healthfirst
Health Insurance for New Yorkers

Healthfirst Pro EPO Dental Benefits

Your family gets access to **pediatric dental care**.

Dental coverage for children up to age 19

- **Preventive Care**
  - Teeth cleaning and polishing every six months
  - Topical fluoride application every six months
- **Routine Care**
  - Dental exams and X-rays every six months
  - Fillings (metal and composite)
  - Crowns (porcelain, ceramic, and stainless steel)
- **Emergency Dental Care**
  - Immediate treatment to ease pain and suffering caused by dental disease or trauma
- **Major Dental Care**
  - Teeth scaling and root planing (periodontic services)
  - Root canals (endodontic services where hospital stay is not required)
  - Complete or partial dentures, plus six months of follow-up care (prosthodontics)
  - Braces (orthodontia)*

*Adult orthodontia is covered only if medically necessary.

Example of how dental benefits work for Pro plans

Your son or daughter is covered under your Pro Gold plan. During their yearly dental checkup and cleaning, the dentist needs to take X-rays. The plan has a $0 medical deductible, so you pay only a $25 copay for the exam, cleaning, and X-rays.

Health insurance terms you should know:

DEDUCTIBLE – The total annual amount you must pay before your plan will begin to pay for covered services. (Please note that your plan will always pay for services marked "deductible does not apply.")

COPAY – The fixed amount you will pay for a covered service after you have met your deductible.

COINSURANCE – The percentage of cost that you will pay for a covered service after you have met your deductible.

	Platinum	Gold	Gold 25/50/0	Silver	Silver 40/75/4700	Bronze (HSA Compatible)	Bronze 6850 (HSA Compatible)	Bronze 8150
Deductible (Individual/Family)	$0/ $0	$0/ $0	$0/ $0	$4,300/ $8,600	$4,700/ $9,400	$5,950/ $11,900	$6,850/ $13,700	$8,150/ $16,300
Preventive Care	$20 copay	$25 copay	$25 copay	$35 copay	$40 copay	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Routine Dental Care	$20 copay	$25 copay	$25 copay	$35 copay after deductible	$40 copay after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Major Dental Care	10% coinsurance	15% coinsurance	15% coinsurance	40% coinsurance after deductible	45% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible

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Health Insurance for New Yorkers

Healthfirst Pro EPO Vision Benefits

Your family gets access to **pediatric vision care**.

Vision coverage for children up to age 19

- **Vision Exam** (every 12 months)
  - Full exam inside and outside of eyes
  - Color vision testing
  - Recommendation for glasses or contacts, if necessary
- **Glasses or Contact Lenses** (every 12 months)
  - One pair of frames and lenses with UV, anti-reflective, anti-scratch, and/or tinted coating
  - A supply of conventional or disposable contact lenses
  - **$130 yearly allowance** to use on eyeglass frames or contact lenses

Example of how vision benefits work for Pro plans

Your son or daughter is covered under your Pro Gold plan. When they go in for their annual vision exam, you find out they need glasses. You pay a $10 copay for the eye exam, a $25 copay for the lenses, and you have a choice of frames. Collection frames have either a $0 or $25 copay, while non-collection (retail) frames from in-network locations come with a $130 allowance and a 20% discount after that allowance.

	Platinum	Gold	Gold 25/50/0	Silver	Silver 40/75/4700	Bronze (HSA Compatible)	Bronze 6850 (HSA Compatible)	Bronze 8150
Deductible (Individual/Family)	$0/ $0	$0/ $0	$0/ $0	$4,300/ $8,600	$4,700/ $9,400	$5,950/ $11,900	$6,850/ $13,700	$8,150/ $16,300
Vision Exams	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Eyeglass Lenses, Frames, & Contact Lenses*	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay after deductible	0% coinsurance after deductible	0% coinsurance after deductible

*A $130 allowance applies to eyeglass frames and contact lenses; copay applies to contact lens fitting.

If you have any questions, please call Member Services at **1-855-789-3668** (TTY 1-855-779-1033), Monday to Friday, 8am–6pm.

