

**Crouse Hospital
Union Dental Plan Overview**

COVERED SERVICES	Lifetime 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
Calendar Year Benefit Maximum	\$2,500		\$2,500		\$1,500		\$1,500	
Life Time Orthodontia Maximum	Not Applicable		\$2,000		Not Applicable		Not Applicable	
Dependent Coverage	To age 19		To age 19		To age 26		To age 26	
Student Coverage	Full-time college student to age 25		Full-time college student to age 25		NA		NA	
Preventive and Diagnostic Services 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.
Basic Dental Services 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.
Major Dental Services 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.
Orthodontia 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	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 (use Dental Solutions, Dentemax & Crouse Network); SEBF Plans visit www.sebf.org