



EmblemHealth[®]
WHAT CARE FEELS LIKE.

PREFERRED DENTAL BENEFITS PLAN

Erie County Medical Center

For the most up-to-date listings of participating dentists, visit www.emblemhealth.com, click on "Find a Doctor" and select the "Preferred" Network option.

Your EmblemHealth Preferred Dental Plan provides for a high level of coverage through EmblemHealth’s network of over 8,000 Preferred dentists and specialists in New York and New Jersey.

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. You decide the participating provider at the time you receive care. All benefits shown below are on a per person basis.

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

Dependent Coverage: Children to age 19 (end of calendar year).

Predetermination of Benefits: This is a process by which EmblemHealth reviews and estimates benefits before services are rendered. It helps you to know in advance the services and materials EmblemHealth will cover or the benefits EmblemHealth will provide. It is available upon request for certain services. It is not available for Type A or basic restorative services. To obtain a Predetermination of Benefits, submit a Treatment Plan to EmblemHealth before receiving oral surgery, prosthetics or appliances. EmblemHealth will review the Treatment Plan and inform you and your provider of the results. Actual benefits may vary based upon new information received by EmblemHealth after it has issued the Predetermination of Benefits. If the services actually rendered are not the services set forth in the proposed treatment plan, then this Predetermination of Benefits shall be void.

Dental Services Not Covered: In addition to exclusions noted above, this Plan provides no coverage for: Cosmetic surgery and treatment unless involving reconstructive surgery incidental to trauma, infection, or disease of the involved part; prescription drugs and medications; services and appliances for the treatment of temporomandibular joint (TMJ) dysfunction; behavioral management; implants; transplantations; and other services not listed as covered. You are not covered for services that do not conform to accepted standards of dental practice.

Annual Maximum: (applies to Types A, B and C only): \$1,200 per person

Lifetime Orthodontic Maximum (applies to Type D only): \$1,998 in-network; \$1,275 out-of-network

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type A – Preventive and Diagnostic Services		
Base Coverage Level	Provider is paid 100% of the Preferred Schedule of Allowances.	EmblemHealth reimburses you up to 100% of the Spectrum Plus fee schedule. You are responsible for any dental charges that exceed this payment.
Examinations – 2 per person per calendar year. 1 initial comprehensive examination per dentist, per lifetime.	Covered The patient has no out-of-pocket expenses for the covered service rendered.	Base Coverage Level as described above.
Prophylaxes (Cleanings) – 2 per person per calendar year.		
X-Rays – 4 bitewing x-rays per person per calendar year. – 1 full-mouth series of x-rays or 1 panoramic film per person once every 3 years.		
Fluoride Treatments – 1 per person per calendar year to age 19 (end of calendar year child reaches age 19).		
Space Maintainers – 1 per dependent child, per lifetime. Coverage provided until end of calendar year child reaches age 19.		
Mouth Guards – 1 per dependent child, per lifetime. Coverage provided until end of calendar year child reaches age 19.		

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.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type B – Basic Services		
Base Coverage Level	Provider is paid 100% of the Preferred Schedule of Allowances.	EmblemHealth reimburses you up to 100% of the Spectrum Plus fee schedule. You are responsible for any dental charges that exceed this payment.
Simple Extractions	Covered The patient has no out-of-pocket expenses for the covered services rendered.	Base Coverage Level as described above.
Basic Restorations (Fillings) <ul style="list-style-type: none"> – Posterior composite fillings on molars are reimbursed at the amalgam fee. Patients who elect composite restorations on molars are responsible for the differences between the EmblemHealth payments and the dentists’ normal submitted fees for the services rendered. Patients should discuss these additional fees with dentists when reviewing the treatment plan and financial arrangements. 		
Endodontics (Root canal therapy) <ul style="list-style-type: none"> – Pulpotomy covered once per tooth, per lifetime. Not covered if root canal done on same tooth by same provider 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 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"> – Charges for x-rays taken solely for surgery, local anesthesia, and post-operative care included in allowance for oral surgery. – Coverage includes surgery on fractured jaws, impactions, lesions in and around the mouth, and reimplantations. 		
Anesthesia & IV Sedation – Covered 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 not covered.		
Palliative Services (Relief of pain) <ul style="list-style-type: none"> – 1 service per person per calendar year, 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 – Biopsy and examination of oral tissue.		

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type C – Major Services		
<p>Base Coverage Level</p>	<p>Provider is paid 100% of the Preferred Schedule of Allowances.</p>	<p>EmblemHealth reimburses you up to 100% of the Spectrum Plus fee schedule. You are responsible for any dental charges that exceed this payment.</p>
<p>Fixed and Removable Prosthetics – Both immediate and permanent dentures, full or partial, repair, and crowns over implants.</p> <p>Major Restoration – Includes crowns, related post and core procedures and inlays.</p> <ul style="list-style-type: none"> – Replacement or substitution of appliances covered 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. Patients who elect crowns other than porcelain fused to base metal are responsible for the differences between the EmblemHealth payments and the dentists’ normal submitted fees for the services rendered. Patients should discuss these additional fees with dentists when reviewing the treatment plan and financial arrangements. – Coverage provided 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, only the partial denture is covered unless 5 years have passed since prior insertion of the fixed bridge or partial denture. – No separate allowance for temporary service or appliance. – Posts covered 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. – Crowns over implants are reimbursed based upon the allowance for a single crown, porcelain fused to predominantly base metal. The patient is responsible for the difference between the dentist’s normal submitted fee and the EmblemHealth payment amount. 	<p style="text-align: center;">Covered</p> <p style="text-align: center;">The patient has no out-of-pocket expenses for the covered service rendered..</p>	<p style="text-align: center;">Base Coverage Level as described above.</p>
Type D – Orthodontics		
<p>Orthodontic Base Coverage Level</p> <p>Available for covered dependent children to age 19 (end of calendar year).</p> <p>EmblemHealth’s orthodontia allowance does not include charges for missed appointments or additional cosmetic banding options. Charges for these items are the responsibility of the patient and can reflect the provider’s standard charges.</p>	<p>EmblemHealth will issue an initial payment to the participating dentist 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 quarterly payments.</p>	<p>EmblemHealth reimburses you up to 100% of the Spectrum Plus fee schedule. You are responsible for any dental charges that exceed this payment.</p>

Refer to Policy Forms PLD-1104-C and PLD-1103-C

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