VILLAGE OF SAG HARBOR DENTAL BENEFIT SUMMARY

DENTAL BENEFITS

Calendar Year Deductible $50 Individual $150 Family (out of network benefits only)

Annual Maximum Benefit
- **CSEA** $1,000.00 per calendar year
- **PBA** $1,000.00 per calendar year plus any unused family vision benefit

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
PREVENTATIVE SERVICES		
Cleanings	Covered in Full	100% of R&C
Emergency Treatment CODE 9110	Covered in Full	100% of R&C
Fluoride Treatment – covered for children up to their 18th birthday	Covered in Full	100% of R&C
Oral Examinations	Covered in Full	100% of R&C
Space Maintainers	Covered in Full	100% of R&C
X-rays	Covered in Full	100% of R&C
BASIC SERVICES		
Anesthesia	Covered in Full	Subject to deductible and payable at 80% of R&C
Bonding	Covered in Full	Subject to deductible and payable at 80% of R&C
Extractions – Oral Surgery	Covered in Full	Subject to deductible and payable at 80% of R&C
Fillings	Covered in Full	Subject to deductible and payable at 80% of R&C
Gingivectomy	Covered in Full	Subject to deductible and payable at 80% of R&C
Laboratory Tests	Covered in Full	Subject to deductible and payable at 80% of R&C
Periodontic Services	Covered in Full	Subject to deductible and payable at 80% of R&C

R&C = Reasonable and Customary

VILLAGE OF SAG HARBOR DENTAL BENEFIT SUMMARY

DENTAL BENEFITS (CONT.)

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Root Canals	Covered in Full	Subject to deductible and payable at 80% of R&C
Scaling and Root Planing	Covered in Full	Subject to deductible and payable at 80% of R&C
MAJOR SERVICES		
Porcelain Crowns, Inlays, and Onlays	Covered in Full	Subject to deductible and payable at 50% of R&C
Dentures/Bridgework – Subject to missing tooth clause	Covered in Full	Subject to deductible and payable at 50% of R&C
Gold Crowns, Inlays, and Onlays	Covered in Full	Subject to deductible and payable at 50% of R&C
EXCLUSIONS AND LIMITATIONS		
Sealants	Limited to posterior teeth up until the 14th birthday	Limited to posterior teeth up until the 14th birthday
Cleanings	One visit allowed ever 6 months to twice per year	One visit allowed ever 6 months to twice per year
Full Mouth Series & Panoramic X-Rays	Once every three years	Once every three years
Oral Exams	One visit allowed ever 6 months to twice per year	One visit allowed ever 6 months to twice per year
ORTHODONTIC		
Lifetime Maximum of CSEA $1,250 per individual PBA $1500 per individual	Payable @ 50% of charges to the lifetime maximum	

***Must start treatment before 19th birthday**
***Invisalign is not covered**

R&C = Reasonable and Customary

3/6/2017