

NYS UCS JUDICIARY DENTAL PROGRAM

# SUMMARY OF BENEFITS

For the most up-to-date listings of participating dentists, visit [www.ghi.com](http://www.ghi.com), click on “Find a Doctor” and select the Dental Preferred Network.



Under the NYS UCS Judiciary Dental Program, coverage is provided for services received either in-network from a GHI participating network provider or out-of-network.

- When you receive covered services from participating network providers, GHI reimburses the provider directly. You do not have to submit a claim form.
- When you receive covered services from non-participating providers, you pay the provider directly and submit a claim to GHI. GHI reimburses you according to the terms of your NYS UCS Judiciary Dental Program. In addition to your basic dental program benefits, you also receive additional coverage for out-of-network services. The unpaid balance on an out-of-network claim filed under the basic program will automatically be considered for additional benefit payment under the out of network supplemental component. There is no need to file a separate claim form.

The chart below is intended to outline your dental benefits under the NYS UCS Judiciary Dental Program:

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Type A – Preventive and Diagnostic Services</b>		
<b>Examinations</b> - 2 per calendar year. 1 initial, comprehensive examination per dentist, per lifetime.	Covered in Full.	GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances.
<b>Prophylaxes (Cleanings)</b> - 3 per person per calendar year	Provider accepts 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full	Additionally, GHI reimburses you for the difference between 100% of the NYS UCS Judiciary Dental Program Schedule and the GHI UCS allowance for covered services.
<b>X-Rays</b> - 4 bitewing x-rays per calendar year. - One full-mouth series of x-rays or 1 panoramic film once every 3 years.		
<b>Fluoride Treatments</b> - 1 per calendar year to age 19.		Combined payments will not exceed the out of network provider's billed charges.
<b>Space Maintainers</b> - 1 per dependent child, per lifetime to age 19.		
<b>Mouth Guards -</b> - 1 per dependent child, per lifetime to age 19.		
<b>Sealants</b> - 1 per covered tooth every 3 years from age 6 to age 14.		
<b>Type B – Basic Services</b>		
<b>Simple Extractions</b>	Covered in Full.	GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances.
<b>Basic Restorations (Fillings)</b> - Posterior composite fillings on molars are reimbursed under each program component at the amalgam fee.	Provider accepts 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full	Additionally, GHI reimburses you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule and the GHI UCS allowance for covered services.
<b>Endodontics (Root Canal Therapy)</b> - Pulpotomy covered once per tooth, per lifetime. Not covered if root canal done on same tooth by same provider within 3 months of the pulpotomy.		Combined payments will not exceed the out of network provider's billed charges.
<b>Periodontics (Treatment of diseases of the gum and jaw)</b> - 5 periodontal treatments per calendar year. - 1 type of periodontal surgery and/or 1 graft per quadrant.		

