UBT Dental Plan

Plan Highlights

Evidence based dentistry. Based on new scientific findings; the UBT dental plan is making some changes to the benefits! The plan may offer additional cleanings for certain high risk medical conditions when accompanied by periodontal disease and may change the frequencies.

The UBT Dental Plan covers class 1 services; diagnostic and preventive services at 100% with no deductible.

Scientific research shows that oral health can have a significant impact on specific medical conditions. The UBT Dental Plan will now include additional routine teeth cleanings (prophylaxes) or periodontal maintenance cleanings, when needed, for people with certain at-risk conditions. Visit **benefitstrust.org/highrisk** for details.

One annual bitewing x-ray and a full mouth x-ray every 5 years.

Sealants for permanent molars for age 18 and under, once per tooth per lifetime.

Annual deductible of $25 per person for class 2 and 3 services combined.

Periodontal maintenance cleanings including up to four following gum disease diagnosis *(subject to $25 deductible)*.

Maximum annual benefits of $1,500 per person per plan year for all service except orthodontics.

Separate $1,500 lifetime orthodontia maximum.

UBT Dental Plan allows the patient to choose the plan payment based on the provider chosen for their dental services.	PPO Dentist	Premier Dentist	Non-Par-ticipating Dentist*
	Plan Pays	Plan Pays	Plan Pays*
Class 1 Services			
Diagnostic and Preventive Services (exams, routine cleanings, x-rays, sealants)			
All Services	100%	100%	100%*
Class 2 Services (annual $25 deductible applies)			
Restorative Services (fillings, endodontics, periodontics, oral surgery)			
All Services	100%	65%	65%*
Class 3 Services (annual $25 deductible applies)			
Prosthodontics (crowns, implants, bridges, dentures)			
All Services	60%	50%	50%*
Class 4 Services (deductible DOES NOT apply to orthodontics)			
Orthodontia (children only)	**Lifetime Orthodontic Max $1,500**		
Dependent Children to End of Month of their 26th birthday	50% up to $1,500		

The chart summarizes the amount the plan pays for each class of services. Visit our website for a more detailed chart, for details regarding the expanded services for high risk conditions and all other plan provisions. The official plan document and claim forms can be printed from **benefitstrust.org** under the Forms and Info Tab.

*Percentage of amount out-of-network allowed.