



Making the Most of Your Dental Plan

Dental Benefits and Services for
Columbia University PhD - Dental Plan



Effective Date: August 15, 2023





Welcome to EmblemHealth

As an integral part of your community today, EmblemHealth stands committed to supporting Columbia University PhD Dental Plan with our comprehensive dental coverage and support.

Benefits that Make You Smile

Under our Preferred Provider Organization (PPO) plan, you may choose either a PPO participating dentist or any non-participating dentist. There are no referrals required!

The EmblemHealth Preferred Dental Program helps you stay healthy with no cost-sharing for in-network covered services! Our network provides access to over 12,700 General Dentists and Specialists throughout our area.

EmblemHealth's fully insured benefits include 100% paid in full in-network coverage for preventative dental services alongside many other benefits as detailed in our information provided on the following pages.



EmblemHealth: *Providing Quality Dental Coverage*

- Local experience and expertise
- Our union workers serving your union workers
- Expansive Dental Network
- Ability to see network dentists and specialists without a referral
- Nearly 60 years of Dental experience with more than 600,000 members



Benefit Details

- Paid in full 100% in-network coverage under the Preferred Network (Members may have out of pocket costs for enhanced services and/or upgraded materials).
- **Find a Dental provider near you:** Go to <https://www.emblemhealth.com> Find a Doctor and choose "Dental Preferred" under large group dental plans.
- **EmblemHealth Preferred Network Dental Plan:** This dental plan gives you quality coverage with access to over 12,700 dentists and specialists in New York and New Jersey area. You have the freedom to choose the preferred network dentist or specialist you use for services covered under your plan. You don't have to pick a specific primary care dentist and no referrals are required!
- **Dependent Coverage:** With this dental plan, you can cover your children to age 19 till the end of the calendar year.
- **Predetermination of Benefits:** EmblemHealth can let you know what dental services and materials will be paid for before you start treatment. You may 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. Predetermination of Benefits is not required, but it is strongly suggested.
- **Out-Of-Network Coverage:** You'll even receive payments for covered services performed by out-of-network dentists. If you choose to receive care from out-of-network dentists, just send the claim to us. We'll send you a check for the amount we cover. Note: Since we don't have a payment contract with out-of-network dentists, the amount we pay you may not be the full amount the dentist charged. We pay 100% of the Spectrum fee schedule. You will be responsible for the difference between what we pay and what the dentist charges.
- **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. Orthodontic Services.
- **Annual Maximum:** Unlimited





On the go and at your fingertips – once you're a member, download our mobile app at **myEmblemHealth**. You can check claims, review benefits, and access your electronic ID card – all from your phone.

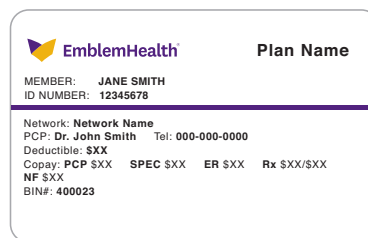
After You Join

Once you become an EmblemHealth member, you'll get everything you need to make the most of your dental benefits.

The Key to Your Dental Care: Your Member ID Card

Your personalized ID card will have your:

- EmblemHealth member ID number.
- Cost-sharing amounts (what you pay for services).
- Important phone numbers.



Your Member Portal at myEmblemHealth

Register on our website, emblemhealth.com, or download the myEmblemHealth app to view plan benefits, find dentists, request a new member ID card, and much more.

Go Paperless

Keep important information online in one secure place at the Documents Center at myEmblemHealth. Here, you'll have quick and easy access to:

- Explanations of Benefits (EOBs).
- Alerts on claims processing.
- Updated information about coverage and benefits.

Better care. Better value. Better outcomes. For everyone.

Columbia University PhD - Dental Plan
Effective Date: August 15, 2023
Dental Benefit Summary
Preferred Network
Dental Cost-Sharing

	In-Network	Out-of-Network
Annual Individual Deductible - Applies to Type B, C:	\$0	\$0
Combined Annual Family Maximum - Applies to Type B, C:	\$0	\$0
Coinsurance - Type A:	Plan Pays 100% / Member Pays 0%	Plan Pays 100% / Member Pays 0%
Coinsurance - Type B:	Plan Pays 100% / Member Pays 0%	Plan Pays 100% / Member Pays 0%
Coinsurance - Type C:	Plan Pays 100% / Member Pays 0%	Plan Pays 100% / Member Pays 0%
Annual Maximum - Includes Type A,B,C:	Unlimited	Subject to InN Annual Maximum
Dependent Student:	Age 19 end of year	
Dependent Child:	Age 19 end of year	
Orthodontic Services - Type D:	Not Covered	

