

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 (see page 12)	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%*

DENTAL BENEFITS

UBT DENTAL PLAN

Your UBT Trustees have selected Delta Dental of Ohio as your dental carrier effective July 1, 2010.

The UBT Dental Plan covers diagnostic and preventative services at 100% and no annual deductible is required for Class 1 or 4 services. You must meet the annual deductible of \$25 per person, for Class 2 and 3 services, before benefits are paid.

Benefits will be paid up to the maximum annual benefit amount of \$1500 per person per plan year.

Out-of-pocket costs may vary depending on the provider you choose. You will be covered by one plan, but your savings are determined by the dentist you choose.

One plan, three levels of payment

- **Delta Dental PPO** providers offer the highest level of savings and cannot balance-bill you for additional payment for the services you received. That means no additional out of pocket expenses.
- **Delta Dental Premier** providers are in the secondary network. While you receive a more modest savings compared to the PPO dentist, you will have many more dentists to choose from than the PPO. You cannot be balance-billed for the difference between the dental charge and the allowed amount.

- **Non-participating** providers will balance-bill you for any amount that exceeds Delta Dental's allowed amount. They may ask you to pay the full amount up front and may have you submit your claim information to receive reimbursement.

PLAN ADMINISTRATION

The UBT Dental Plan is administered by Delta Dental of Ohio, a Third Party Administrator (TPA) with two dental provider networks: the Delta Dental PPO and Delta Dental Premier. With two networks available the UBT Dental Plan offers access to more in-network providers and thus greater savings to its members.

The UBT DENTAL Plan also has an out of network benefit. So you can see any dentist you choose and the plan will pay, however benefits are better in one of Delta Dental's two networks.

For a summary of benefits and the percentages of dentists' fees the plan pays in the PPO, Premier or out of network, see the chart on pages 10 and 11. See Page 12 for plan payment examples by network.

You must meet a deductible of \$25 per person each plan year before benefits are payable for restorative services, oral surgery, endodontic, periodontic and prosthodontic services (Class 2 and 3 services combined).

Finding a Participating Dentist

To find the names of participating dentists near you, call Delta Dental's customer service department toll-free at **877-334-5008**. The DASI (Delta's Automated Service Inquiry) system is available 24 hours a day, seven days a week, and can provide you with the names of participating dentists. You can also check the Delta Dental link under the PLANS tab, or go directly to **deltadentaloh.com**.

PRE-TREATMENT ESTIMATE

A pre-treatment estimate is recommended for services over \$300. It outlines what the plan will pay, giving you an idea as to the portion of the cost that will be your responsibility. See page 13 for claims information.

NETWORK FEE

A discounted fee negotiated by Delta Dental for services from network providers.

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 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**

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 12.

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 	<ul style="list-style-type: none"> • Prophylaxis • Periodontal maintenance cleaning 	100%	100%	4x total
Head and neck radiation patients	<ul style="list-style-type: none"> • Prophylaxis • Periodontal maintenance cleaning 	100%	100%	4x total
	<ul style="list-style-type: none"> • Tropical fluoride treatment, regardless of age 	100%	100%	2x total
Individuals with history of periodontal disease	<ul style="list-style-type: none"> • Prophylaxis • Periodontal maintenance cleaning 	100%	100%	4x total

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.