

Dental Plan

Diagnostic Services (Not subject to Annual Maximum) 100% > Routine oral examinations 100% > Dental X-rays - - Fill mouth X-rays - - Bitwing X-rays 100% Preventive Services (Not subject to Annual Maximum) 100% > Routine cleanings 100% > Topical fluoride application for dependent children under age 19 100% > Space maintainers (not made of precious metals) that replace prematurely lost teeth for dependent children under 19 years of age 2 > Fillings 100% > Fillings 100% > Fillings 100% > Endodontics, including pulpotomy and root canal treatment 100% Periodontal Services 100% > Diagnosis and treatment planning including periodontal scaling and root planing 100% > Surgical periodontal therapy including periodontal scaling and root planing 100% > Surgical removal of teeth 100% Prosthetics 100% > Initial insertion of bridges (including pontics and abutment crowns, inlays and onlays) 100% > Initial insertion of partial or full dentures or bridge by a new denture or bridge 50% > Single unconnected crowns, inlays and onlays, but o	Benefit Provision	Plan B
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		\$1,500
	Annual Deductible (<i>Excludes</i> Diagnostic, Preventive and Orthodontic Services)	NONE

NOTE: UCCI Participating Dentists will accept the Maximum Allowable Charge (MAC) reimbursement as payment in full. *This summary is intended as a general description of coverage. Specific limitations and exclusions may apply to some services.*