

**Single Monthly Rate: \$35.97**  
**Family Monthly Rate: \$96.26**

**Univera Dental PPO**

<b>Preventive and Diagnostic Services</b>	<b>In Network</b>	<b>Out of Network</b>
	Not subject to the deductible or maximum	Not subject to the deductible or maximum
Cleaning & Exam (twice per calendar year)	100%	80%
Topical Fluoride application for members under age 19 (twice per calendar year)	100%	80%
Emergency Palliative Treatment to relieve pain	100%, when no other services are rendered	80%, when no other services are rendered
Sealants (once per tooth in 36 consecutive months for first and second unrestored permanent molars)	100%, for members under age 16	80%, for members under age 16
X-rays (full mouth 1 in 3 years, bitewings 1 in 12 months)	100%	80%
<b>Basic Restorative</b>	Subject to the annual deductible	Subject to the annual deductible
Fillings - Amalgam or composite (anterior) restorations for treatment of cavities (once per tooth per year)	75%	65%
<b>Oral Surgery</b>	Subject to the annual deductible	Subject to the annual deductible
Routine Extraction	75%	65%
Non-routine Extraction (Surgical, Soft tissue, Impactions)	50%	40%
<b>Periodontics (Gum and Tissue)</b>	Subject to the annual deductible	Subject to the annual deductible
Surgical Procedures: Gingivectomy, Osseous Surgery or Mucogingival Surgery (allowed once in 36 months)	50%	40%
Non-Surgical Procedures: Periodontal Root Planning/Scaling (allowed once in 24 months)	50%	40%
Periodontal Maintenance following Surgery	50%, allowed twice per calendar year	40%, allowed twice per calendar year

<b>Endodontics (Nerve and Pulp)</b>	Subject to the annual deductible	Subject to the annual deductible
Root Canal Treatment	50%	40%
Apicoectomy	50%	40%
<b>Removable Prosthetics</b>	Subject to the annual deductible. Allowed once every 7 years, combined with Fixed Prosthetics	Subject to the annual deductible. Allowed once every 7 years, combined with Fixed Prosthetics
Complete Dentures	50%	40%
Partial Dentures	50%	40%
Denture Repair/Adjustment	50%	40%
<b>Fixed Prosthetics</b>	Subject to the annual deductible. Allowed once every 7 years, combined with Removable Prosthetics	Subject to the annual deductible. Allowed once every 7 years, combined with Removable Prosthetics
Crowns, Inlays/Onlays, Bridges	50%	40%
<b>Orthodontics</b>	Subject to the annual deductible	Subject to the annual deductible
Orthodontia	50%	50%
<b>General Benefit Information</b>		
Dependent Coverage	To Age 19 (Students to 23)	To Age 19 (Students to 23)
Annual Deductible	\$50 per individual, \$150 family maximum	\$50 per individual, \$150 family maximum

Annual Maximum	\$1,000 per individual	\$1,000 per individual
Orthodontia Maximum	\$1,000 lifetime per child under age 19	\$1,000 lifetime per child under age 19
Unique Exclusions	None	None
Pricing	Priced according to the DenteMax Schedule of Allowances. Dentists who participate with DenteMax agree to accept the Schedule of Allowances.	Out Of Network Benefit is made directly to the member. The member is liable for non-participating dentist's in full

All covered procedures are subject to an alternative benefit allowance. When there is more than one technique or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, the subscriber's benefits are not intended to interfere with the treatment plan recommended by the dentist. The subscriber and dentist should discuss which treatment is best suited for the patient, and may proceed with the original treatment plan regardless of the benefit determination. If the more expensive treatment is chosen, the subscriber is liable for the balance up to the billed amount.

**\*This Is Not A Contract. It Is Intended To Highlight The Coverage Of This Program. Benefits Are Determined By The Terms Of The Contract. All Benefits Are Subject To Clinical Necessity.**