

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:

Plan pays 100% of the first \$100.00 of charges
then
Member pays \$50.00 individual/\$150 family deductible
then
Plan pays 80% of the next \$1,125.00 of charges

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)

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

Customer Service: 1-800-803-5773

This document is intended to be a summary of the dental plan and is not a contract or guarantee of benefits.