



DIOCESE OF SYRACUSE SCHEDULE OF DENTAL PLAN BENEFITS

Applies to: 002 (Non-Clergy A). Claims must be filed within 2 years or the claim will be denied. A detailed description of all Plan benefits, including the following benefits, can be found in the Section Detailed Description of Benefits.

TYPE OF DENTAL SERVICE	BENEFIT D02
Annual Dental Plan Deductible	none
Maximum Annual Dental Plan Benefit (does not include any applicable orthodontic benefit)	\$1,000 per Covered Family Member
Preventative and Diagnostic Expenses Class I A Covered Services	100%
Basic Restorative Expenses Class II Covered Services	75%
Major Restorative Expenses Class III Covered Services	50%
Orthodontia Expenses Class IV Covered Services	50% per covered family member up to Age 19
Maximum Lifetime Orthodontia Benefit	\$1,000 Max

Note: This Coverage Summary is intended to be a general description of benefits only. Some limitations, conditions, or exclusions may apply. The benefits listed above are subject to change at any time. If there is a discrepancy between this overview and the Plan Document, the Plan Document will prevail. Services must be appropriate dental services, unless otherwise stated. The fact that a Provider may prescribe, order, recommend or approve a service or supply does not, of itself, make it an appropriate dental service even though it is not specifically listed as an exclusion. All of the facts and circumstances surrounding the claim must be considered.