## Crouse Hospital Non-Union Dental Plan Overview

	Excellus			
COVERED SERVICES	Preventative Plan		Comprehensive Plan	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Calendar Year Benefit Maximum	\$2,500		\$2,500	
Life Time Orthodontia Maximum	Not Applicable		\$2,000	
Dependent Coverage	To age 19		To age 19	
Student Coverage	Full-time college student to age 25		Full-time college student to age 25	
Preventive and Diagnostic Services  Cleanings X-Rays Exam  Basic Dental Services  Extractions	100% of Allowed Charges. Network Provider accepts the Network scheduled amount as payment in full Not Available	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 80% of Allowed Charges. Network Provider can balance	100% of Allowed Charges. Provider can balance bill up to charges.  80% of Allowed Charges. Provider can balance bill up
Fillings Oral Surgery  Major Dental Services  Periodontics Inlays, Onlays, Crowns Prosthetic Services	Not Available	Not Available	bill up to the Network allowance  50% of Allowed Charges. Network Provider can balance bill up to the Network allowance	to charges.  50% of Allowed Charges. Provider can balance bill up to charges.
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.

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 coverd service, please refer to the Summary Plan Description. For a list of providers: Crouse Plans visit www.excellus.com