

<b>General Information</b>		
<p>This information provides a comparison of the major provisions of each dental plan -- it is not a contract. It is intended to highlight the coverage of the plans; benefits are determined by the terms of the contract. If there is any confusion or conflict regarding plan features, the governing plan document/contract will be the final authority. The University intends to continue these benefit plans indefinitely, but reserves the right to modify or terminate such plans at any time with or without notice. Participation in these plans is provided to eligible employees and pre-Medicare retirees. For employees, it does not constitute a guarantee of employment, requires continued employment and eligibility and is subject to the terms and conditions of the Plan Documents.</p> <p><b>NOTE: All rules, limits, and exclusions apply regardless of plan (e.g., you would still have a 5-year wait to replace a crown even if you change plans).</b></p>		
<b>Claims Administrator</b>	Excellus BlueCross BlueShield 800-724-1675/V and 585-454-2845/TTY	
<b>Pricing</b>	Priced according to the Blue Shield Schedule of Allowances. Dentists who participate with Blue Shield agree to accept the Schedule of Allowances. Subscribers who go to a non-participating dentist will be liable for balances over the Schedule of Allowances.	
<b>Alternative Benefit Allowance</b>	All covered procedures are subject to an alternative benefit allowance. When there is more than one technique or material type for a dental procedure, the dental plan will reimburse for the procedure that has the lesser allowance. When alternate benefit is enforced, the subscriber's benefits are not intended to interfere with the treatment plan recommended by the dentist. The subscriber and dentist should discuss which treatment is best suited for the patient, and may proceed with the original treatment plan regardless of the benefit determination. If the more expensive treatment is chosen, the subscriber is liable for the balance up to the billed amount.	
<b>Predetermination of Benefits</b>	It is recommended that you ask your dentist to request a Predetermination of Benefits on your behalf prior to any extensive service. The information will be sent to you and will show you those services that are covered and those that are not, preparing you to make an informed decision on your treatment plan.	
<b>Deductible and Plan Maximums</b>		
<b>Category</b>	<b>Standard Plan</b>	<b>Enhanced Plan</b>
Annual Deductible ( <i>applies to Basic and Major Restorative Services combined</i> )	\$25 per individual, \$75 family maximum	None
Annual Maximum ( <i>applies to Basic and Major Restorative Services combined</i> )	\$1,250 per individual per year	\$2,500 per individual per year
Orthodontia Maximum ( <i>per person</i> )	\$1,250 per lifetime for children under age 19	\$2,500 per lifetime for adults and children
<b>Preventive and Diagnostic Services</b>		
<b>Category</b>	<b>Standard Plan and Enhanced Plan</b>	
Cleaning (twice per calendar year)	Covered at 100%	
Oral Exam (twice per calendar year)	Covered at 100%	
Topical Fluoride application for members under age 16 (twice per calendar year)	Covered at 100%	
Emergency Palliative Treatment to relieve pain	Covered at 100%, when no other services are rendered	
Sealants (once per tooth in 36 consecutive months for first and second unrestored permanent molars)	Covered at 100%, for members under age 16	
Space maintainers	Covered at 100%	
X-rays (full mouth 1 in 3 years, bitewings 1 in 12 months)	Covered at 100%	

<b>Basic Restorative Services</b> <i>(all services subject Blue Shield Schedule of Allowances and to the annual deductible and annual maximum)</i>		
<b>Category</b>	<b>Standard Plan and Enhanced Plan</b>	
<b>Endodontics (Nerve and Pulp)</b>		
Root Canal Treatment	Covered at 80%	
Apicoectomy	Covered at 80%	
Fillings – Silver/amalgam and anterior composite restorations for treatment of cavities (once per tooth per year)	Covered at 80%	
<b>Oral Surgery</b>		
Routine Extraction	Covered at 80%	
Non-routine Extraction (Surgical, Soft tissue, Impactions)	Covered at 80%	
IV Sedation for extraction of impacted 3 <sup>rd</sup> molars (wisdom teeth)	Covered at 80%	
<b>Periodontics (Gum and Tissue)</b>		
Surgical Procedures: gingivectomy, osseous surgery or mucogingival surgery (allowed once in 36 months)	Covered at 80%	
Non-Surgical Procedures: Periodontal Root Planning/Scaling (allowed once in 24 months)	Covered at 80%	
Periodontal Maintenance following Surgery	Covered at 80%, allowed twice per calendar year	
<b>Major Restorative Services</b> <i>(all services subject Blue Shield Schedule of Allowances and to the annual deductible and annual maximum)</i>		
<b>Category</b>	<b>Standard Plan</b>	<b>Enhanced Plan</b>
Dental Implants	Covered at 50%	Covered at 80%
<b>Removable Prosthetics</b>	Allowed once every 5 years, combined with fixed prosthetics	
Complete Dentures	Covered at 50%	Covered at 80%
Partial Dentures	Covered at 50%	Covered at 80%
Denture Repair/Adjustment	Covered at 50%	Covered at 80%
<b>Fixed Prosthetics</b>	Allowed once every 5 years, combined with removable prosthetics	
Crowns, Inlays/Onlays, Bridges	Covered at 50%	Covered at 80%
<b>Orthodontia Services</b>		
Orthodontia Services	Covered at 50%, subject to the lifetime maximum (children under age 19)	Covered at 50%, subject to the lifetime maximum (adults and children)