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CHEMUNG COUNTY GROUP DENTAL BENEFIT SUMMARY

Plan Year: January 1 through December 31
Dependents: to age 19 (end of year); full-time student to age 25 (end of month)

Coverage:

For covered services, the plan will pay 100% of the first \$100.00 of allowable amounts.

A \$50.00 deductible will then be applied toward any allowable amount.

After the first \$100.00 has been paid toward covered services and you have met your \$50.00 Deductible (maximum of 3 times \$50.00 for a family), the plan will then pay 80% of the allowed amount for covered services up to a total annual benefit of \$1,000. The annual maximum allowed for all covered services, excluding orthodontic care is \$1,000.

Maximums:

Plan Year: \$1,000 per person

Orthodontic: 80% to a lifetime maximum benefit of \$2,500 for dependents under 19 years of age (does not apply to the plan year maximum).

Your benefit plan will pay 80% of the allowable amount for orthodontic services up to a lifetime maximum of \$2,500. Payment will never be more than \$2,500 for any member of this plan over the course of your lifetime, even if you leave the plan and re-enter the plan under the same subscriber or another subscriber.

This benefit program allows you the freedom to choose any certified dental provider and have services rendered.

Customer Service: 1-888-418-8151

This document is intended to be a summary of the dental plan and is not a contract or guarantee of benefits. The entire dental plan document is available on-line or upon request.