



Preferred Dental Benefits Plan

Buy-up Plan



For the most up-to-date listings of participating dentists, visit emblemhealth.com, click on “Find a Doctor,” select “Dental Plans,” and search providers in the “Dental Preferred/Preferred Premier” option. You can also call 877-842-3625. Our hours are 8 am to 6 pm, Monday to Friday.

Your EmblemHealth Preferred Dental Plan provides a high level of coverage through EmblemHealth’s network of over 10,000 preferred dentists and specialists in New York and New Jersey. A network is a group of health care professionals or facilities that contract with EmblemHealth. They provide covered products and services to members. You’ll usually pay less when you use this network.

You have the freedom to choose the preferred network dentists or specialists you use for covered services. You are not required to select a specific primary care dentist. A primary care dentist is one that provides everyday care, not a specialist. All benefits shown below are on a per person, or individual, basis.

Certain types of oral surgery may be covered under the dental plan.

Child Coverage: Children eligible to age 23 (end of year).

Predetermination of Benefits: EmblemHealth can give you an estimate, before you go to the dentist, of how much we will pay for certain services and materials.

You can request predetermination for certain services, but it is not available for Type A or basic restorative services.

You can ask your dentist to send a Treatment Plan to EmblemHealth before you get oral surgery, prosthetics, or appliances. EmblemHealth will review the Treatment Plan and give you and your dentist an estimate of how much EmblemHealth will pay.

Please note: A Predetermination of Benefits is not required. If we receive new information after we issue the Predetermination of Benefits, the benefits may differ based upon that new information.

Dental Services Not Covered: This dental plan does not cover cosmetic surgery and treatment unless it involves reconstructive surgery related to trauma, infection, or disease; prescription drugs and medicines; services and appliances for the treatment of temporomandibular joint (TMJ) dysfunction; behavioral management; dental implants and transplantations; and other services not listed in the plan documents as covered. You are not covered for services that do not follow accepted standards of dental practice.

Annual Maximum: Your plan has a \$2,500 annual maximum per person. This is the most your dental plan will pay toward the cost of dental care during your plan year. You are responsible for paying costs above the annual maximum. Orthodontia is not subject to the annual maximum.

Lifetime Orthodontic Maximum: Your plan has a \$1,998 lifetime orthodontic maximum per person. This is the maximum dollar amount your dental plan will pay toward the cost of orthodontic services. Orthodontia is covered only for children until the end of the year the child turns 23. Adult orthodontia is not covered.

Deductible: Your plan has a \$0 deductible. This is the amount you pay for services before your plan starts to pay.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type A – Preventive and Diagnostic Services These are routine health services, like annual visits, screenings, and tests that can prevent illness or find conditions before they become serious.		
Base Coverage Level	EmblemHealth will pay 100% of the Preferred Fee Schedule for covered services when you see a Preferred Network dentist or specialist.	EmblemHealth reimburses you according to the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount.
Examinations – 2 periodic exams per each person on the plan per calendar year. 1 comprehensive examination per dentist, per lifetime.	Covered You don’t have to pay for these covered services.*	You may have to pay for some of your bill. See above for details.
Prophylaxes (Cleanings) – 2 per person on the plan per calendar year.		
X-Rays – 4 bitewing x-rays per person on the plan per calendar year. <ul style="list-style-type: none"> • 1 full-mouth series of x-rays or 1 panoramic film per person on the plan once every 3 years. 		
Fluoride Treatments – 1 per person per child on the plan per calendar year. Coverage provided until the end of the year the child turns 19.		
Space Maintainers – 1 per child on the plan, per lifetime. Coverage provided until the end of the calendar year the child turns 19.		
Mouth Guards – 1 per child on the plan, per lifetime. Coverage provided until the end of the calendar year the child turns 19.		

