



Benefit Summary (Effective: 1/1/2022 - 3/31/2022) (Version Updated: 09/11/2021)

| | | |
|---|-----------------------|--|
| UDSE-14-26/26 | Univera Dental Select | |
| Rating Region: Western NY | Small Group | |
| Rate | | |
| 4-Tier- Ind/Subscriber Spouse/Subscriber Child(ren)/Family | | |
| Single | \$37.49 | |
| Sub w/Spouse | \$74.96 | |
| Sub w/Child | \$69.79 | |
| Sub w/Children | \$69.79 | |
| Sub w/Spouse and one or more Children | \$113.52 | |
| We are quoting these rates on the express condition that, if the rates actually approved by the New York State Insurance Department are different than the rates quoted above, your rates for the effective date will change | | |
| The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative. | | |
| For Groups moving to Plan Year benefit renewal: I understand that my benefit plan year will change to the coverage effective date indicated below and that my group dental plan premium rate will also change on the coverage effective date indicated below. As a result of this change, all current deductibles, benefit limits, and annual maximum accumulators for all plan offerings will reset to zero on the coverage effective date indicated below. I agree to hold a new open enrollment for my employees and communicate to my employees the fact that their accumulators will reset to zero. | | |

Signature: _____

Title:

Date:

Group Name:

Total Employees:

Total Eligible:

Coverage Effective Date:

Broker:

| UDSE-14-26/26 | | Univera Dental Select |
|--|--|--|
| Plan Overview | | |
| Package ID | UDSE-14-26/26 | |
| Plan Name | Univera Dental Select | |
| Plan Type | Passive PPO - UCR90 | |
| Package Status | Existing | |
| Effective Date | 1/1/2022 - 3/31/2022 | |
| Activity Status | Active | |
| Dental Plan Features | | |
| Dependents and students | Qualified dependents and students are covered to age 26. | |
| Annual Deductible | \$50 individual/\$150 family; applies to classes II, IIA and III | |
| Annual Maximum | \$1,000 applies to classes II, IIA and III | |
| Annual Maximum Rollover | N/A | |
| Orthodontia Lifetime Maximum includes dependents to age 19 | Not covered | |
| Domestic partner | Covered | |
| Waiting periods & other limitations | Does not apply | |
| Network Benefits | | |
| | In-Network | Out-of-Network |
| In Area | Coverage provided through Univera Healthcare dental provider network | Covered at 90th UCR |
| Out of area | Covered, subject to balance billing | |
| Plan Benefits | | |
| Class I - Preventive | In-Network | Out-of-Network |
| Class I - Coinsurance | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Cleanings & exams | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Fluoride treatments covered to age 16 | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Sealants | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Bitewing x-rays | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Full mouth and panorex x-rays | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Space maintainers | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Emergency palliative treatment | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Dental Prophylaxis | Covered at 100% | Covered at 100%, subject to deductible and balance billing |
| Class II - Basic Restorative | In-Network | Out-of-Network |
| Class II - Coinsurance | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Fillings | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Simple Extraction Oral Surgery | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Class II A - Basic Restorative | In-Network | Out-of-Network |
| Class II A - Coinsurance | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Oral surgery | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |

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|---|---------------------------------------|---|
| Endodontics | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Periodontal surgery | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Periodontal scaling and root planing | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Periodontal maintenance following surgery | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible and balance billing |
| Class III - Major Restorative | In-Network | Out-of-Network |
| Class III - Coinsurance | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible and balance billing |
| Fixed prosthetics | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible and balance billing |
| Removable prosthetics | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible and balance billing |
| Inlays / Onlays / Crowns | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible and balance billing |
| Relines / rebases | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible and balance billing |
| Implants | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible and balance billing |
| Class IV - Orthodontia Group must have 10 contracts enrolled | In-Network | Out-of-Network |
| Class IV - Coinsurance | Not Covered | Not Covered |
| Braces | Not Covered | Not Covered |

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations. In the event of a dispute between this summary and your member contract, the member contract will prevail.

Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.

For technical web issues please contact our Web Help Desk at 1-800-278-1247