Type A - Preventive and Diagnostic Services

	Benefit	In-Network	Out-of-Network
Prophylaxes	Two (2) scaling, cleaning and polishing treatments per member per calendar year.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only
Fluoride Treatments	One (1) fluoride treatments per covered child until age 19 end of year per calendar year.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only
Examinations	Two (2) routine examination per member per calendar year. One (1) initial comprehensive oral evaluation per dentist per member lifetime.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only
X-Rays	Four (4) bitewing x-rays per member per calendar year. One (1) full-mouth series of X-rays or one (1) panoramic film once every three (3) years.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only
Biopsy & Examination of Oral Tissue	Tests and laboratory exams.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only
Space Maintainers	One (1) space maintainer per lifetime per covered child up to age 19 end of year.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only
Sealants	One (1) sealant per covered tooth every three (3) calendar years per covered child age 6 until age 14 birthdate.	Not Subject to Deductible Type A Coinsurance Only	Not Subject to Deductible Type A Coinsurance Only

Type B - Basic Services

	Benefit	In-Network	Out-of-Network
Mouth Guards	One (1) mouth guard per lifetime per covered child up to age 19 end of year.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Palliative Services	One (1) emergency service for the relief of pain per member per calendar year.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Basic Restorations	Fillings covered every 6 months. Excludes temporary fillings.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Consultations	Visit will count toward Examinations benefit limit. Specialist visit not covered if performed within one (1) month of consultation.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Extractions	Routine removal of a tooth or teeth.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Repair of Prosthetic Appliances ¹	One (1) denture reline per denture every five (5) years. Rebase or repair of new dentures covered six (6) months from date of insertion. Repair of dentures includes: replacement of broken teeth or clasps, broken facings; recementation of inlays, crowns, bridges, space maintainers; repair of inlays, veneers.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Bedside Calls	Emergency only.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Endodontics (Non-Surgical)	One (1) pulpotomy per tooth per lifetime. Pulp capping is not covered.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Surgical Endodontics (Root Canal Therapy) ¹	Services are covered three (3) months after root canal therapy performed on same tooth by same dentist.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Anesthesia & IV Sedation/Analgesia	Covered in connection with a covered service.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance

Periodontal Surgery ¹	Five (5) treatments per calendar year. Repeated treatments covered three (3) years from date of service. Periodontal appliances are not covered.	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Periodontal Treatment (Non-Surgical)	Five (5) treatments of diseases of the gums and jaw, including two (2) periodontal maintenance procedure, per member per calendar year	Deductible & Type B Coinsurance	Deductible & Type B Coinsurance
Type C - Major Services			
	Benefit	In-Network	Out-of-Network
Oral Surgery ¹	Surgery for removal of erupted tooth, fractured jaws, impactions, and lesions are covered. Corrective jaw surgery and surgery relating to accidental injury is not covered.	Deductible & Type C Coinsurance	Deductible & Type C Coinsurance
Major Restorative Services ¹	Includes: crowns; inlays; prosthetic services; removable, complete and partial dentures; fixed bridges; crowns or inlays used as abutments. Replacements covered after five (5) years from appliance date of service.	Deductible & Type C Coinsurance	Deductible & Type C Coinsurance
Fixed & Removable Prosthodontics ¹	Includes: permanent dentures, fixed bridgework and removable partial dentures, posts if evidence of root canal therapy on the tooth, pins once every six (6) months. Replacements covered after five (5) years from date of service. Insertion of fixed bridge and partial denture in same arch covered after five (5) years from date of service. Adjustment of appliances is covered after one (1) year of insertion.	Deductible & Type C Coinsurance	Deductible & Type C Coinsurance

1 - You may obtain a Predetermination of Benefits, refer to Article Five in your Certificate of Insurance

Out-of-network services reimbursed using Spectrum fee schedule.

Underwritten by EmblemHealth Plan, Inc. Refer to policy form PLD-1104-D, et al. This summary provides highlights of coverage only. Coverage is subject to all terms, conditions, limitation and exclusions set forth in the Certificate of Insurance.



ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-877-411-3625 (TTY/TDD: 711) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): **711**).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.