

Dental:

PPO 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

- **Dental**

Benefit Summary

EmblemHealth Category Code:	95Z
In Network Plan:	PREFERRED
Sealants:	Covered
Dependent Coverage Age:	26 End of Month
Dependent Full-Time Student Coverage to Age:	26 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
Lifetime Maximum	N/A	N/A

Basic

Plan Coinsurance	100%	100%
Deductible - Individual	\$0.00	\$0.00
Deductible - Family	\$0.00	\$0.00
Lifetime Maximum	N/A	N/A

Major

Plan Coinsurance	100%	100%
Deductible - Individual	\$0.00	\$0.00
Deductible - Family	\$0.00	\$0.00
Lifetime Maximum	N/A	N/A

Orthodontics

Plan Coinsurance	100%	100%
Deductible - Individual	\$0.00	\$0.00
Deductible - Family	\$0.00	\$0.00
Lifetime Maximum	\$2,000.00	\$965.00

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.