

UBT DENTAL PLAN

This chart presents a summary of benefits and reflects the amount that the plan pays for your treatment or services. Please read the sections that follow for details on plan benefits and limitations. Benefit Classes 2 and 3 are subject to an annual plan deductible of \$25 per person. Benefit Classes 1 and 4 have no deductible.

	PPO Dentist	Premier Dentist	Non-participating Dentist*
Annual Maximum \$1500 per person per benefit year	Plan Pays	Plan Pays	Plan Pays*
CLASS 1 SERVICES			
Diagnostic and Preventive Services			
Oral Exams twice per plan year	100%	100%	100%*
Cleanings (prophylaxes) twice per plan year	100%	100%	100%*
Full mouth x-rays once in any three year period	100%	100%	100%*
Bitewing X-rays twice per plan year	100%	100%	100%*
Topical fluoride treatment for age 18 and under or age 55 or older, twice per plan year	100%	100%	100%*
Space maintainers, age 18 and under, once per lifetime	100%	100%	100%*
Emergency palliative treatment (temporary pain relief)	100%	100%	100%*
Sealants for unblemished permanent molars for age 18 and under, once per tooth, per three year period	100%	100%	100%*
Brush biopsy	100%	100%	100%*
CLASS 2 SERVICES (annual \$25 deductible applies)			
Restorative Services			
Filings	100%	65%	65%*
Routine extractions	100%	65%	65%*
Relining and rebasing of existing removable dentures, once in any three year period	100%	65%	65%*
Repair or re-cementing of crowns, inlays, onlays, dentures or bridgework	100%	65%	65%*
Oral Surgery			
Complex extractions or removal of tooth or root	100%	65%	65%*
General anesthesia when medically necessary in connection with a covered dental service	100%	65%	65%*
Antibiotic injections	100%	65%	65%*
Endodontic			
Root canal, pulp capping, pulpotomy or therapy for diseases of the soft tissue	100%	65%	65%*
Periodontics			
Treatment of diseases of the gums and tissue	100%	65%	65%*
Periodontal maintenance cleanings following some form of periodontal treatment	100%	65%	65%*

	PPO Dentist	Premier Dentist	Non-participating Dentist*
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CLASS 3 SERVICES (annual \$25 deductible applies)			
Prosthodontics			
Installation of fixed bridgework, once in any five year period	60%	50%	50%*
Installation of implants and implant related services, once per tooth in any five year period	60%	50%	50%*
Installation of a partial removable or full removable denture, once in any five year period	60%	50%	50%*
Crowns, inlays, and onlays up to one such restoration to the same tooth surface, once in any five year period	60%	50%	50%*
Replacement of an existing removable denture or fixed bridgework. Must be due to the loss of one or more natural teeth after the existing denture was installed or if the existing denture or bridgework is at least five years old and unserviceable	60%	50%	50%*
Replacement of an existing immediate temporary full denture by a new permanent full denture. Must be necessary because the existing denture cannot be made permanent and the permanent denture is installed with 12 months after the existing denture was installed.	60%	50%	50%*
Addition of teeth to an existing partial removable denture. Must be needed to replace one or more natural teeth removed after the existing denture was installed.	60%	50%	50%*
CLASS 4 SERVICES			
Orthodontia (children only)		Lifetime Orthodontic Maximum \$1500	
Services for the treatment of irregularities of the teeth and their correction, including appliance therapy, so as to bring about proper occlusion. Dependent children are eligible until the end of the month in which the child reaches age 19 or 23 if a student.	50% up to \$1,500**	50% up to \$1,500**	50%* up to \$1,500**

The Annual Maximum Payment per person, per benefit year is \$1,500 for all services except Orthodontics.

Orthodontic payment is based on the treatment plan submitted by the dentist including but not limited to the date of the banding or placement of the appliance, and the number of months of treatment. Payment begins once the bands or the appliance is placed and will continue on a monthly basis as long as you are eligible under the dental plan until the end of treatment or your \$1,500 maximum has been met.

*The percentages in the "Nonparticipating Dentist" column will be paid based on Delta Dental's Allowed Amount for non-participating dentists for that service, not necessarily the amount the dentist bills. This could leave a balance due, which you are responsible for.

**The lifetime maximum payment for orthodontic services is \$1,500 per person.