



Your Preferred Dental Plan

Inside you'll find helpful information, a summary of benefits, and tools and resources to make the most of your coverage.

Dental Benefits and Services for
Columbia University PhD -Dental Plan



Welcome to EmblemHealth!

EmblemHealth has been in New York delivering great value and access to care for more than 80 years. Today, we're one of America's largest nonprofit health insurance companies and our dental plans have more than 600,000 members. Throughout our many years of service and all the changes in the industry, our mission has remained the same: to help our members stay healthy and live better.

Take a Look Inside

You'll find everything you need to get started: a summary of benefits, an enrollment form, and information about what your dental plan offers, including:

- **Details** about member tools and resources.
- **Helpful information** about what to expect after you join.
- **A glossary** of important terms to know.

Please contact your benefits administrator for any additional information or questions you may have.

We're honored to become your partner in dental care!

Sincerely,



George Babitsch
Senior Vice President
Labor and Government Account Management





Smile! You're joining a robust dental network

Welcome to EmblemHealth's most popular dental plan. Your Preferred plan offers:

- ✓ **Covered preventive care** including two cleanings and two exams per calendar year.
- ✓ **A large network of dental professionals in New York and New Jersey.**
- ✓ **Many plans offer a national network option** through Careington, which provides more than 300,000 dental locations nationwide.
- ✓ **No referrals required.**
- ✓ **A participating network of dental professionals** credentialed to National Committee for Quality Assurance standards.

This dental plan gives you quality coverage with more than 12,700 dental care locations 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.

Predetermination of benefits: EmblemHealth can give you an estimate of what dental services and materials will cost for before you get the services. You can ask your dentist to send a treatment plan to EmblemHealth before you receive dental services. EmblemHealth will review the treatment plan and give you and your dentist an estimate of what is covered. Please note: Predetermination of benefits is not required.

Some examples of non-covered services are:

- Cosmetic surgery and treatment.
- Prescription drugs and medicines.
- Transplantations.
- Services and appliances for the treatment of temporomandibular joint (TMJ) dysfunction.

Annual deductible: This is the amount you pay each year before your plan begins to pay. Please refer to your specific benefit summary to see what services your deductible applies to.

Annual maximum: This is the maximum dollar amount your dental plan will pay toward the cost of dental care during your plan year. You are personally responsible for paying costs above the annual maximum. If your plan offers orthodontia coverage, there may be a separate deductible and lifetime maximum that apply.

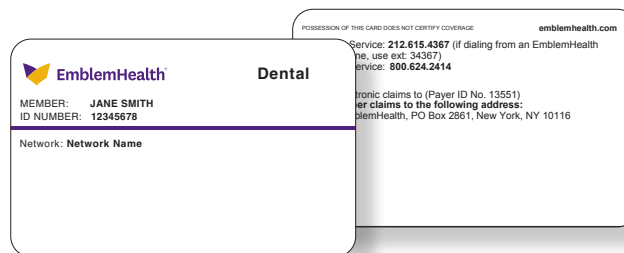
After You Join

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

The key to your health care — your member ID card

Your personalized ID card will have your:

- EmblemHealth member ID number.
- Important phone numbers.



Your member portal at my.emblemhealth.com

Register at my.emblemhealth.com or download the myEmblemHealth app to view plan benefits, find dentists, download a digital ID card (or request a new one), and much more. Search for myEmblemHealth through your device's app store.

Go paperless

Keep important health information online in one secure place in the Documents Center at my.emblemhealth.com. Here, you can find:

- Alerts on claims processing.
- Updated information about coverage and benefits.

Explanations of Benefits (EOBs) are available in the Claims section of my.emblemhealth.com.

We look forward to welcoming you as a new member and supporting your health and wellness goals.

Member Tools and Resources

At EmblemHealth, we've invested in the latest technology so our members can easily get the information they need to make the most of their dental plan.



Find care

Our upgraded **Find Care** function under the **Find a Doctor** heading on our website makes it easier to find in-network dentists. Look for the heading Dental Plans, choose your plan name, and start searching.