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type B – Basic Services		
Base Coverage Level	EmblemHealth will pay 100% of the Preferred Fee Schedule for covered services when you see a Preferred Network dentist or specialist.	EmblemHealth reimburses you according to the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount.
Simple Extractions	<p>Covered</p> <p>You don't have to pay for these covered services.*</p> <p>You may have to pay for some of your bill. See above for details.</p>	
Basic Restorations (Fillings) <ul style="list-style-type: none"> Posterior composite fillings on molars are reimbursed at the fee paid for amalgam (metal) fillings. If you or someone on your plan chooses composite restorations on molars, you are responsible for the difference between what EmblemHealth pays and what your dentist charges. Discuss these additional fees with your dentist when reviewing the treatment and payment plans. 		
Endodontics (Root canal therapy) <ul style="list-style-type: none"> Pulpotomy covered once per tooth, per lifetime. Not covered if root canal is done on same tooth by same dentist within 3 months of the pulpotomy. 		
Periodontics (Treatment of diseases of the gum and jaw) <ul style="list-style-type: none"> 5 periodontal treatments per person on the plan per calendar year. 1 type of periodontal surgery and/or 1 graft per quadrant. 		
Oral Surgery (Surgical removal of an erupted tooth) <ul style="list-style-type: none"> Your plan will pay for x-rays taken for surgery, local anesthesia, and post-operative care. Your plan will pay for surgery on fractured jaws, impactions, lesions in and around the mouth, and reimplantations. 		
Anesthesia & IV Sedation <ul style="list-style-type: none"> Your plan will pay for general anesthesia and IV sedation for covered services. Charges for local anesthesia are included in the allowance for the dental procedure. No separate allowance for local anesthesia. Analgesia and monitoring devices will not be paid for by your plan. 		
Palliative Services (Relief of pain) <ul style="list-style-type: none"> 1 service per person on the plan per calendar year. This is for emergencies only. 		
Repair of Appliances <ul style="list-style-type: none"> Replacement of broken teeth or clasps. Recementation of inlays, crowns, bridges, and space maintainers. Replacement of broken facings. 		
Tests and Laboratory Exams <ul style="list-style-type: none"> Biopsy and examination of oral tissue. 		

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type C – Major Services		
Base Coverage Level	EmblemHealth will pay 100% of the Preferred Fee Schedule for covered services when you see a Preferred Network dentist or specialist.	EmblemHealth reimburses you according to the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount.
Fixed and Removable Prosthetics <ul style="list-style-type: none"> Both immediate and permanent dentures (full or partial), repair, and crowns over implants. Major Restoration <ul style="list-style-type: none"> Includes crowns, related post and core procedures, and inlays. Your plan will pay for replacement or substitution of appliances only after 5 years have passed since appliance was inserted. EmblemHealth reimburses crowns, single abutment crowns, and pontics other than porcelain fused to base metal at the allowance for predominantly base metal. If you or someone on your plan chooses crowns other than porcelain fused to base metal, you will be responsible for the differences between what EmblemHealth pays and what your dentist charges. Discuss these additional fees with your dentist when reviewing the treatment and payment plans. Your plan will pay for crowns or pontics for attachment or clasp purposes only if tooth cannot be restored by fillings. When a fixed bridge and partial denture are inserted in the same arch, your plan will only pay for the partial denture unless 5 years have passed since prior insertion of the fixed bridge or partial denture. No separate allowance for temporary service or appliance. Your plan will pay for posts only if there is evidence of root canal on the tooth. Charges for cementation of crown/inlay are included in allowance for the crown/inlay. 	Covered You don't have to pay for these covered services.*	You may have to pay for some of your bill. See above for details.
Type D – Orthodontics		
Orthodontic Base Coverage Level <ul style="list-style-type: none"> This benefit is available until the end of the year your child turns 23. This does not include charges for missed appointments or additional cosmetic banding options. You will be responsible for these charges. 	EmblemHealth will issue an initial payment to the Preferred Network orthodontist upon receipt of a claim confirming the initiation of comprehensive orthodontic treatment. The balance of the available orthodontia benefit due will be issued in subsequent monthly payments.	EmblemHealth reimburses you according to the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount.

NOTE: This is not a complete benefit comparison or a contract and should only be viewed as a brief summary to assist you in understanding this EmblemHealth benefit program. A detailed benefits description, including limitations and exclusions, is contained within the Certificate of Insurance. The terms, conditions, limits, and exclusions shown in the Certificate of Insurance shall govern.

*Out-of-pocket cost (in-network): Dentists in the EmblemHealth network may offer upgraded services or materials that are not covered. You may be responsible for some or all of these costs. In cases where an alternate benefit is applied, you may be responsible for the difference between the fee the dentist submits to us and how much we will cover. You and your dentist must agree in advance to Treatment Plans and payment methods for upgraded materials not covered by your plan.

Group Health Incorporated (GHI), Health Insurance Plan of Greater 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.

Dental plan described is underwritten by GHI, an EmblemHealth company. Refer to GHI Policy Forms PLD-1104-C and PLD-1103-C.