

Comparison of Benefits for St. John Fisher College

Services	Smile Saver I-No Orthodontia	Smile Saver IV
Preventive and Diagnostic Services	Not subject to the deductible or maximum	Not subject to the deductible or maximum
Cleaning & Exam (twice per calendar year)	100%	100%
Topical Fluoride application for members under age 19 (twice per calendar year)	100%	100%
Emergency Palliative Treatment to relieve pain	100%, when no other services are rendered	100%, when no other services are rendered
Sealants (once per tooth in 36 consecutive months for first and second unrestored permanent molars)	100%, for members under age 16	100%, for members under age 16
X-rays (full mouth 1 in 3 years, bitewings 1 in 12 months)	100%	100%
Basic Restorative	Subject to the annual deductible	Subject to the annual deductible
Fillings - Amalgam or composite (anterior) restorations for treatment of cavities (once per tooth per year)	50%	80%
Oral Surgery	Subject to the annual deductible	Subject to the annual deductible
Routine Extraction	50%	80%
Non-routine Extraction (Surgical, Soft tissue, Impactions)	50%	80%
Periodontics (Gum and Tissue)	Subject to the annual deductible	Subject to the annual deductible
Surgical Procedures: Gingivectomy, Osseous Surgery or Mucogingival Surgery (allowed once in 36 months)	50%	80%
Non-Surgical Procedures: Periodontal Root Planning/Scaling (allowed once in 24 months)	50%	80%
Periodontal Maintenance following Surgery	50%, allowed twice per calendar year	80%, allowed twice per calendar year
Endodontics (Nerve and Pulp)	Subject to the annual deductible	Subject to the annual deductible
Root Canal Treatment	50%	80%
Apicoectomy	50%	80%

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Removable Prosthetics	Subject to the annual deductible. Allowed once every 5 years, combined with Fixed Prosthetics	Subject to the annual deductible. Allowed once every 5 years, combined with Fixed Prosthetics
Complete Dentures	50%	50%
Partial Dentures	50%	50%
Denture Repair/Adjustment	50%	50%
Fixed Prosthetics	Subject to the annual deductible. Allowed once every 5 years, combined with Removable Prosthetics	Subject to the annual deductible. Allowed once every 5 years, combined with Removable Prosthetics
Crowns, Inlays/Onlays, Bridges	50%	50%
Orthodontics	Not Covered	Subject to the annual deductible
Orthodontia	Not Covered	50%
General Benefit Information		
Annual Deductible	\$50 per individual, \$100 family maximum	\$50 per individual, \$100 family maximum
Annual Maximum	\$1,000 per individual	\$750 per individual
Orthodontia Maximum	Not Covered	\$1,000 lifetime per child under age 19
Unique Exclusions	None	None
Pricing	Priced according to the Blue Shield Schedule of Allowances. Dentists who participate with Blue Shield agree to accept the Schedule of Allowances.	Priced according to the Blue Shield Schedule of Allowances. Dentists who participate with Blue Shield agree to accept the Schedule of Allowances.
Domestic Partner Benefits	Included	Included

This Is Not A Contract. It Is Intended To Highlight The Coverage Of Each Program. Benefits Are Determined By The Terms Of The Contract. All Benefits Are Subject To Medical Necessity.

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