## 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	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 80% of Allowed Charges. Network	100% of Allowed Charges. Provider can balance bill up to charges.  80% of Allowed Charges. Provider
Extractions Fillings Oral Surgery	Not Available	Not Available	Provider can balance bill up to the Network allowance	can balance bill up to charges.
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.
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