Now you can:

- Navigate more easily with a new streamlined design.
- Find care on-the-go on your mobile device.
- Sign in for customized, plan-specific results or search as a guest.
- See nearby dental professionals with geolocation technology.
- View detailed credentials.
- Sort with advanced filtering for features like wheelchair access and languages spoken.
- Compare up to three dental professionals at once and view all available office locations.

Member portal and app

Our enhanced **portal** allows you to manage dental care anytime from anywhere, including with our new **myEmblemHealth app**. To register on the portal, you will need your ID number.

Once signed in, you can:

- Navigate through a new, user-friendly dashboard.
- View claims history and payment summaries.
- Export Explanations of Benefits (EOBs).
- View, print, and request an ID card (under the ID card section).
- Estimate costs with a treatment cost calculator.
- Send secure messages to Customer Service.





Transaction Form for Group Accounts

I. SUBSCRIBER INFORMATION

Last Name		First Name		M.I.	Sex	Social Security Number	
Street Address		Apt.		City	State	ZIP Code	
Were you ever a member of EmblemHealth? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, member ID _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner (DP)		Home Tel. #:	Email Address:		
Applicant's hours worked per week: <input type="checkbox"/> At least 20 hours <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree (see back of form**)		Birth Date: Mo. Day Yr.		Work Tel. #:			
Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Employee & Spouse/DP <input type="checkbox"/> Employee & Child		Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change		Cell Tel. # (see back of form*):			

Primary Care Physician Name: (Not required for EPO/PPO members) _____ ID Number: _____ "Go Paperless" (see back of form)***

OB/GYN Selection Name: (Optional) _____ ID Number: _____

Are you covered by any other health insurance or Medicare? NO YES IF YES, indicate:
Insurance Co. Name: _____
Insurance Co. Telephone #: _____ Type of Coverage: _____
Policy #: _____ Effective Date: _____

II. ENROLLMENT INFORMATION — IF YOU ARE ENROLLING YOUR SPOUSE/DP AND/OR CHILDREN, PLEASE LIST EACH ONE BELOW — SEE ELECTION OF COVERAGE FOR ELIGIBILITY

Note: A birth/marriage certificate or 1040 Form will be required for spouse/dependents with different last name.

Last Name (if different)	First Name	Social Security Number	*Donate Life Registry <input type="checkbox"/> Yes <input type="checkbox"/> Skip for now	Sex	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	Birth Date			Primary Care Physician Name/ID Number (Not required for EPO/PPO members)	OB/GYN Selection Name/ID Number (Optional)
						Mo.	Day	Yr.		
DEPENDENT			<input type="checkbox"/> Yes <input type="checkbox"/> Skip for now							
Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____										
DEPENDENT			<input type="checkbox"/> Yes <input type="checkbox"/> Skip for now		<input type="checkbox"/> Child					
Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____										
DEPENDENT			<input type="checkbox"/> Yes <input type="checkbox"/> Skip for now		<input type="checkbox"/> Child					
Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____										

*For dependent adult children incapable of self-sustaining employment, please see Section A on the back side of this form to check the appropriate "Add Dependent" box, and follow the instruction for required documentation.

Your signature is required to process this form. Your signature attests that you have read the reverse side of this form.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant must sign here: _____ **Date:** _____

III. EMPLOYER INFORMATION — THIS SECTION TO BE COMPLETED BY EMPLOYER/CONTRACTOR GROUP

Name of Group:	Group Number:	Sub Group ID	Class ID	Plan ID
If you selected a small group metal plan, please indicate which plan you are selecting:				
Requested Effective Date: Medical: _____ Dental: _____	Hire Date:	Waiting Period:	Date Submitted:	Approved By: (Group Plan Administrator)

Instructions to Benefit Administrators or Group Representatives: For groups with 100 or fewer full-time equivalent eligible employees, you MUST complete Section A on the reverse side of this form. Required documentation MUST be attached to this Transaction Form to be processed.

