

Webster CSD Dental Summary

Plan Name	Smile Saver I
------------------	----------------------

Dental Plan Features	
Dependents	Qualified dependents are covered to age 26 (to end of birthday month)
Annual Deductible	\$25 Single/\$50 Family: applies to classes II, IIA, III and IV
Annual Maximum	\$0 applies to classes I, II, IIA and III

Orthodontia Lifetime Maximum	\$750 maximum per member, to age 19
Domestic partner	
Waiting periods & other limitations	Does not apply

Network Benefits		
	In-Network	Out Of Network
In Area	Coverage provided through Excellus BlueShield dental provider network	Covered at Excellus Blue Shield fee schedule, subject to balance billing
Out of area	Coverage provided through Excellus BlueShield dental provider network	Covered at Excellus Blue Shield fee schedule, subject to balance billing

Class I - Preventive		
Class I - Preventive	In-Network	Out Of Network
Class I - Coinsurance	Covered at 100%	Covered at 100%, subject to balance billing
Cleanings & exams	Covered at 100%	Covered at 100%, subject to balance billing
Fluoride treatments covered to age 16	Covered at 100%	Covered at 100%, subject to balance billing
Sealants	Covered at 100%	Covered at 100%, subject to balance billing
Bitewing x-rays	Covered at 100%	Covered at 100%, subject to balance billing
Full mouth and panorex x-rays	Covered at 100%	Covered at 100%, subject to balance billing
Space maintainers	Covered at 100%	Covered at 100%, subject to balance billing
Emergency palliative treatment	Covered at 100%	Covered at 100%, subject to balance billing
Dental Prophylaxis	Covered at 100%	Covered at 100%, subject to balance billing

Class II - Basic Restorative		
Class II - Basic Restorative	In-Network	Out Of Network
Class II - Coinsurance	Covered at 85%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Fillings	Covered at 85%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Simple Extraction Oral Surgery	Covered at 85%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Class II A - Basic Restorative		
Class II A - Basic Restorative	In-Network	Out Of Network
Class II A - Coinsurance	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and subject to balance billing
Oral surgery	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and subject to balance billing
Endodontics	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and subject to balance billing
Periodontal surgery	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and subject to balance billing
Periodontal scaling and root planing	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and subject to balance billing
Periodontal maintenance following surgery	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and subject to balance billing
Class III - Major Restorative		
Class III - Major Restorative	In-Network	Out Of Network
Class III - Coinsurance	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Fixed prosthetics	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Removable prosthetics	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Inlays / Onlays / Crowns	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Relines / rebases	Covered at 50%, subject to deductible and annual maximum	Covered at 50%, subject to deductible and balance billing
Implants	Not a covered service	Not a covered service
Class IV - Orthodontia		
Class IV - Orthodontia	In-Network	Out Of Network
Class IV - Coinsurance	Covered at 50% to age 19, subject to deductible \$750 orthodontia lifetime maximum	Covered at 50% to age 19, subject to balance billing and orthodontia lifetime maximum
Braces	Covered at 50% to age 19, subject to deductible \$750 orthodontia lifetime maximum	Covered at 50% to age 19, subject to balance billing and orthodontia lifetime maximum

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations. In the event of a dispute between this summary and your member contract, the member contract will prevail.

Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.