# 2020-2021 Dental Plans Comparison

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

<table>
<thead>
<tr>
<th>Type of Care/Plan Features</th>
<th>Traditional Plan</th>
<th>Medallion Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
<td>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.</td>
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<tr>
<td>Annual Deductible</td>
<td>$50 individual/$150 family; applies to classes II, IIA, and III</td>
<td></td>
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<tr>
<td>Maximum benefit per calendar year (per participant)</td>
<td>$1,000 applies to classes II, IIA, and III</td>
<td></td>
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<tr>
<td>Orthodontia Lifetime Maximum available for eligible dependents to age 19</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Out of Area/Out of Network</td>
<td>Covered, subject to balance billing</td>
<td></td>
</tr>
<tr>
<td>Enrollment</td>
<td>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.</td>
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<tr>
<td>Alternative Benefits</td>
<td>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.</td>
<td></td>
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</tbody>
</table>

### Class I—Preventive Services
- Cleanings and oral exams
- Fluoride treatments covered to age 16
- Sealants covered to age 16
- Bitewing x-rays
- Full mouth and panorex x-rays
- Space maintainers to age 16
- Emergency palliative treatment
- Dental prophylaxis

Plan pays 100% of in-network negotiated rates, no deductible.

### Class II and IIA—Basic Restorative Services
- 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 Services
- Fixed prosthetics
- Removable prosthetics
- Inlays/onlays/crowns
- Relines/rebases
- Implants (limited coverage requires preauthorization)

Covered at 15%, subject to deductible

Covered at 50%, subject to deductible

### Class IV—Orthodontia
- Class IV—Coinsurance
- Braces (dependents to age 19)

Not Covered

Covered at 50%, subject to orthodontia lifetime maximum

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1. Covered twice per calendar year
2. Services are reviewed for medical necessity
3. 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 Benefits website, www.rochester.edu/benefits. A paper copy of this information is available for free from the Benefits Office.