

**UNIVERSITY OF VIRGINIA DENTAL PLAN
2025 SCHEDULE OF IN-NETWORK BENEFITS, ELITE PRIME NETWORK
COMPARISON OF BASIC DENTAL AND ENHANCED DENTAL OPTIONS**

| SERVICES PROVIDED*** | BASIC DENTAL (Based on Allowable Charge)* | ENHANCED DENTAL (Based on Allowable Charge)* |
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| 1. TYPE A PROCEDURES: DIAGNOSTIC & PREVENTIVE CARE** | | |
| A. Routine Oral Evaluations and Prophylaxis (two per calendar year) | Plan pays 100% | Plan pays 100% |
| B. Limited Oral Evaluation (one per calendar year) | Plan pays 100% | Plan pays 100% |
| C. Dental X-rays (full-mouth or panoramic X-rays once in a 36-month period, unless approved in advance by TPA) | Plan pays 100% | Plan pays 100% |
| D. Bitewing Radiographs (two per calendar year) | Plan pays 100% | Plan pays 100% |
| E. Palliative Emergency Treatment | Plan pays 100% | Plan pays 100% |
| F. Topical fluoride application for children under age 19 (two per calendar year) | Plan pays 100% | Plan pays 100% |
| G. Space maintainers for children under age 19 (after loss of a primary molar or permanent first molar; one per tooth every 3 years) | Plan pays 100% | Plan pays 100% |
| H. Biopsies of oral tissue | Plan pays 100% | Plan pays 100% |
| I. Sealants (occlusal) for children under age 19 (one per tooth every 3 years) | Plan pays 100% | Plan pays 100% |
| J. Pulp vitality tests (two per calendar year) | Plan pays 100% | Plan pays 100% |
| 2. TYPE B PROCEDURES: PRIMARY SERVICES** | | |
| A. Restorative – fillings (one per tooth in a 12-month period) | You pay 20% after annual deductible; Plan pays 80% | You pay 20% after annual deductible; Plan pays 80% |
| B. Endodontics - treatment of dental pulp, including root canal therapy | You pay 20% after annual deductible; Plan pays 80% | You pay 20% after annual deductible; Plan pays 80% |
| C. Oral Surgery | You pay 20% after annual deductible; Plan pays 80% | You pay 20% after annual deductible; Plan pays 80% |
| D. Periodontics (treatment of gum disease) | You pay 20% after annual deductible; Plan pays 80% | You pay 20% after annual deductible; Plan pays 80% |

| SERVICES PROVIDED*** | BASIC DENTAL (Based on Allowable Charge)* | ENHANCED DENTAL (Based on Allowable Charge)* |
|--|--|---|
| E. General Anesthesia when medically necessary and administered in connection with oral surgery | You pay 20% after annual deductible; Plan pays 80% | You pay 20% after annual deductible; Plan pays 80% |
| F. Repair of Crowns, Inlays, Onlays, Bridges, & Dentures | You pay 20% after annual deductible; Plan pays 80% | You pay 20% after annual deductible; Plan pays 80% |
| 3. TYPE C PROCEDURES: MAJOR RESTORATIVE** | | |
| A. Crowns, inlays and onlays | | |
| Installation or replacement | You pay 50% after annual deductible; Plan pays 50% | You pay 40% after annual deductible; Plan pays 60% |
| B. Bridges | | |
| Installation or replacement (must be more than five years after installation but not more than once in five years) | You pay 50% after annual deductible; Plan pays 50% | You pay 40% after annual deductible; Plan pays 60% |
| C. Dentures (Full or Partial) | | |
| installation or replacement | You pay 50% after annual deductible; Plan pays 50% | You pay 40% after annual deductible; Plan pays 60% |
| D. Dental Implants (replacement of implant related crowns/prosthetic- one per tooth per five years) | You pay 50% after annual deductible; Plan pays 50% | You pay 40% after annual deductible; Plan pays 60% |
| 4. TYPE D SPECIAL SERVICES: ORTHODONTICS | | |
| A. Orthodontia Care | Not covered | You pay 50%; Plan pays 50% |
| B. Lifetime Maximum Benefit | Not covered | \$1000 per person |
| 5. ANNUAL MAXIMUM BENEFIT (calendar year) | \$1000 per person for Type A, Type B, and Type C | \$2000 per person for Type A, Type B, and Type C |
| 6. CALENDAR YEAR DEDUCTIBLES | \$50 per person for either Type B or Type C | \$50 per person for either Type B or Type C |

*Coinsurance amounts are based on the Allowable Charge which is defined as the amount the Claims Administrator will pay for any covered service before any applicable coinsurance.

** **Smile for Health** benefits are available for those with a diagnosis of maternity, heart disease, stroke, diabetes, and respiratory disease. See the **Smile for Health** attachment for details.

*** The most commonly used services are included on this schedule. Contact UCCI at 1.866.215.2354 for coverage details and limitations on other services or view them at UCCI's 'My Dental Benefits' at www.unitedconcordia.com/dental-insurance/member/clients-corner/university-of-virginia/.