Benefit Category	Base Plan Pays	Base Plan Pays		Buy-Up Plan Pays	
Class I - Diagnostic/Preventive Services	Network Elite Plus	Non-Network	Network Elite Plus	Non-Network	
Exams	100%	100%	100%	100%	
Cleanings & Fluoride Treatments	100%	100%	100%	100%	
X-rays	100%	100%	100%	100%	
Space Maintainers	100%	100%	100%	100%	
Class II – Basic Services					
Palliative Treatment (Emergency)	80%	80%	90%	90%	
Basic Restorative (Includes Posterior	80%	80%	90%	90%	
Composite Fillings)	80%	80%	90%	90%	
Simple Extractions	80%	80%	90%	90%	
Endodontics	80%	80%	90%	90%	
Nonsurgical Periodontics	80%	80%	90%	90%	
Surgical Periodontics	80%	80%	90%	90%	
Oral Surgery	80%	80%	90%	90%	
General Anesthesia	80%	80%	90%	90%	
Class III – Major Services					
Inlays, Onlays, Crowns	60%	60%	75%	75%	
Prosthetics (Bridges, Dentures)	60%	60%	75%	75%	
Repair of Dentures	60%	60%	75%	75%	
Implants	0%	0%	50%	50%	
Orthodontics					
Diagnostic, Active, Retention Treatment	50%	50%	50%	50%	
Lifetime Orthodontic Maximum (per covered person)	\$1,000	\$1,000	\$1,500	\$1,500	
Included Plan Features (members must registe	er for Smile for Health to I	receive the enhar	ced coverage)		
Smile for Health®– Wellness3 Provides	- Covers 1 additiona	l periodontal	– Covers 1 additional periodontal		

Smile for Health®– Wellness3 Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke

- Covers 1 additional periodontal maintenance per year at 100%
- Scaling and root planing are covered at 100%
- 4 periodontal surgery procedures are covered at 100%
- Covers 1 additional periodontal maintenance per year at 100%
- Scaling and root planing are covered at 100%
- -4 periodontal surgery procedures are covered at 100%

## **Program Maximums/Deductibles**

Annual Program Maximum (per covered person)

\$3,000

Annual Program Deductible\*

\$50 Single/\$150 Family

Non-network Reimbursement 90th Percentile 90th Percentile

\*Annual Deductible excludes Class | Services and Orthodontics.

Class 1: Diagnostic/Preventive services do not count towards your annual maximum.

Keep in mind that for services obtained outside of the UCCI network, our company has negotiated for reasonable and customary charges at the 90th percentile for all geographic areas where services are provided to you.