

UPMC Dental *Advantage*

Premium 100/80/50
\$0/\$1,500/Ortho \$1,000

UPMC Dental *Advantage* will cover the services set forth below, related to the dental benefits provided in accordance with UPMC Dental *Advantage* policies and procedures. In the event that the terms and conditions set forth in other dental benefit material provided conflict with those set forth in this plan document, the terms and conditions of the plan document control.

	In-Network	Out-of-Network
Plan Year Deductible	\$0	\$100 Individual/ \$300 Family
Plan Year Maximum	\$1,500	\$1,500
Class I: Diagnostic/Preventive	100%	80%
Exams and Prophylaxis	Payable for 2 services in a benefit year	
Bitewings	Payable for 2 services in a benefit year up to age 14; 1 service in a benefit year for 14+ years	
Complete Series and Panoramic Films	Payable for 1 service in a 36 month period and is not covered for members under the age of 5	
Topical Fluoride	Payable to Age 19 for 2 services in a benefit year	
Periodontal scaling/root planing	Payable for 1 service every 24 months	
Sealants	Payable to age 14 for 1 service per tooth (molar) every 36 months	
Space Maintainers	Payable to age 19	
Class II: Basic Services	80%	60%
Amalgam & Composite Fillings	Payable	
Pulpal Therapy/Anterior and Posterior	Payable	
Endodontic Therapy (Including treatment plan, clinical procedures, and follow-up care)	Payable	
Extractions and Oral Surgery	Payable	
Class III: Major Services	50%	40%
Crowns	Payable for 1 service per tooth in a 60 month period	
Inlay/Onlay - metallic/porcelain/resin up to 4 surfaces	Payable for 1 service per tooth in a 60 month period	
Implants	Payable for 1 service per tooth per lifetime	
Prostodontics	Payable	
Dentures Complete and Partial	Payable for 1 service in a 60 month period	
Prefabricated stainless steel crown/primary tooth	Payable for 1 service per tooth in a 60 month period	
Orthodontics: Child (Under Age 19)	Covered	Covered
Lifetime Orthodontic Maximum	\$1,000	\$750

The services above are not all-inclusive – they include only the most common dental procedures in a class or service grouping. UPMC Dental *Advantage* encourages, but does not require, members to seek predetermination for major services, such as crowns and bridges to obtain the most accurate payment estimate. Additional plan information can also be found in the Certificate of Insurance.

This rider may expand or restrict the benefits set forth in your UPMC Dental Advantage Certificate of Insurance. See the Certificate of Insurance for the details of the terms of coverage for your health benefit plan. In the event that the terms of your Certificate of Insurance conflict with this rider, the terms of this rider control.

Pediatric Dental Services are covered in compliance with requirements under the Affordable Care Act (ACA) for members of group plans with 50 or fewer employees. Find eligibility and benefit details in your Certificate of Insurance and Pediatric Dental EHB Rider at MyHealth OnLine or call Member Services.