

# WELCOME TO YOUR EMBLEMHEALTH DENTAL BENEFITS



We're happy to offer you quality dental care through EmblemHealth's Preventive Dental Access Program. Our goal is to give you access to high quality, low cost care.

As a member of EmblemHealth's Preventive Dental Access Program, you will:

- Have insured benefits for oral exams, cleanings, and fluoride treatments.
- Have access to discounted services from our dentists and specialists for other dental services.

## OUR NETWORK

You will have access to in-network dentists and specialists in New York. Simply show your EmblemHealth member ID card at your dental visit. Your cost for discounted services may depend on the location of the dentist's office. This means that you may pay different costs for similar services.

## YOUR COVERAGE

- You will always pay \$15 for exams and cleanings with an in-network dentist.
- You will always pay \$5 for a fluoride treatment.

Here are some important things to know about your discount plan:

- For other dental services you will have access to our dental network at a discounted rate. You will be responsible for the discounted fees at the time of service.
- You may go to any dentist within our network to take advantage of these rates and may change your dentist at any time.
- You can get a 20% discount on the services from dental specialists.



## EMBLEMHEALTH PREVENTIVE DENTAL ACCESS PROGRAM

| Category/Procedure                                      | Examples of Available Services  |
|---|---|
| Participating dentists only                             |   |
| <b>DIAGNOSTIC</b>                                       |   |
| Helps to determine your treatment needs.                | Periodic oral evaluations<br>Comprehensive oral evaluation<br>Bitewing X-Rays<br>Panoramic X-Rays             |
| <b>PREVENTIVE</b>                                       |   |
| Procedures to help prevent oral disease from occurring. | Adult and children cleanings<br>Fluoride Treatment for children<br>Sealants for children<br>Space maintainers |
| <b>BASIC RESTORATIVE</b>                                |   |
| Routine dental procedures to stabilize oral health.     | White Fillings<br>Silver Fillings<br>Inlays/Onlays<br>Crowns  |

(Continued)

# WELCOME TO YOUR EMBLEMHEALTH DENTAL BENEFITS

| MAJOR RESTORATIVE   |   |
|---|---|
| Complex dental procedures to stabilize oral health.   | Implants<br>Root canals<br>Periodontal scaling and root planing<br>Periodontal maintenance<br>Complete and partial dentures<br>Bone graft |
| ORTHODONTICS  |   |
| Helps restore oral structures, function, and treats serious medical conditions.                                     | Comprehensive treatment for children<br>Comprehensive treatment for adults<br>Removable appliance therapy                                 |
| ORAL SURGERY  |   |
| Surgical treatment or repair of various problematic or extreme conditions of the mouth or jaws.                     | Simple tooth extractions<br>Surgical tooth extractions<br>Removal of impacted tooth   |
| EMERGENCY DENTAL CARE   |   |
|   | Palliative treatment for dental pain — minor procedure  |
| 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<br>Intravenous anesthesia  |

The information on this coverage summary should be used only as a guideline for your dental access benefits. For detailed information on your plans terms and conditions, or limitations and exclusions, refer to your Certificate of Coverage. 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.

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC 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 Certificate of Coverage. Refer to HIP policy forms 155-23-DNTL (5-99), 151-23-DNTL (05-02), 200-23-DNTL (5-01), 155-OA-DNTL (2-01)