have been with us for years — our networks have grown by over 10 percent annually since 2006. And because members find the care they need in-network, patients avoid the high cost of out-of-network care, and groups save money through our network discounts.

- **Credentialed by a nationally known organization.** To ensure that our members can count on a uniform standard of quality when they receive care from our participating practitioners, EmblemHealth credentials and re-credentials network dentists through Dentistat, Inc., the industry's largest dental credentials verification organization. Dentistat reviews practice patterns and utilization profiles to identify dentists for inclusion in EmblemHealth networks.
- **Up-to-date provider listings.** EmblemHealth's Web site and automated telephone service offer a convenient source of up-to-date listings of participating providers. Updates are added to the online directory each day.

Hassle-Free Administration and Responsive Service

EmblemHealth offers its dental customers streamlined administration and responsive service. We concentrate on the things that matter — fast, efficient claims processing and leading-edge self-service capabilities:

- **Claims processing expertise.** EmblemHealth companies have a proven track record for processing claims quickly and accurately. Providers can submit claims directly online, along with electronic attachments of supporting materials, such as X-rays. EmblemHealth processes dental claims in less than seven days, on average, with a sophisticated claim review system that monitors the appropriateness of treatment and fees charged.
- **Easy access to essential information for members.** Committed to providing members with convenient access to the information they need, when they need it, EmblemHealth enables them to obtain personalized information, including individual claim status and histories, benefits eligibility and more by registering for the *myEmblemHealth* portal at emblemhealth.com, or by calling EmblemHealth's 24-hour customer telephone system. Among other features available online are the latest provider listings and summaries of all EmblemHealth group plans with side-by-side comparisons.
- **Personal service for group administrators.** Groups can call EmblemHealth's Account Services team for quick and complete responses to questions about administrative issues. Our experienced representatives handle topics ranging from benefits administration, to claims status and adjustments, to membership and eligibility issues.
- **Fast reimbursement for out-of-network care.** EmblemHealth recognizes that members who receive care outside the provider network appreciate quick reimbursement. That's why we process out-of-network payments on a daily basis, not on a weekly check cycle.





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