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Type B – Basic Services (cont’d)</b>		
<b>Oral Surgery (Surgical removal of an erupted tooth)</b> - Charges for x-rays taken solely for surgery, local anesthesia and post-operative care included in allowance for oral surgery. - Coverage includes surgery for impacted teeth.	Covered in Full.	GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances.
<b>Anesthesia and IV Sedation</b> - Covered for general anesthesia and IV sedation for covered services. Charges for local anesthesia are included in the allowance for the dental procedure. No separate allowance for local anesthesia. Analgesia and monitoring devices not covered.	Provider accepts 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full	Additionally, GHI reimburses you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule and the GHI UCS allowance for covered services.
<b>Palliative Services (Relief of pain)</b> - 1 service per calendar year, emergencies only.		Combined payments will not exceed the out of network provider’s billed charges.
<b>Repair of Appliances (Dentures)</b> - Replacement of broken teeth or clasps, recementation of inlays, crowns, bridges and space maintainers. Replacement of broken facings.		
<b>Tests and Laboratory Exams</b> - Biopsy and examination of oral tissue.		
<b>Type C – Major Services</b>		
<b>Fixed and Removable Prosthetics</b> – Both immediate and permanent dentures, full or partial, repair; crowns, including crowns over implants; and bridges. <b>Major Restoration</b> – Includes crowns, related post and core procedures and inlays. - Replacement or substitution of appliances is covered only after 5 years have passed since appliance was inserted. - GHI reimburses crowns, single abutment crowns and pontics at the allowance for predominantly base metal. Patients who elect crowns other than predominantly base metal are responsible for the difference between the GHI payment and the dentist’s normal submitted fees for the services rendered. Patients should discuss this additional fee with dentists when reviewing the treatment plan and financial arrangements. - Coverage provided for crowns or pontics for attachment or clasp purposes only if tooth cannot be restored by fillings. - When a fixed bridge and partial denture are inserted in the same arch, only the partial denture is covered unless 5 years have passed since prior insertion of the fixed bridge or partial denture. - There is no separate allowance for temporary service or appliance. - Posts are covered only if there is evidence of root canal on the tooth. - Charges for cementation of crown/inlay are included in allowance for the crown/inlay. - Crowns over implants are reimbursed based upon the allowance for a single crown, porcelain fused to predominantly base metal. The patient is responsible for the difference between the dentist’s normal submitted fee and the GHI payment amount.	Covered in Full.  Provider accepts 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full	GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances.  Additionally, GHI reimburses you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule and the GHI UCS allowance for covered services.  Combined payments will not exceed the out of network provider’s billed charges.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Type D – Orthodontics</b>		
<b>Orthodontic Base Coverage Level</b> Available for covered dependent children to age 19 (end of month). GHI's orthodontia allowance does not include charges for missed appointments or additional cosmetic banding options. Charges for these items are the responsibility of the patient and can reflect the provider's standard charges. The maximum lifetime orthodontic benefit per covered child is \$4,000.	GHI will issue an initial payment to the participating dentist upon receipt of a claim confirming the initiation of comprehensive orthodontic treatment. The balance of the available orthodontia benefit due will be issued in subsequent monthly payments.	GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances. Additionally, GHI reimburses you for the difference between 100% of the NYS UCS Judiciary Dental Program Schedule and the GHI UCS allowance for covered services. You are responsible for any dental charges that exceed this payment.  Combined payments will not exceed the out of network provider's billed charges.
<b>Adult Orthodontia</b> - The maximum lifetime orthodontic benefit per covered adult is \$2,000	See Out-of Network Coverage.	Adult Orthodontia services are reimbursed up to 100% of the GHI/UCS allowance for each covered adult, up to a lifetime maximum of \$2,000.
<b>Implants</b>		
<b>Implants</b>	See Out-of Network Coverage.	GHI reimburses you up to 100% of the GHI/UCS allowance, up to a separate lifetime maximum of \$10,000 per person.

**Dependent Coverage:** Children are eligible until age 19, end of month, and students are eligible until age 25, end of month.

**Annual Deductible:** \$25 per individual, not to exceed \$75 per family. Deductible waived for preventive care services.

**Annual Maximum:** The combined annual maximum is \$5,000 per covered member.

**Lifetime Maximums:** The lifetime in-network and out-of-network orthodontic coverage maximum for dependent children is \$4,000 per covered dependent child. The lifetime out-of-network orthodontic coverage maximum for adults is \$2,000 per covered adult. The lifetime out-of-network maximum for dental implants is \$10,000 per covered member. (Orthodontic and dental implants are subject to separate per person lifetime maximums.)

**Filing a Claim:** When you receive covered services from a participating dentist, the dentist accepts GHI's allowance as payment-in-full (subject to the annual deductible and applicable annual and lifetime benefit maximums) and bills GHI directly.

When you use a non-participating dentist, GHI will reimburse you for covered services based on a Schedule of Allowances.

**Predetermination of Benefits:** This is a process by which GHI reviews and estimates benefits before services are rendered. It helps you to know in advance the services and materials GHI will cover or the benefits GHI will provide. It is available upon request for certain services. It is not available for Type A services. To obtain a Predetermination of Benefits, submit a Treatment Plan to GHI before receiving oral surgery, prosthetics or appliances. GHI will review the Treatment Plan and inform you and your Provider of the results. Actual benefits may vary based upon new information received by GHI after it has issued the Predetermination of Benefits. Predetermination of Benefits are recommended but not required for treatment costing over \$300 but is required for orthodontic services.

**Dental Services Not Covered:** In addition to exclusions noted above, these programs provide no coverage for: cosmetic surgery and treatment unless otherwise medically necessary, prescription drugs and medications, services and appliances for the treatment of temporo-mandibular joint (TMJ) dysfunction, behavioral management, temporary services, sinus augmentation and other services not listed as covered. You are not covered for services that do not conform to accepted standards of dental practice.

**Customer Service:** Please call our dedicated Customer Service line with any questions at **1-800-624-2414**.

**NOTE:** This is not a complete benefit comparison or a contract, and should only be viewed as a brief summary to assist you in understanding these GHI benefit programs. Detailed benefits descriptions, including terms, limitations and exclusions, are contained within the Certificates of Insurance. The terms, conditions, limits and exclusions shown in the Certificates of Insurance shall govern.

Refer to Policy Form PLD-1114 et al

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