

## Dental Benefit Summary

<b>EmblemHealth Category Code:</b>	8CR
<b>In Network Plan:</b>	PREFERRED PREMIER NETWORK
<b>Sealants:</b>	Not Covered
<b>Dependent Coverage Age:</b>	26 End of Month
<b>Dependent Full-Time Student Coverage to Age:</b>	26 End of Month

	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
Annual Maximum	\$1,500.00	\$1,500.00
Remarks	Combined Maximum for Preventive, Basic and Major.	

### Basic

Plan Coinsurance	80%	80%
Deductible - Individual	\$50.00	\$50.00
Deductible - Family	\$150.00	\$150.00
Annual Maximum	\$1,500.00	\$1,500.00
Remarks	Combined Deductible for Basic and Major. Combined Maximum for Basic, Preventive and Major.	

### Major

Plan Coinsurance	50%	50%
Deductible - Individual	\$50.00	\$50.00
Deductible - Family	\$150.00	\$150.00
Annual Maximum	\$1,500.00	\$1,500.00
Remarks	Combined Deductible for Major and Basic. Combined Maximum for Major, Preventive and Basic.	

*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.*