

Summary of Benefits: Dental

Dental plan options provide you maximum flexibility. Benefits are paid at the same level for care received from any provider. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as payment in full and agree to file your claims. **If you receive covered services from an out-of-network provider, the plan will apply the percentages shown to the MAC for covered services and you will be responsible for the difference, up to the provider's charge.** Standard deductibles, exclusions and limitations apply. Network dentists may elect to discount non-covered services and services above the annual maximum. Discounts vary by service and region and when agreed to by the provider; not permitted in all jurisdictions.

CASHIC-Scotia-Glenville CSD 10651348 10715495	
Network	Elite Prime
Deductible – Individual/Family (waived for In and Out-of-network Class I services)	\$0 / \$0
Benefit Period Maximum per member	\$0
Class I Services	
Exams	80%
X-rays	80%
Cleanings	80%
Fluoride Treatment	80%
Sealants	80%
Space Maintainers	80%
Palliative Treatment (Emergency)	80%
Class II Services	
Basic Restorative (Fillings), Posterior Resins	80%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	80%
Oral Surgery (including Simple and Surgical Extractions)	80%
General Anesthesia	80%
Endodontics	80%
Periodontics (Surgical and Nonsurgical)	50%
Class III Services	
Inlays, Onlays, Crowns	80%
Prosthetics (Bridges, Dentures)	Not Covered
Orthodontics (dependents to age 19)	
Diagnostic, Active, Retention Treatment	Not Covered
Orthodontic Lifetime Maximum per covered dependent	Not Applicable
Implants	
Implant Surgery, Supported Restoration	Not Covered

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Please refer to your specific benefit design as to what services are covered under your plan.