

Qualified dependents are covered to age 26 (to end of birthday month)

Webster CSD Dental Summary

Dental Plan Features

Dependents

Plan Name	Smile Saver IV (Admins)

Annual Deductible	\$25 Single/\$50 Family: applies to classes II, IIA, III and IV			
Annual Maximum	\$1,000 applies to classes 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 85%, subject to deductible and balance billing		
Fillings	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, subject to deductible and balance billing		
Simple Extraction Oral Surgery	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, 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 85%, subject to deductible and annual maximum	Covered at 85%, subject to deductible and subject to balance billing		
Oral surgery	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, subject to deductible and subject to balance billing		
Endodontics	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, subject to deductible and subject to balance billing		
Periodontal surgery	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, subject to deductible and subject to balance billing		
Periodontal scaling and root planing	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, subject to deductible and subject to balance billing		
Periodontal maintenance following surgery	Covered at 85%, subject to deductible and annual maximum	Covered at 85%, 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.