



**EmblemHealth**<sup>®</sup>

# PREFERRED DENTAL BENEFITS PLAN

NYSCOPBA Retiree Basic and Enhanced Plans

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

This dental plan gives you quality coverage with access to over 10,000 dentists and specialists in New York and New Jersey. You can also choose dentists nationally from EmblemHealth's partnership with Careington.

**Dependent Coverage:** With this dental plan, you can cover your children until the end of the year they turn 26. Children can be covered for orthodontic services until the end of the month they turn 19 (Orthodontic coverage is only offered under the Enhanced Plan).

**Predetermination of Benefits:** EmblemHealth can let you know, before you go to the dentist, what dental services and materials will be paid for before you go to your dentist. 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 tell you and your dentist what is covered. Please note: If you are receiving any Type A or basic restorative services (shown in the table below), you do not need to get a Predetermination of Benefits.

**Dental Services Not Covered:**

- Cosmetic surgery and treatment unless it is reconstructive surgery caused by trauma, infection, or disease of the involved part.
- Prescription drugs and medicines.
- Services and appliances for the treatment of temporomandibular joint (TMJ) dysfunction.
- Transplantations

Major and Orthodontic services are not covered under the Basic Plan. Major and Orthodontic coverage is offered ONLY under the Enhanced Plan.

**Basic Plan**

**Annual Maximum:** \$1,500

This is the maximum dollar amount your dental plan will pay toward the cost of dental care during your benefit period. You are personally responsible for paying costs above the annual maximum.

**Enhanced Plan**

**Annual Deductible:** \$25 per individual, \$75 family Type B and C services only. This is the amount you pay each year before your plan begins to pay.

**Annual Maximum:** \$2,000

This is the maximum dollar amount your dental plan will pay toward the cost of dental care during your benefit period. You are personally responsible for paying costs above the annual maximum.

**Lifetime Orthodontic Maximum:** \$1,000

This is the maximum dollar amount your dental plan will pay toward the cost of Orthodontic dental care until the end of the month your child turns 19. You are personally responsible for paying costs above the lifetime maximum.

**BASIC PLAN**

**ENHANCED PLAN**

BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Type A – Preventive and Diagnostic Services</b>				
<b>Base Coverage Level</b>	EmblemHealth will pay 100% of the bill when you see a Preferred Dentist or Specialist.	Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.	EmblemHealth will pay 100% of the bill when you see a Preferred Dentist or Specialist.	Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.
<b>Examinations</b> – 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 services.	Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.	Covered  You don't have to pay for these services.	Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.
<b>Prophylaxes (Cleanings)</b> – 2 per person per calendar year				
<b>X-Rays</b> – 4 bitewing x-rays per person on the plan per calendar year. • 1 full-mouth series of x-rays or 1 panoramic film per person on the plan once every 3 years.				
<b>Fluoride Treatments</b> – 1 per person on the plan per calendar year. Coverage provided until the end of the calendar year the child turns 19.				
<b>Space Maintainers</b> – 1 per each child on the plan per lifetime. Coverage provided until the end of calendar year the child turns 19.				
<b>Athletic Mouth Guards</b> – 1 per each child on the plan, per lifetime. Coverage provided until end of the calendar year the child turns 19.				

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*NOTE: This is not a complete benefit comparison or a contract and should only be viewed as a brief summary to help you understand 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. Additional In-Network Cost: You may need to pay additional costs for the use of upgraded materials. If a different benefit is used, you are responsible for the difference between the fee your dentist sends to EmblemHealth and the amount that EmblemHealth pays. You and your network dentist must agree in advance to treatment plans and payment methods for non-covered services.*

## BASIC PLAN

## ENHANCED PLAN

BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Type B – Basic Services</b>				
<b>Base Coverage Level</b>	EmblemHealth will pay 80% of the agreed-upon dollar amount when you see a Preferred Dentist or Specialist. You are responsible for the rest of the bill.	Your plan has agreed to pay 80% of the agreed-upon dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.	EmblemHealth will pay 100% of the bill when you see a Preferred Dentist or Specialist.	Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.
<b>Simple Extractions</b>	Covered  You are responsible for 20% of the agreed-upon dollar amount for these services.	Your plan has agreed to pay 80% of the bill for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.	Covered  You do not have to pay for these services.	Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.
<b>Basic Restorations (Fillings)</b> • 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.				
<b>Endodontics (Root canal therapy)</b> • Pulpotomy covered once per tooth, per lifetime. Not covered if root canal done on same tooth by same dentist within 3 months of the pulpotomy.				
<b>Periodontics (Treatment of diseases of the gum and jaw)</b> • 5 periodontal treatments per person on the plan per calendar year. • 1 type of periodontal surgery and/or 1 graft per quadrant.				
<b>Oral Surgery (Surgical removal of an erupted tooth)</b> • 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. • Some types of oral surgery may be covered under your medical plan, not this dental plan.				
<b>Anesthesia &amp; IV Sedation</b> – 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.				
<b>Palliative Services (Relief of pain)</b> • 1 service per person on the plan, per calendar year. This is for emergencies only.				
<b>Repair of Appliances</b> • Replacement of broken teeth or clasps, recementation of inlays, crowns, bridges and space maintainers. Replacement of broken facings.				
<b>Tests and Laboratory Exams</b> – Biopsy and examination of oral tissue.				

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## BASIC PLAN

## ENHANCED PLAN

BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Type C – Major Services</b>				
<b>Base Coverage Level</b>	Not Covered	Not Covered	<b>EmblemHealth will pay 100% of the bill when you see a Preferred Dentist or Specialist.</b>	<b>Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.</b>
<p><b>Fixed and Removable Prosthetics</b> – Both temporary and permanent dentures, full or partial, repair, and crowns over implants.</p> <p><b>Major Restoration</b> – Includes crowns, related post and core procedures and inlays.</p> <ul style="list-style-type: none"> <li>Your plan will pay for replacement or substitution of appliances only after 5 years have passed since appliance was inserted.</li> <li>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.</li> <li>Your plan will pay for crowns or pontics for attachment or clasp purposes only if tooth cannot be restored by fillings.</li> <li>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.</li> <li>No separate allowance for temporary service or appliance.</li> <li>Your plan will pay for posts only if there is evidence of root canal on the tooth.</li> <li>Charges for cementation of crown/inlay are included in allowance for the crown/inlay.</li> <li>Crowns over implants are paid based upon the allowance for a single crown, porcelain fused to predominantly base metal. You are responsible for the difference between the amount the dentist charges EmblemHealth and the amount EmblemHealth pays the dentist.</li> </ul>	Not Covered	Not Covered	<p style="text-align: center;">Covered</p> <p>You don't have to pay for these services.</p>	<b>Your plan has agreed to pay a set dollar amount for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon dollar amount.</b>
<b>Type D – Orthodontics</b>				
<p><b>Orthodontic Base Coverage Level</b></p> <p>This benefit is available until the end of the month your child turns 19. This does not include charges for missed appointments or additional cosmetic banding options. You will be responsible for these charges.</p>	Not Covered	Not Covered	<p>EmblemHealth will pay 50% of the agreed-upon dollar amount (up to the max benefit of \$1,000) when you see a Preferred Dentist or Specialist. You are responsible for the rest of the bill.</p>	<b>Your plan has agreed to pay 50% of the agreed dollar amount (up to the max benefit of \$1,000) for these services. This is the most amount of money your plan will pay. You are personally responsible to pay for any costs that are more than the plan's agreed-upon amount.</b>

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

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.