

2024-2025 Dental Plans Comparison

Note: Excellus BCBS reserves the right to pay for a less expensive treatment, if appropriate.

Type of Care/Plan Features	Traditional Plan	Medallion Plan
Coverage	The Dental Plans allow you the freedom to see any dentist you choose. However, nonparticipating dentists are not obligated to accept Excellus BCBS's allowed amounts as payment in full and will balance bill any amount in excess of Excellus BCBS's allowed amounts. It is recommended that you request a Predetermination of Benefits prior to receiving any care expected to exceed \$300.	
Annual Deductible	\$50 individual/\$150 family; applies to classes II, IIA, and III	
Maximum benefit per calendar year (per participant)	\$1,000 applies to classes II, IIA, and III	\$2,000 applies to classes II, IIA, and III
Orthodontia Lifetime Maximum available for eligible dependents to age 19	Not covered	\$1,500 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year
Out of Area/Out of Network	Covered, subject to balance billing	
Enrollment	Coverage for eligible faculty and staff members is effective the first of the month following your date of appointment or on the date of appointment if it occurs on the first of the month. Coverage for Residents and Fellows is effective the date of hire or appointment.	
Alternative Benefits	All Covered procedures are subject to Alternative Benefits. Benefits will be provided for the procedure carrying the lesser Allowable Expense, provided that procedure meets acceptable dental standards, subject to medical necessity. If the more expensive procedure is chosen by you or your Dentist and is not medically necessary, you must pay the difference between the plan's payment and the amount billed by the Dentist.	
Class I—Preventive Services <ul style="list-style-type: none"> Cleanings and oral exams¹ Fluoride treatments covered to age 16 Sealants covered to age 16 Bitewing x-rays² Full mouth and panorex x-rays Space maintainers covered to age 16 Emergency palliative treatment Dental prophylaxis¹ 	Plan pays 100% of in-network negotiated rates, no deductible.	
Class II and IIA—Basic Restorative Services <ul style="list-style-type: none"> Fillings Simple extraction oral surgery Oral surgery Endodontics Periodontal surgery Periodontal scaling and root planing Periodontal maintenance following surgery 	Covered at 80%, subject to deductible	
Class III—Major Restorative Services³ <ul style="list-style-type: none"> Fixed prosthetics Removable prosthetics Inlays/onlays/crowns Relines/rebases Implants (limited coverage requires preauthorization)⁴ 	Covered at 15%, subject to deductible	Covered at 50%, subject to deductible
Class IV—Orthodontia <ul style="list-style-type: none"> Class IV—Coinsurance Braces (dependents to age 19) 	Not Covered	Covered at 50%, subject to orthodontia lifetime maximum

1. Covered twice per calendar year.

2. Up to four (4) bitewing films covered per calendar year.

3. Services are reviewed for medical necessity.

4. Benefits for replacement of multiple missing teeth and/or bilaterally missing teeth are allowed as a partial denture.

The University reserves the right to modify, amend, or terminate the Plans at any time, including actions that may affect coverage, cost sharing, or covered benefits, as well as benefits that are provided to current and future retirees. This document provides only a summary of the main features of the plans. Detailed information on the benefit plans is available on the Total Rewards website, www.rochester.edu/benefits. A paper copy of this information is available for free from the Office of Total Rewards.