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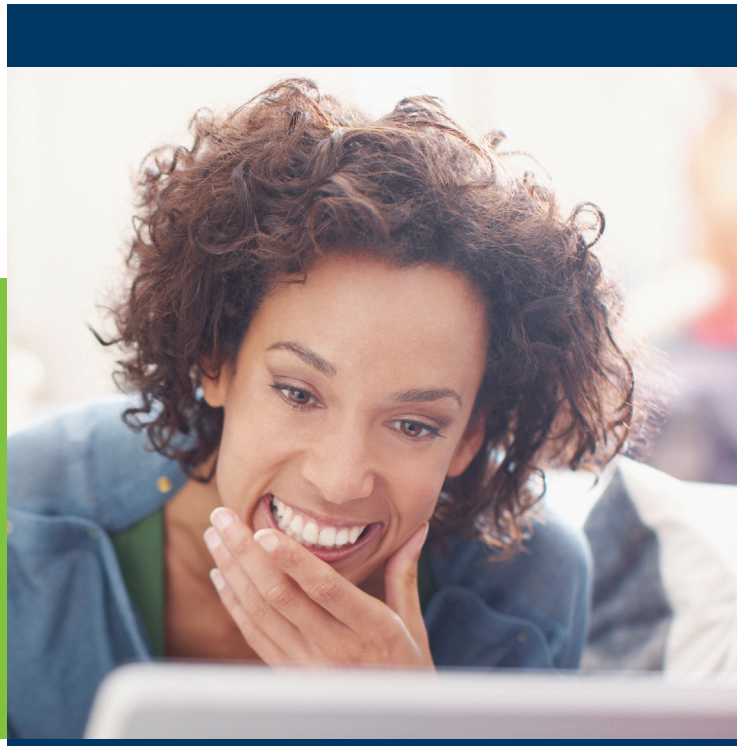
Health Insurance for New Yorkers

Healthfirst Pro Plus EPO Dental Benefits

You get access to both **pediatric and adult dental care**.



Dental Coverage

- **Preventive Care**
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- **Major Dental Care**
  - Teeth scaling and root planing (periodontic services)
  - Root canals (endodontic services where hospital stay is not required)
  - Complete or partial dentures, plus six months of follow-up care (prosthodontics)
  - Braces (orthodontia)*

*Adult orthodontia is only covered if medically necessary.

Example of how our dental benefits work

Mary has a Pro Plus Gold plan. During her yearly dental checkup and cleaning, her dentist tells her she needs X-rays. Mary has a deductible of $0, so she pays only a $25 copay for her exam, cleaning, and X-rays.

Health insurance terms you should know:

DEDUCTIBLE – The total amount you must pay each year before your plan will begin to pay for covered services. (Please note that your plan will always pay for services marked "deductible does not apply.")

COPAY – The fixed amount you will pay for a covered service after you have met your deductible.

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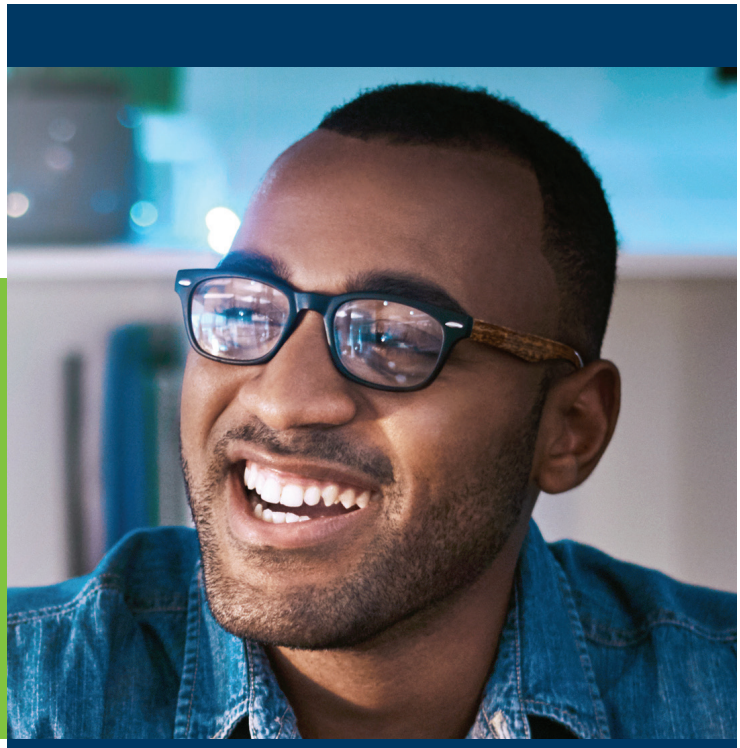
Healthfirst Pro Plus EPO Vision Benefits

You get access to both **pediatric and adult vision care**.



Vision Coverage

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  - One pair of frames and lenses with UV, anti-reflective, anti-scratch, and/or tinted coating
  - A supply of conventional or disposable contact lenses
  - **$130 yearly allowance** to use on eyeglass frames or contact lenses

Example of how our vision benefits work

Michael has a Pro Plus Gold plan. When he went to his eye doctor for his annual vision exam, he found out he needed glasses. He pays a $10 copay for his eye exam, a $25 copay for his lenses, and has his choice of frames. Collection frames have either a $0 or $25 copay, while non-collection (retail) frames from in-network locations come with a $130 allowance and a 20% discount after that allowance.

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Vision Exams	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay after deductible	0% coinsurance after deductible
Eyeglass Lenses, Frames, & Contact Lenses*	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay after deductible	0% coinsurance after deductible

*A $130 allowance applies to eyeglass frames and contact lenses; copay applies to contact lens fitting.

If you have any questions, please call Member Services at **1-855-789-3668** (TTY 1-855-779-1033), Monday to Friday, 8am–6pm.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").