

St. John Fisher University / 2025 Dental Comparison

Key Benefits		High Plan 100/80/80/50/50	Low Plan 100/50/50/50/0
Plan Features:			
Dependents Covered to Network		Age 26 at end of month BlueShield / 31 County	Age 26 at end of month BlueShield / 31 County
Provider Reimbursement		All services paid at BlueShield Schedule of Allowances. Participating dentists agree to accept these discounted fees for covered services. Non-participating dentists are not obligated to accept these fees; members are responsible for any differences up to dentists' charges.	All services paid at BlueShield Schedule of Allowances. Participating dentists agree to accept these discounted fees for covered services. Non-participating dentists are not obligated to accept these fees; members are responsible for any differences up to dentists' charges.
Annual Deductible		\$50 / \$100 Classes II, IIa, III	\$50 / \$100 Classes II, IIa, III
Annual maximum (per member)		\$1,500	\$1,000
Orthodontia Lifetime maximum (per member)		\$1,000	Not Covered
Preventative Care:			
CLASS I	Cleanings & exams Flouride treatments for children (to age 16) Sealants Bitewing x-rays Panorex x-rays Space maintainers Emergency palliative treatment	100% of allowed amount	100% of allowed amount



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Basic Restorative Care:			
CLASS II	Fillings Simple extractions	80% of allowed amount	50% of allowed amount
CLASS IIA	Oral surgery Endodontics	80% of allowed amount	50% of allowed amount
	Periodontal surgery Periodontal scaling & root planing Periodontal maintenance following surgery		
	IV Sedation for extraction of 3rd molars		
Major Restorative Care:			
CLASS III	Fixed prosthetics Removable prosthetics Inlays / onlays / crowns Relines / rebases Implants	50% of allowed amount	50% of allowed amount
Orthodontia:			
CLASS IV	Braces, for children up to age 19	50% of allowed amount 1/2 of Lifetime max paid in one year	Not Covered
Annual Maximum Rollover Benefit Threshold \$500 Allows \$250 per year to rollover Maximum \$1,000		Applies	Applies



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