

Group Health Incorporated
(hereinafter called "GHI")
An EmblemHealth Company
55 Water Street
New York, New York 10041

**EMBLEMHEALTH PREFERRED DENTAL
ATTACHMENT TO GHI DENTAL CERTIFICATE OF INSURANCE**

This Attachment provides important information about your GHI dental insurance. It sets forth the dental services that GHI will cover under this Policy. It sets forth any benefit maximums that apply to your coverage. It advises you of the payment terms that apply to covered services. It advises you whether you are covered for services rendered by Network and/or Non-Network Providers. It also provides eligibility information about certain types of dependents. Coverage is subject to all terms, conditions, limitations and exclusions contained in the Certificate of Insurance and this Attachment.

IMPORTANT: This Policy may not cover all dental services listed in Article Three of the Certificate of Insurance. Benefits are available only for those dental services that are specifically listed in this Attachment under a dental service class or type that this Attachment identifies as "covered."

ELIGIBILITY:

- Spouse/Domestic Partner:** Eligible for Coverage.
- Dependent Children:** Eligible for coverage until the end of the year in which they reach age 19.
- Dependent Students:** Eligible for coverage until the end of the year in which they reach age 19.

BENEFIT WAITING PERIOD:

A Benefit Waiting Period does not apply to this Policy. However, you may be subject to a waiting period if you are a late entrant.

Please refer to Article One of the Certificate for more information about the Benefit Waiting Period.

LATE ENTRANT WAITING PERIOD:

Late Entrants are not subject to a Waiting Period(s).

ANNUAL DEDUCTIBLE(S): None

ANNUAL MAXIMUM: None

ROLLOVER MAXIMUM Does Not Apply

PREVENTIVE SERVICES

**ANNUAL
MAXIMUM WAIVER:** Does Not Apply

**TYPE A –
PREVENTIVE SERVICES:** Covered.

The following services as described in the Certificate of Insurance constitute Preventive Services: Prophylaxes*; Fluoride Treatments; Examinations**; X-Rays; Space Maintainers; Mouth Guards (Athletic); Sealants (up until but not including age 14)

Preventive Services

Received from GHI

Preferred Network Providers: After you meet the annual deductible, if any, GHI pays 100% of the Preferred Schedule of Allowances to the GHI Network Provider for the covered Preventive Services listed above. You are responsible to pay the difference, if any, between GHI's payment and the Scheduled amount to the GHI Network Provider.

Preventive Services Received
from Non-Network Providers:

After you meet the annual deductible, if any, GHI reimburses you 100% of the Spectrum Schedule of Allowances for the covered Preventive Services listed above.

You are responsible to pay the difference between GHI's reimbursement and the Non-Network Provider's charge for covered services.

TYPE B –
BASIC SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Basic Services: Palliative Services; Basic Restorations; Repair of Prosthetic Appliances; Endodontic (Non-Surgical); Surgical Endodontic (Root Canal Therapy); Oral Surgery; Anesthesia & IV Sedation/Analgesia; Periodontal Surgery; Periodontal Treatment (Non-Surgical)

Basic Services

Received From GHI

Preferred Network Providers: After you meet the annual deductible, if any, GHI pays 100% of the Preferred Schedule of Allowances to the GHI Network Provider for covered Basic Services listed above. You are responsible to pay the difference, if any, between GHI's payment and the Scheduled amount to the GHI Network Provider.

Basic Services

Received From

Non-Network Providers: After you meet the annual deductible, if any, GHI reimburses you 100% of the Spectrum Schedule of Allowances for the covered Basic Services listed above.

You are responsible to pay the difference between GHI's reimbursement and the Non-Network Provider's charge for covered services.

TYPE C –
MAJOR SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Major Services: Major Restorative Services; Fixed & Removable Prosthodontics.

Major Services

Received From GHI

Preferred Network Providers: After you meet the annual deductible, if any, GHI pays 100% of the Preferred Schedule of Allowances to the GHI Network Provider for the covered Major Services listed above. You are responsible to pay the difference, if any, between GHI's payment and the Scheduled amount to the GHI Network Provider.

Major Services Received from

Non-Network Providers:

After you meet the annual deductible, if any, GHI reimburses you 100% of the Spectrum Schedule of Allowances for the covered Major Services listed above.

You are responsible to pay the difference between GHI's reimbursement and the Non-Network Provider's charge for covered services.

**TYPE D –
ORTHODONTIC
SERVICES:**

The following services as described in the Certificate of Insurance constitute Orthodontic Services: Orthodontia.

Adult Orthodontics: Not Covered,

Orthodontic Services
Received From GHI
Preferred Network Providers: Not Covered.

Orthodontic Services
Received from
Non-Network Providers: Not Covered.

OTHER DENTAL SERVICES ARE NOT COVERED, EVEN THOUGH THEY MAY BE DESCRIBED IN THE CERTIFICATE OF INSURANCE.

SPECIAL COVERAGE LIMITS:

In addition to the other terms, conditions and limits set forth in this Attachment and the Certificate of Insurance, the following additional coverage limits apply to the covered dental services noted below:

* Prophylaxes
Coverage Limit: GHI will cover 2 prophylaxes per child per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Prophylaxes.

** Examinations
Coverage Limit: GHI will cover 2 examinations per person per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Examinations.
