

## Participating Dentists and Participating Specialists

### If you use a participating dentist

Many dentists have agreed to be participating dentists in Emblem Health's Preferred Dental Plan. A participating dentist is either a dentist in general practice or a specialist who has agreed to accept Emblem Health's Preferred Dental Schedule of Allowances as payment-in-full for covered services, up to annual maximum of \$1,200.

You must advise the dentist of your Emblem Health coverage and confirm that he or she is currently a participating dentist in the Emblem Health Preferred Dental Plan before services are rendered. Emblem Health reimburses participating dentists and specialists directly for covered services which means you do not have to submit any claim forms. For information regarding the Emblem Health Preferred Dental Plan and to obtain the names of participating dentists in your area, refer to the Directory of Participating Dentists at [emblemhealth.com](http://emblemhealth.com) or call 1-800-624-2414.

## Non-Participating Dentists

### If you use a non-participating dentist

A non-participating dentist has no agreement with Emblem Health to limit fees. You must pay the non-participating dentist directly and then file a claim with Emblem Health. Emblem Health will then reimburse you based upon a schedule of allowances. You are responsible for any difference between the Emblem Health payment for services rendered by the non-participating dentist and the dentist's charge. Emblem Health may change the allowances periodically without prior notice to you.

## Preferred Dental Plan Benefits

### Covered Services, Limitations and Exclusions

You are covered for the following dental services, subject to the limitations and exclusions in the plan contract:

#### Preventive and Diagnostic Services

- Examinations
- Cleanings
- X-rays
- Fluoride treatments or fluoride varnish (only for dependent children to the end of the year in which they reach age 19)
- Space maintainers and mouth guards (only for dependent children to the end of the year in which they reach age 19)
- Emergency dental services

## Limited Basic Services

- Extractions
- Repair of dentures
- Consultations

## Full Basic Services

- Root canal therapy
- Periodontic treatment and periodontic surgery
- Oral surgery:
  - difficult extractions
  - removal of impacted teeth

## Prosthetics

- Full dentures
- Partial dentures
- Fixed bridges
- Crowns
- Inlays

## Orthodontics

The following limitations apply to coverage for Orthodontic treatment:

- Orthodontic Services are available only to dependent children **under 19 years of age**.
- Emblem Health will not pay Orthodontic benefits unless the teeth are seriously abnormal. The teeth must also be correctable.
- You must have your dentist request a pre-determination of benefits from Emblem Health before Orthodontic treatment is started.
- All Orthodontic Services will be considered initiated upon the insertion date of the appliance. This is important in determining work in progress at the start or end of your coverage.
- Each month of active treatment before the start of your coverage reduces the maximum number of months for which Emblem Health will pay.
- Emblem Health will not pay for any appliance that was installed during a period when you were not covered.
- The maximum lifetime Orthodontic benefit per covered dependent is \$2,000 for Preferred Dental Plan participating providers.
- The maximum lifetime Orthodontic benefit per covered dependent is \$1,275 for non-participating providers.
- If Orthodontics were completed under any other dental plan, Emblem Health will not pay additional benefits under this plan.

## Annual Maximum Amount

Emblem Health will pay no more than \$1,200 in benefits, per person, per calendar year for covered dental services.

## **Predetermination of Benefits**

To promote cost-effective care, Emblem Health has developed a Predetermination of Benefits procedure for services received from a participating provider or a non-participating provider. A Predetermination of Benefits is recommended for any non-emergency dental surgery, prosthetic or orthodontic procedure. A treatment plan describing the proposed course of treatment and the estimated costs should be submitted to Emblem Health *before the course of treatment begins*.

Treatment plans should be sent to Emblem Health at:  
Emblem Health Dental Professional Review  
PO Box 2838  
New York, NY 10116-2838

Emblem Health will notify the dentist and the subscriber of the estimated benefits payable, based upon the course of treatment to be rendered. In determining the amount of benefits payable, consideration will be given to alternate procedures, services, or courses of treatment that may be performed for the dental condition in order to accomplish a satisfactory result.

If a description of the procedures to be performed and an estimate of the dentist's charges are not submitted in advance, Emblem Health reserves the right to make a determination of benefits payable taking into account alternate procedures, services, or courses of treatment, based on accepted standards of dental practice. To the extent that verification of covered dental expenses cannot reasonably be made by Emblem Health, the benefits for the course of treatment may be a lesser amount than otherwise payable.

## **Dental Services Not Covered**

Payment will not be made for:

- Services and appliances not required by accepted standards of dental practice
- Services for which the patient incurs no charge
- Dental surgery or treatment performed solely for the purpose of improving the patient's appearance (cosmetic dentistry)
- Treatment available without cost under laws enacted by any State legislature or the Congress of the United States (such as Workers' Compensation, Veterans Administration, etc.)
- Service from the dental or medical department of an employer, mutual benefit association, labor union, trustee, or similar person or group

- Sealants, crowns, or other appliances made in order to stabilize or strengthen loose teeth after gum treatment or crown for any purpose other than those noted in the outline of benefits
- Replacement of any lost appliances within five years of insertion under an Emblem Health dental plan
- Orthodontics for temporomandibular joint problems
- Services rendered for any injury or condition due to war or any act of war, whether declared or undeclared
- Implants

Even though a dentist may change a fee for gloves, masks, and other items and services required to comply with Federal and State environmental laws and regulations, your Emblem Health Preferred Plan does not cover such items or services.

When a more costly material or service is submitted for a less costly material or service having the same function, the Plan will pay the allowance for the less costly item.

When a prophylaxis and a gum treatment are both performed on the same day, only the gum treatment is a covered benefit.

## **Filing a Claim**

For covered services rendered by non-participating dentist, a claim must be filed for you to receive reimbursement. This section explains the steps you must complete in filing a claim with Emblem Health.

When you receive care from a participating dentist, however, the dentist bills Emblem Health directly and receives payment from Emblem Health. Therefore, when you use a participating dentist, you do not have to file a claim.

## **Proof of Claim**

Emblem Health reserves the right to accept or to require verification of any alleged fact or assertion pertaining to any claim for dental expense benefits. As a part of the basis for determining benefits payable, Emblem Health may require submission of X-rays and other appropriate diagnostic and evaluative materials. When these materials are unavailable, and to the extent that verification of covered expenses cannot reasonably be made to Emblem Health, based on the information available, benefits for the course of treatment will be determined by Emblem Health and may be for a lesser amount than otherwise payable.