

ROCHESTER INSTITUTE OF TECHNOLOGY

Dental Insurance Plan for Active Employees

2010 Summary of Benefits

General Benefit Information																													
<p>This information provides a summary of the major provisions of the dental insurance plan - it is not a contract. It is intended to highlight the coverage; benefits are determined by the terms of the contract. The University intends to continue this benefit plan indefinitely, but reserves the right to modify or terminate the plan at any time with or without notice. Participation in this plan is provided to eligible employees and does not constitute a guarantee of employment, requires continued employment and eligibility and is subject to the terms and conditions of the Plan Document.</p>																													
Contacting the Plan Administrator (BlueCross BlueShield)	Voice (800) 724-1675 TTY (585) 454-2845																												
Pay Period Employee Contribution	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Full-Time</th> </tr> <tr> <th style="background-color: #f4a460;">Exempt (24 times)</th> <th>Non-Exempt (26 times)</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$3.38</td> <td>\$3.12</td> </tr> <tr> <td>2 Person</td> <td>\$8.06</td> <td>\$7.44</td> </tr> <tr> <td>Family</td> <td>\$12.22</td> <td>\$11.28</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Extended Part-Time</th> </tr> <tr> <th style="background-color: #f4a460;">Exempt (24 times)</th> <th>Non-Exempt (26 times)</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$5.72</td> <td>\$5.28</td> </tr> <tr> <td>2 Person</td> <td>\$13.91</td> <td>\$12.84</td> </tr> <tr> <td>Family</td> <td>\$20.67</td> <td>\$19.08</td> </tr> </tbody> </table>		Full-Time		Exempt (24 times)	Non-Exempt (26 times)	Individual	\$3.38	\$3.12	2 Person	\$8.06	\$7.44	Family	\$12.22	\$11.28		Extended Part-Time		Exempt (24 times)	Non-Exempt (26 times)	Individual	\$5.72	\$5.28	2 Person	\$13.91	\$12.84	Family	\$20.67	\$19.08
	Full-Time																												
	Exempt (24 times)	Non-Exempt (26 times)																											
Individual	\$3.38	\$3.12																											
2 Person	\$8.06	\$7.44																											
Family	\$12.22	\$11.28																											
	Extended Part-Time																												
	Exempt (24 times)	Non-Exempt (26 times)																											
Individual	\$5.72	\$5.28																											
2 Person	\$13.91	\$12.84																											
Family	\$20.67	\$19.08																											
Annual Deductible	\$25 per individual, \$50 family maximum. Applies to Basic and Major Restorative Services combined.																												
Annual Maximum	\$1,000 per individual. Applies to Basic and Major Restorative Services combined.																												
Orthodontia Maximum	\$1,000 per lifetime per child under age 19																												
Unique Exclusions	None																												
Pricing	Priced according to the Blue Shield Schedule of Allowances. Dentists who participate with Blue Shield agree to accept the Schedule of Allowances. Subscribers who go to a non-participating dentist will be liable for balances over the Schedule of Allowances.																												
Alternative Benefit Allowance	All covered procedures are subject to an alternative benefit allowance. When there is more than one technique or material type for a dental procedure, the dental plan will reimburse for the procedure that has the lesser allowance. When alternate benefit is enforced, the subscriber's benefits are not intended to interfere with the treatment plan recommended by the dentist. The subscriber and dentist should discuss which treatment is best suited for the patient, and may proceed with the original treatment plan regardless of the benefit determination. If the more expensive treatment is chosen, the subscriber is liable for the balance up to the billed amount.																												
Predetermination of Benefits	It is recommended that you ask your dentist to request a Predetermination of Benefits on your behalf prior to any extensive service. The information will be sent to you and will show you those services that are covered and those that are not, preparing you to make an informed decision on your treatment plan.																												

Preventive and Diagnostic Services	
Cleaning & Exam (twice per calendar year)	Covered at 100%
Topical Fluoride application for members under age 19 (twice per calendar year)	Covered at 100%
Emergency Palliative Treatment to relieve pain	Covered at 100%, when no other services are rendered
Sealants (once per tooth in 36 consecutive months for first and second unrestored permanent molars)	Covered at 100%, for members under age 16
X-rays (full mouth 1 in 3 years, bitewings 1 in 12 months)	Covered at 100%
Basic Restorative Services (all services subject Blue Shield Schedule of Allowances and to the annual deductible and annual maximum)	
Endodontics (Nerve and Pulp)	
Root Canal Treatment	Covered at 80%
Apicoectomy	Covered at 80%
Fillings - Silver/amalgam and anterior composite restorations for treatment of cavities (once per tooth per year)	Covered at 80%
Oral Surgery	
Routine Extraction	Covered at 80%
Non-routine Extraction (Surgical, Soft tissue, Impactions)	Covered at 80%
Periodontics (Gum and Tissue)	
Surgical Procedures: gingivectomy, osseous surgery or mucogingival surgery (allowed once in 36 months)	Covered at 80%
Non-Surgical Procedures: Periodontal Root Planning/Scaling (allowed once in 24 months)	Covered at 80%
Periodontal Maintenance following Surgery	Covered at 80%, allowed twice per calendar year
Major Restorative Services (all services subject Blue Shield Schedule of Allowances and to the annual deductible and annual maximum)	
Removable Prosthetics	
Complete Dentures	Allowed once every 5 years, combined with fixed prosthetics
Partial Dentures	Covered at 50%
Denture Repair/Adjustment	Covered at 50%
Fixed Prosthetics	
Crowns, Inlays/Onlays, Bridges	Allowed once every 5 years, combined with removable prosthetics
	Covered at 50%
Orthodontia Services	
Orthodontia for children under age 19	Covered at 50%, subject to the lifetime maximum