

**UNIVERSITY OF VIRGINIA HEALTH PLAN
DENTAL SCHEDULE OF BENEFITS
FOR ENROLLEES IN EMPLOYEE AND COBRA GROUPS
AND RETIREES WHO CHOOSE THE DENTAL OPTION
2009**

SERVICES PROVIDED	PARTICIPANTS ARE RESPONSIBLE FOR AMOUNTS ABOVE THE ALLOWABLE CHARGE IF NON-PARTICIPATING PROVIDERS USED*
1. TYPE A PROCEDURES: DIAGNOSTIC & PREVENTIVE CARE**	
A. Oral Examinations and Prophylaxis (two per calendar year)	Paid in Full up to Allowable Charge
B. Dental X-rays (full-mouth or panoramic X-rays once in a 36-month period, unless approved in advance by TPA)	Paid in Full up to Allowable Charge
C. Bitewing Radiographs (two per calendar year)	Paid in Full up to Allowable Charge
D. Palliative Emergency Treatment	Paid in Full up to Allowable Charge
E. Topical fluoride application for children under age 19 (two per calendar year)	Paid in Full up to Allowable Charge
F. Space maintainers for children under age 19 (after loss of a primary molar or permanent first molar; one per tooth every 3 years)	Paid in Full up to Allowable Charge
G. Biopsies of oral tissue	Paid in Full up to Allowable Charge
H. Sealants (occlusal) for children under age 19 (one per tooth every 3 years)	Paid in Full up to Allowable Charge
I. Pulp vitality tests (two per calendar year)	Paid in Full up to Allowable Charge
2. TYPE B PROCEDURES: PRIMARY SERVICES**	
A. Restorative – fillings (one per tooth in a 12 month period)	Deductible & 20% of Allowable Charge
B. Endodontics - treatment of dental pulp, including root canal therapy	Deductible & 20% of Allowable Charge
C. Oral Surgery	Deductible & 20% of Allowable Charge
D. Periodontics (treatment of gum disease)	Deductible & 20% of Allowable Charge
E. General Anesthesia when medically necessary and administered in connection with oral surgery	Deductible & 20% of Allowable Charge
3. TYPE C PROCEDURES: MAJOR RESTORATIVE**	
A. Crowns, inlays and onlays	
i. installation;	Deductible & 50% of Allowable Charge
ii. recementing after installation (not more than once in a 12-month period);	Deductible & 20% of Allowable Charge
iii. repair after installation;	Deductible & 20% of Allowable Charge
iv. replacement	Deductible & 50% of Allowable Charge
B. Bridges	
i. installation;	Deductible & 50% of Allowable Charge
ii. recementing	Deductible & 20% of Allowable Charge
iii. repair after installation;	Deductible & 20% of Allowable Charge
iii. replacement (must be more than five years after	Deductible & 50% of Allowable Charge

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installation but not more than once in five years)	
C. Dentures (Full or Partial)	
i. installation;	Deductible & 50% of Allowable Charge
ii. repair after installation;	Deductible & 20% of Allowable Charge
iii. replacement of full denture	Deductible & 50% of Allowable Charge
D. Dental Implants	Deductible & 50% of Allowable Charge
4. TYPE D SPECIAL SERVICES: ORTHODONTICS	
A. Orthodontia Care	50% of Allowable Charge
B. Lifetime Maximum Benefit	\$1000 per person
5. ANNUAL MAXIMUM BENEFIT** (calendar year)	\$1500 per person for Type A, Type B, and Type C \$1000 per person for Type D
6. CALENDAR YEAR DEDUCTIBLES**	\$50 per person for either Type B or Type C

* Coinsurance amounts are based on the Allowable Charge as defined in the Section titled "Definitions" in the Description of Benefits. Participants are responsible for amounts above the Allowable Charge if they use non-participating providers. Allowable amounts are different for participating and non-participating providers.

** The annual deductible and counters associated with this benefit are reset to zero when a participant moves from one policy to another.