

Dental:

DENTAL (PREFERRED)

Dental Benefits Utilization

See the dental services that you have used this year and service history by tooth

Limitations and Usage

Tooth History

- **Medical/Hospital**
 - **Dental**
- **Specialty Services**

Benefit Summary

EmblemHealth Category Code:	8A9
In Network Plan:	PREFERRED
Sealants:	Not Covered
Dependent Coverage Age:	19 End of Year
Dependent Full-Time Student Coverage to Age:	22 End of Month

[Please click here to view Limitations and Usage](#)

[Please click here to view Tooth History](#)

	In Network	Out of Network
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Preventive/Diagnostic

Plan Coinsurance	100%	100%
Deductible - Individual	\$0.00	\$0.00
Deductible - Family	\$0.00	\$0.00
Annual Maximum	\$3,000.00	\$3,000.00
Remarks	Combined Maximum for Preventive, Basic and Major.	

Basic

Plan Coinsurance	100%	100%
Deductible - Individual	\$0.00	\$0.00
Deductible - Family	\$0.00	\$0.00
Annual Maximum	\$3,000.00	\$3,000.00
Remarks	Combined Maximum for Basic, Preventive	

and Major.

Major

Plan Coinsurance	50%	50%
Deductible - Individual	\$0.00	\$0.00
Deductible - Family	\$0.00	\$0.00
Annual Maximum	\$3,000.00	\$3,000.00
Remarks	Combined Maximum for Major, Preventive and Basic.	

Orthodontics

Plan Coinsurance	Not Covered	Not Covered
Deductible - Individual	Not Covered	Not Covered
Deductible - Family	Not Covered	Not Covered
Lifetime Maximum	Not Covered	Not Covered

The benefits described here are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the applicable insurance contract and certificate will govern. Benefits and rates are subject to change.

