



Preferred Dental Benefits Plan

CWA Local 1180 Retirees



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

EmblemHealth Preferred Dental Plan

This dental plan gives you quality coverage with access to over 8,500 dentists and specialists in New York and New Jersey. You can choose a network dentist or specialist for services covered under your plan. You don't have to pick a specific primary care dentist.

Dependent Coverage: With this dental plan, you can cover your children until the end of the year they turn 21. Children can be covered for orthodontic services until the end of the year they turn 19.

Predetermination of Benefits: EmblemHealth can let you know, before you go to the dentist, how much we will pay for certain services and materials. 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 let you and your dentist know what is covered. **Please note:** A Predetermination of Benefits is not required.

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.

Annual Maximum: Your plan has a \$2,000 annual maximum per person. This is the most your dental plan will pay toward the cost of dental care during your benefit period. You are responsible for paying costs above the annual maximum.

Lifetime Orthodontic Maximum: 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. Your child must have 20 months of active treatment to qualify.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type A – Preventive and Diagnostic Services		
Base Coverage Level	EmblemHealth will pay 100% of the set dollar amount for covered services when you see a preferred dentist or specialist.	EmblemHealth will pay 100% of the set dollar amount for covered services. This is the dollar amount your plan has agreed to pay for covered services. You are responsible for paying any costs that are more than the plan's agreed-upon 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. • 1 full-mouth series of x-rays or 1 panoramic film per person on the plan once every 3 years.		
Fluoride Treatments – 1 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. Coverage provided until the end of the year the child turns 19.		
Athletic Mouth Guards – 1 per child on the plan. Coverage provided until the end of the year the child turns 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.

Out-of-pocket cost (in-network): Dentists in the EmblemHealth network may offer upgraded services or materials. 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.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type B – Basic Services		
Base Coverage Level	EmblemHealth will pay 100% of the set dollar amount for covered services when you see a preferred dentist or specialist.	EmblemHealth will pay 80% of the set dollar amount for covered services. This is the dollar amount your plan has agreed to pay for covered services. You are personally responsible to pay for any costs that are more than the plan's agreed-upon amount.
Simple Extractions	<p style="text-align: center;">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. Some types of oral surgery may be covered under your medical plan, but not this dental plan. 		
Anesthesia & IV Sedation – 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 – Biopsy and examination of oral tissue.		

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Type C – Major Services		
<p>Base Coverage Level</p>	<p>EmblemHealth will pay 100% of the set dollar amount for covered services when you see a preferred dentist or specialist.</p>	<p>EmblemHealth will pay 80% of the set dollar amount for covered services. This is the dollar amount your plan has agreed to pay for covered services. You are personally responsible to pay for any costs that are more than the plan's agreed-upon amount.</p>
<p>Fixed and Removable Prosthetics – Temporary services are not covered. 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"> 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. 	<p style="text-align: center;">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>
Type D – Orthodontics		
<p>Orthodontic Base Coverage Level</p> <p>This benefit is available until the end of the month your child turns 19. Your child must have 20 continuous months of treatment to qualify. This does not include charges for missed appointments or additional cosmetic banding options. You will be responsible for these charges.</p>	<p>EmblemHealth will pay 100% of the agreed-upon dollar amount when you see a preferred dentist or specialist.</p>	<p>EmblemHealth has agreed to pay 50% 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 amount.</p>

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

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