UNIVERSITY OF VIRGINIA DENTAL PLAN BASIC DENTAL SCHEDULE OF BENEFITS 2024

In-Network (Based on Allowable Charge)		ELITE PRIME NETWORK	
1. TYPE A PROCEDURES: DIAGNOSTIC & PREVENTIVE CARE** A. Routine Oral Evaluations and Prophylaxis (two per calendar year) B. Limited Oral Evaluation (one per calendar year) Plan pays 100% Plan pays 85% Plan pays 85% Plan pays 100% Plan pays 85% Plan pays 85%	SERVICES PROVIDED***	_	Out-of-Network*
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per tooth every 3 years) J. Pulp vitality tests (two per calendar year) Plan pays 100% Plan pays 85% 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 35% after annual deductible; Plan pays 65%	H. Biopsies of oral tissue	Plan pays 100%	Plan pays 85%
J. Pulp vitality tests (two per calendar year) Plan pays 100% Plan pays 85% PRIMARY SERVICES** A. Restorative – fillings (one per tooth in a 12-month period) You pay 20% after annual deductible; Plan pays 80% You pay 35% after annual deductible; Plan pays 65%		Plan pays 100%	Plan pays 85%
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period) deductible; Plan pays 80% deductible; Plan pays 65%	PRIMARY SERVICES**		
	A. Restorative – fillings (one per tooth in a 12-month	You pay 20% after annual	You pay 35% after annual
B. Endodontics - treatment of dental pulp, You pay 20% after annual You pay 35% after annual	period)	deductible; Plan pays 80%	deductible; Plan pays 65%
	B. Endodontics - treatment of dental pulp,	You pay 20% after annual	You pay 35% after annual
including root canal therapy deductible; Plan pays 80% deductible; Plan pays 65%	including root canal therapy	deductible; Plan pays 80%	deductible; Plan pays 65%
C. Oral Surgery You pay 20% after annual You pay 35% after annual	C. Oral Surgery	You pay 20% after annual	You pay 35% after annual
deductible; Plan pays 80% deductible; Plan pays 65%		deductible; Plan pays 80%	
D. Periodontics (treatment of gum disease) You pay 20% after annual You pay 35% after annual	D. Periodontics (treatment of gum disease)		
deductible; Plan pays 80% deductible; Plan pays 65% E. General Anesthesia when medically necessary You pay 20% after annual You pay 35% after annual	E. Gonoral Anasthasia when madically pessesses		
and administered in connection with oral surgery deductible; Plan pays 80% deductible; Plan pays 65%			
F. Repair of Crowns, Inlays, Onlays, Bridges, & You pay 20% after annual You pay 35% after annual			
Dentures deductible; Plan pays 80% deductible; Plan pays 65%			
3. TYPE C PROCEDURES:	3. TYPE C PROCEDURES:		
MAJOR RESTORATIVE**	MAJOR RESTORATIVE**		
A. Crowns, inlays and onlays			

University of Virginia Dental Plan Effective Date: 1/1/2024

	ELITE PRIME NETWORK	
CEDVICEC DDOVIDED***	In-Network	Out-of-Network*
SERVICES PROVIDED***	(Based on Allowable Charge)	(BASED ON ALLOWABLE CHARGE)
Installation or replacement	You pay 50% after annual	You pay 65% after annual
	deductible; Plan pays 50%	deductible; Plan pays 35%
B. Bridges		
Installation or replacement (must be more than	You pay 50% after annual	You pay 65% after annual
five years after installation but not more than once in five years)	deductible; Plan pays 50%	deductible; Plan pays 35%
C. Dentures (Full or Partial)		
installation or replacement	You pay 50% after annual	You pay 65% after annual
	deductible; Plan pays 50%	deductible; Plan pays 35%
D. Dental Implants	You pay 50% after annual	You pay 65% after annual
	deductible; Plan pays 50%	deductible; Plan pays 35%
4. TYPE D SPECIAL SERVICES:		
ORTHODONTICS		
A. Orthodontia Care	Not covered	
B. Lifetime Maximum Benefit	Not covered	
5. ANNUAL MAXIMUM BENEFIT	\$1000 per person for Type A, Type B, and Type C	
(calendar year)		
6. CALENDAR YEAR DEDUCTIBLES	\$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. Participants are responsible for amounts above the Allowable Charge if they use non-participating providers in addition to the appropriate coinsurance and this amount may be significant.

University of Virginia Dental Plan Effective Date: 1/1/2024

^{**} Smile for Health benefits are available for those with a diagnosis of maternity, heart disease, stroke, diabetes, and respiratory disease. View the Smile for Health Schedule of Benefits for details.

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