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**Empire Dental Preferred (XPO) Benefit Summary
for
Research Foundation – CUNY
Full Time Employees**

Service	In-Network¹	Out-of-Network²
Diagnostic & Preventive <ul style="list-style-type: none"> • Exams • X-rays • Prophylaxis • Fluoride Treatment • Sealant 	100%	80%
Basic Restorative <ul style="list-style-type: none"> • Fillings • Endodontics • Routine Extractions 	100%	80%
Major Restorative <ul style="list-style-type: none"> • Periodontics • Oral Surgery • Prosthetics 	60%	50%
Orthodontia* (up to age 19)	50%	50%

Other Important Plan Features:

- ◆ Your annual maximum is: \$2,500
- ◆ Your in-network annual deductible is: None
- ◆ Your out-of-network annual deductible is: \$50/Individual - \$100/Family
- ◆ Dependent children are covered to the end of the month following the month in which they turn age 26
- ◆ Orthodontics* are covered for dependent children up to age 19 to a maximum of: \$1,750

Specific details regarding Empire Dental Preferred are available in the benefit booklet which will be available after enrollment.

¹ Percentage of in-network fee schedule covered when services are performed by an in-network provider. Members are not responsible for charges above the fee schedule for covered services.

² Percentage of out-of network fee schedule covered when services are performed by an out-of-network provider.