IMPORTANT INFORMATION

1. The subscriber must complete sections I and II. The group plan administrator must complete section III, and if for a small group (100 or fewer full-time equivalent eligible employees) provide all necessary documentation.
2. All transactions are subject to EmblemHealth's retroactive enrollment period – members must be enrolled within 30 days (for small groups) or 90 days (for large groups) from the Qualifying Event.
3. As part of New York State's "Age 29" law, eligible young adults through age 29 may obtain coverage through a parent's group policy.
4. Failure to complete any part of this form (e.g., group number, reason for submission, certificate number, signature, etc.) will require EmblemHealth to return this transaction form to the employer group plan administrator and may delay the requested effective date of coverage.
5. Return the completed Transaction Form along with any required documentation to: Membership, PO Box 2820, New York, NY 10116-2820.

Get more information at www.emblemhealth.com.

HSA

An HSA is a tax-free fund that can be used to pay for qualified medical and/or pharmacy expenses. EmblemHealth has partnered with Health Equity to provide this service for our customers with a high deductible health plan. Benefits include a full integration of enrollment and claim payment for only qualified high deductible health plans. Would you like to open employee HSA accounts with Health Equity? YES NO

HRA - Large Group Only

Health Reimbursement Arrangements (HRAs) are arrangements that allow an employer to reimburse for medical expenses paid by participating employees. HRAs reimburse only those items (copays, coinsurance, deductibles, prescription drugs, and services) agreed to by the employer which are not covered by the company's selected standard insurance plan. EmblemHealth has partnered with Health Equity to provide this service for our customers. Benefits include a full integration of enrollment and claim payment for only qualified high deductible health plans. Would you like to open an HRA account with Health Equity? YES NO

SECTION A

(To be completed by Benefits Administrator)

ACTION Check (✓)One	Qualifying Event	Documentation Required
<input type="checkbox"/> Add Subscriber	New Hire or Change in Plan	For eligible employees who work at least 20 hours per week, provide a recent Copy of NYS-45 showing this subscriber as an employee or provide copy of payroll documentation reflecting the date, employee's name and Social Security #, or the employee's current-year W-4 Form.
<input type="checkbox"/> Add Spouse	Marriage	If last name is different <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> 1040 Form
<input type="checkbox"/> Add Dependent	Birth or Adoption	If last name is different <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Formal Adoption Papers <input type="checkbox"/> Court-Approved Guardianship Papers
<input type="checkbox"/> Add Young Adult	Young Adult Coverage	Young Adult Election Form
<input type="checkbox"/> Add Dependent	Dependent Adult Child Incapable of Self-Sustaining Employment	Disability Status Request Form
<input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Dependent	Loss of Coverage	Certificate of Creditable Coverage
<input type="checkbox"/> Add Domestic Partner	Domestic Partnership	Declaration of Cohabitation & Financial Interdependence Form

Donate Life Registry*

- You must select an option for yourself and any dependents applying for coverage
- Donate Life Registry for organ, eye, and tissue donation
- Dependents must be at least 16 years old in order to opt in for Donate Life Registry

Note: No exceptions to our retroactive enrollment period will be allowed. Small group members must be enrolled within 30 days from the Qualifying Event/next billing date (or within 90 days for large group members).

* I understand that the phone number(s) I provided on this form may be used by EmblemHealth or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

**Retiree option is applicable for large groups only.

***By electing "Go paperless," you will receive claim statements and some other EmblemHealth letters by email instead of paper mail. You will be able to view your Explanation of Benefits (EOBs) under the Claims portal of the EmblemHealth Website. Your enrollment in the "Go Paperless" option will continue as long as your account remains active, or until you choose to discontinue this option.

Personal preferences may be updated within the Member Portal, once an account is created. Personal preferences may be updated within the Member Portal, once an account is created.

Health Insurance Plan of Greater New York (HIP), EmblemHealth Insurance Company, EmblemHealth Plan, Inc. and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Columbia University - PHD Dental
Effective Date: August 15, 2024

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
Mouth Guards	One (1) mouth guard 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
Palliative Services	One (1) emergency service for the relief of pain per member per calendar year.	Not Subject to Deductible Type A Coinsurance Only	#REF!
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
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 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. You are responsible for any charges that exceed this amount.

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 (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**).

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.



Underwritten by EmblemHealth Plan, Inc., forms EHPI-PLD-1103 and EHPI-PLD-1104.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.