



Premium and Standard Dental Option Benefits

For CWA Local 1180 Retirees — Effective Jan. 1, 2022

Dental care is an important part of your overall health. We're happy to offer you high-quality, preferred dental care with CWA Local 1180.

As a member of EmblemHealth's Premium or Standard Option plans, you will:

- Have access to over 8,500 providers in New York and New Jersey, plus access to a national network for coast-to-coast coverage.
- Be covered for preventive services like cleanings, x-rays, and exams.
- Be covered for basic and major dental services. Basic services include fillings and root canals; major services include restorations and prosthetics.
- Be able to choose a network dentist or specialist for services covered under your plan without a referral.

Here are some important things to know about your benefits:

- Children are eligible up to age 26.
- Both plans have a \$2,000 annual maximum per covered family member. This is the most your dental plan will pay toward the cost of dental care during your plan year. You are responsible for paying costs above the annual maximum. The annual maximum and maximum rollover feature do not apply to orthodontic services.
- The Premium Plan has a \$2,000 lifetime orthodontic maximum per covered family member. This is the maximum dollar amount your dental plan will pay toward the cost of orthodontic dental care. Orthodontic benefits are available until the end of the month your covered child turns 19. Adult orthodontia is not covered. Orthodontia is not covered under the Standard Plan.
- Some services, like prescription drugs, certain surgeries, and dental implants, are not covered by these plans.

Rates

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What You'll Pay

Here is a breakdown of some of the costs for each plan:

	Premium Option	Standard Option
Premium (the amount you pay for your insurance every month)	\$29.76	\$0
Deductible (the amount you pay for services before your plan starts to pay)	\$0	\$75 covered family member \$225 family

Our Offerings	Premium Option		Standard Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive & Diagnostic Dental Services – exams, cleanings, x-rays, fluoride treatments, and more.	EmblemHealth pays 100% of the Preferred Fee Schedule for covered services with a Preferred Network dentist or specialist. Services are covered.*	EmblemHealth reimburses 100% of the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount that an out-of-network provider may bill for.	EmblemHealth pays 100% of the Preferred Fee Schedule for covered services with a Preferred Network dentist or specialist. Services are covered.*	EmblemHealth reimburses 100% of the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount that an out-of-network provider may bill for.
Basic Dental Services – fillings, root canals, surgery, and more.	EmblemHealth pays 100% of the Preferred Fee Schedule for covered services with a Preferred Network dentist or specialist. You are responsible for additional costs on any upgraded material. \$0 deductible. Services are covered.*	EmblemHealth reimburses 80% of the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount that an out-of-network provider may bill for. \$0 deductible.	After you meet the deductible, EmblemHealth pays 50% of the Preferred Fee Schedule for covered services with a Preferred Network dentist or specialist. You pay 50% of the cost of covered services after the \$75 per covered family member, or \$225 per family deductible. You are responsible for additional costs on any upgraded material. Services are covered.*	After you meet the deductible, EmblemHealth reimburses 50% of the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount that an out-of-network provider may bill for. \$75 covered family member, or \$225 family deductible applies.
Major Dental Services – fixed and removable prosthetics and major restorations.				
Orthodontics: Available to your covered children. Adult orthodontia is not covered. EmblemHealth covers up to 20 months of treatment. Beyond that, you are responsible to pay the full cost of services and must pay for any charges for missed appointments or additional cosmetic banding options.	EmblemHealth issues an initial payment of 100% for covered services to the Preferred Network orthodontist 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 monthly or quarterly payments.	EmblemHealth reimburses 50% of the Preferred Fee Schedule. You are responsible for paying any costs that are more than this amount that an out-of-network provider may bill for.	NOT COVERED	

*Dentists in the EmblemHealth network may offer upgraded services or materials that are not covered. You may be responsible for some or all such 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.

Note: This is not a complete benefit comparison or a contract and should only be viewed as a summary to assist you in understanding this EmblemHealth dental 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. Dental plan described is underwritten by EmblemHealth Plan, Inc. Refer to policy form EHPI-PLD-1104, et al.

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