



DENTAL PLAN COMPARISON CHART

FOR ECMC AND TERRACE VIEW

| | EMBLEM HEALTH STANDARD | EMBLEM HEALTH BUY-UP OPTION |
|--|-----------------------------|--------------------------------|
| IN - NETWORK | | |
| Preventive Services | 100% | 100% |
| Basic Services | 100% | 100% |
| Major Services | 100% | 100% |
| Child Ortho Services | 100% | 100% |
| OUT- OF- NETWORK | | |
| <ul style="list-style-type: none">• Out-of-network (OON) Provider can balance bill the member for the difference between the Fee Schedule and their Fee.• Emblem Health reimburses you up to 100% of the Spectrum Plus fee schedule. You are responsible for any dental charges that exceed this payment. | | |
| Preventive Services | 100% | 100% |
| Basic Services | 100% | 100% |
| Major Services | 100% | 100% |
| Child Ortho Services | 100% | 100% |
| ADDITIONAL BENEFIT DETAILS | | |
| Annual Maximum Services | \$1,200 | \$2,500 |
| Ortho Lifetime Maximum | IN-\$1,998/ OON: \$1.275 | IN-\$1,998/ OON: \$1,998 |
| Deductible | NONE | NONE |
| Out-of -Network R&C/ UR | Spectrum Fee Schedule | Preferred Fee Schedule |
| ADDITIONAL INFORMATION | | |
| Waiting Periods | NONE | NONE |
| Dependent Age Limits | To Age 19 | 23/23 |



This analysis is for comparison purposes only.
Please refer to benefit plan specifics.