

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 year July 1 - June 30	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 benefit year	100%	100%	100%*
Cleanings (prophylaxes) twice per benefit year	100%	100%	100%*
Full mouth x-rays once in any FIVE year period	100%	100%	100%*
Bitewing X-rays once per benefit year	100%	100%	100%*
Topical fluoride treatment for age 18 and under or age 55 or older, twice per benefit 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, lifetime	100%	100%	100%*
Brush biopsy	100%	100%	100%*
Evidence based benefits ¹ regular cleanings (prophylaxis) and topical fluoride treatment for at risk conditions (<i>see page 3</i>)	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 ²	100%	65%	65%*

Annual Maximum \$1500 per person per benefit year	PPO Dentist	Premier Dentist	Non-participating Dentist*
	Plan Pays	Plan Pays	Plan Pays*

CLASS 3 SERVICES (annual \$25 deductible applies)

Major restorative services

Prosthodontics (crowns, implants, bridges, dentures)

Installation of fixed bridgework	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	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 bridge-work 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**
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1. Specific at-risk health conditions (see page 12) may be eligible for additional cleanings/prophylaxis or periodontal maintenance cleanings regardless of periodontal disease history.

2. With documented history of periodontal disease, you are eligible for additional cleanings.

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

The Annual \$25 Deductible is for class 2 and class 3 services combined. Classes 1 and 4 have no deductible.

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

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. See the example on page 3.

NEW EVIDENCE-BASED BENEFITS EFFECTIVE JULY 1, 2018

COVERAGE LEVEL				
People Eligible	Treatment	PPO Dentist	Premier or non-participating dentist	Frequency per benefit period
Individuals with: <ul style="list-style-type: none"> • Endocarditis • Renal failure/dialysis • Chemotherapy/radiation • HIV positive • Organ transplant • Stem cell (bone marrow) transplant 	• Prophylaxis	100%	100%	4x total
	• Periodontal maintenance cleaning	100%	65%	
Head and neck radiation patients	• Prophylaxis	100%	100%	4x total
	• Periodontal maintenance cleaning	100%	65%	
Individuals with history of periodontal disease	• Tropical fluoride treatment, regardless of age	100%	100%	2x total
	• Prophylaxis	100%	100%	
Individuals with history of periodontal disease	• Periodontal maintenance cleaning	100%	65%	4x total
	• Prophylaxis	100%	65%	

If you have one or more of the conditions listed above, ask your dentist and physician how you can better manage your oral health to prevent infection and improve your condition.

EXAMPLE OF UBT DENTAL PLAN PAYMENT

	PPO Dentist	Premier Dentist	Non-participating Dentist
What is the payment based on?	The billed fee or the amount in your dentist's local PPO Fee Schedule ¹ , whichever is less.	The billed fee or the Maximum Approved Fee ² , whichever is less.	The billed fee or the Non-participating Dentist Fee ³ , whichever is less.
Payment example of a Class 2 dental benefit (assuming any applicable deductible has been met)	Billed Charges: \$100.00 PPO Fee Schedule amount: \$76.00 Delta Dental pays 100% of the PPO fee schedule: \$76.00 Member pays: \$0.00 <i>The PPO dentist cannot charge you the \$24 difference between the PPO Fee Schedule amount and his/her fee.</i>	Billed Charges: \$100.00 Maximum Approved Fee: \$92.00 Delta Dental pays 65% of the Maximum Approved Fee: \$59.80 Member pays: \$32.20 <i>The Premier dentist cannot charge you the \$8 difference between the Maximum Approved Fee and his/her fee.</i>	Billed Charges \$100.00 Non-Par Dentist Fee amount: \$88.00 Delta Dental pays 65% of the Non-Participating Dentist Fee amount: \$57.20 Member pays: \$42.80 <i>Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.</i>

¹ A PPO Dentist is one that has agreed to the PPO Fee Schedule, which is lower than Maximum Approved Fee used for a dentist who participates in Delta Dental Premier.

² A Premier Dentist has agreed to accept the Maximum Approved Fee, the maximum amount approved for a specific procedure determined by Delta Dental in the Premier program.

³ Non-participating Dentist Fee is the maximum fee allowed when the dentist does not participate.