

**Crouse Hospital  
Union Dental Plan Overview**

COVERED SERVICES	Life Time Benefit Solutions (LBS)				Service Employees Benefit Fund (SEBF)			
	Preventative Plan		Comprehensive Plan		Basic Plan		Comprehensive Plan	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
<b>Calendar Year Benefit Maximum</b>	\$2,500		\$2,500		\$1,500		\$1,500	
<b>Life Time Orthodontia Maximum</b>	Not Applicable		\$2,000		Not Applicable		Not Applicable	
<b>Dependent Coverage</b>	To age 19		To age 19		To age 26		To age 26	
<b>Student Coverage</b>	Full-time college student to age 25		Full-time college student to age 25		NA		NA	
<b>Preventive and Diagnostic Services</b>  Cleanings X-Rays Exam	100% of allowed charges. Network provider accepts the network scheduled amount as payment in full.	100% of allowed charges. Provider can balance bill up to charges.	100% of allowed charges. Network provider accepts the network scheduled amount as payment in full.	100% of allowed charges. Provider can balance bill up to charges.	100% of allowed charges. Network provider accepts the network schedule amount as payment in full.	Benefits paid up to the scheduled reimbursement amount. See schedule of benefits.	100% of allowed charges. Network provider accepts the network schedule amount as payment in full.	Benefits paid up to the scheduled reimbursement amount. See schedule of benefits.
<b>Basic Dental Services</b>  Extractions Fillings Oral Surgery	Not Available	Not Available	80% of allowed charges. Network Provider can balance bill up to the network allowance.	80% of allowed charges. Provider can balance bill up to charges.	100% of allowed charges. Network provider accepts the network schedule amount as payment in full.	Benefits paid up to the scheduled reimbursement amount. See schedule of benefits.	100% of allowed charges. Network Provider accepts the network schedule amount as payment in full.	Benefits paid up to the scheduled reimbursement amount. See schedule of benefits.
<b>Major Dental Services</b>  Periodontics Inlays, Onlays, Crowns Prosthetic Services	Not Available	Not Available	50% of allowed charges. Network provider can balance bill up to the Network allowance.	50% of allowed charges. Provider can balance bill up to charges.	Not Available	Not Available	100% of allowed charges. Network provider accepts the network schedule amount as payment in full.	Benefits paid up to the scheduled reimbursement amount. See schedule of benefits.
<b>Orthodontia Services</b>	Not Available	Not Available	50% of allowed Charges. Network provider can balance bill up to the network allowance.	50% of allowed charges. Provider can balance bill up to charges.	Not Available	Not Available	Not Available	Not Available

The following summary of benefits is a brief outline of the maximum amounts or special limits that may apply to benefits payable under the Plan. For a detailed description of each covered service, please refer to the Summary Plan Description. For a list of providers: Crouse Plans visit [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com) (use Dental Solutions, Dentemax & Crouse Network); SEBF Plans visit [www.sebf.org](http://www.sebf.org)