## Benefits Summary

### Schenectady County Active

#### EMPIRE DENTAL PLAN - Actives

<table>
<thead>
<tr>
<th>Service Type</th>
<th>In Network Options</th>
<th>Out of Network Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive</strong></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Restorative</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetic Repairs and Adjustments</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### OON Reimbursement Options
- **Deductible Options**: None
- **Annual Maximum Options**: None
- **Lifetime Ortho Maximum**: None
- **Dependent Ages**: Children to age 18, 25 if student
- **Adult Ortho**: Covered
- **Waiting Periods**: NONE

### Benefit Description

#### Timeframes
- **Diary Exams**: No Limit
- **Full Mouth x-rays**: Once Per Day
- **Bitewing x-rays**: Two times in 12 months
- **Periapical x-rays**: No Limit
- **Cleanings/Prophylaxis**: Once per day
- **Sealants**: Not Covered
- **Topical Fluoride Application**: Not Covered

#### Basic Services
- **Emergency Treatment for the relief of pain**
- **Space Maintainers**: Covered through Age 18 on posterior teeth once per lifetime For missing posterior primary teeth
- **Restorations**
  - **Amalgam Restorations**: Covered once per 12 months
  - **Posterior Composites**: Once per 12 months
  - **General anesthesia or intravenous sedation**: Not Covered
- **Oral Surgery**
  - Surgical removal of erupted tooth, impacted tooth, residual tooth roots or 3rd molars.
  - Surgical reduction of Fibrous Tuberosity.
  - Covered 1 time per 6 month period.
- **Temporomandibular Joint Disorder (TMJ)**
  - Pulpal Therapy, Therapeutic Pulpotomy
  - Patient must be 16 or younger, Root Canal Therapy, covered 1 time per tooth per lifetime
- **Prosthetic Repair and Adjustment**
  - Adjustments, relining, or rebasing available after 180 days of initial placement
- **Emergency Palliative Treatment**: Covered as Basic

#### Major Restorative Services
- **Pre-fabricated or Stainless Steel Crowns**: Covered 1 time per 6 months - no age limit.
- **Restorative cast post and core build-up**: Once per 60 months
- **Dentures, Partials, Crowns, Bridge Repairs**: Once per 60 months
- **Replacement and Implants**: Covered as Major
- **Dentures, Partials and Bridge Repairs**: Covered

### Comments
- **Note**: This is a benefits summary only and is subject to terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with our requirements could result in benefit reductions.