

**Crouse Hospital  
Non-Union Dental Plan Overview**

COVERED SERVICES	Excellus			
	Preventative Plan		Comprehensive Plan	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
<b>Calendar Year Benefit Maximum</b>	\$2,500		\$2,500	
<b>Life Time Orthodontia Maximum</b>	Not Applicable		\$2,000	
<b>Dependent Coverage</b>	To age 19		To age 19	
<b>Student Coverage</b>	Full-time college student to age 25		Full-time college student to age 25	
<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.
<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.
<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.
<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.

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.excellus.com](http://www.excellus.com)