



BENEFIT SUMMARY
Buffalo Board of Education
Local 264

TYPE OF COVERAGE (PREFERRED DENTAL PLAN)

100% PREVENTIVE AND DIAGNOSTIC SERVICES:

- Examinations (Two per calendar year)
- Cleanings (Two per calendar year)
- X-ray-4 bitewing x-rays per person per calendar year, 1 full-mouth series of x-rays or 1 panoramic film per person, once every 3 years.
- Fluoride treatments (only for dependent children to age 19)
- Space maintainers and mouth guards(only for dependent children to age 19)

80% BASIC SERVICES:

- Extractions and fillings
- Repair of dentures
- Consultations
- Root canal therapy
- Periodontic treatment and periodontic surgery
- Oral surgery
 - Difficult extractions
 - Removal of impacted teeth

50% PROSTHETICS SERVICES:

- Full dentures, partial dentures
- Fixed bridges
- Crowns

100% ORTHODONTIA:

- Dependent Children to age 19 end of calendar year
- Lifetime Maximum per person (\$1,998.00)

Unmarried dependent children are covered to the end of the calendar year in which they reach the age of 19.

Unmarried dependent students are covered to the end of the calendar year in which they reach the age of 25.

The above dental benefits are all a per person, per calendar year basis. All benefits are available from both participating and non-participating providers. **Participating Providers accept Emblemhealth Preferred Plan schedule as payment in full for Preventive and Orthodontia services and 80% Preferred Plan schedule for Basic and 50% Prosthetics services. Covered services rendered by non-participating providers are reimbursed to members at Preferred Plan Schedule.** The difference between the non-participating providers charge and EmblemHealth Preferred Plan schedule is the responsibility of the member. **The annual maximum for your plan is \$1,200 per covered individual. Please call EmblemHealth Customer Service at (800)624-2414, if you have any questions about your coverage. To obtain a list of EmblemHealth Participating Preferred Dentist please log on to our website WWW.EMBLEMHEALTH.COM.**