

DENTAL BENEFIT SUMMARY

University of Arkansas System



Benefit Period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year. Applies to Coverage A, B and C

Individual deductible	Family deductible (2 family members)	Annual maximum payment	Orthodontic lifetime maximum
Basic and Major Services	Basic and Major Services	Per person per calendar year	
\$50	\$100	\$1,750	\$2,000

	In Network	Out of Network	
TYPE A CHARGES: PREVENTIVE SERVICES (not subject to deductible)			
Exams	100%	90%	
Radiographic Images (X-rays)	100%	90%	
Fluoride Treatment	100%	90%	
Prophylaxis (cleaning)	100%	90%	
Sealants	100%	90%	
TYPE B CHARGES: BASIC RESTORATIVE SERVICES			
Fillings	80%	72%	
Extractions	80%	72%	
Surgical and Non-Surgical Periodontics	80%	72%	
Endodontics (root canals)	80%	72%	
Oral Surgery	80%	72%	
Anesthesia	80%	72%	
TYPE C CHARGES: MAJOR RESTORATIVE SERVICES			
Inlays, Onlays, Crowns	50%	45%	
Partials and Dentures	50%	45%	
Implants	50%	45%	
ORTHODONTIC SERVICES limited to covered persons to age 18 (not subject to deductible)			
Diagnostic, Active Retention Treatment	50%	40%	
DENTAL XTRA (Included)			
Two additional cleanings covered per year (a total of four) for members with one of the following qualifying conditions: diabetes, coronary artery disease, oral cancer, Sjogren's syndrome, head and neck cancers, chronic obstructive pulmonary disease, end-stage renal disease, metabolic syndrome, stroke or pregnancy. Dental Xtra benefits may not be combined by members with more than one condition.			
ROLLOVER BENEFIT			
In-network calendar-year aggregate maximum	Yearly threshold amount	Available rollover amount to use next year/beyond	Accumulated rollover maximum
\$1,500	\$750	\$375	\$1,500



You have the freedom to choose any licensed dentist for covered services. However, it works to your advantage to choose a dentist from the Arkansas Dental Select Plus network. You'll get the deepest discounts and pay less out of pocket when you choose a dentist from the Arkansas Dental Select Plus network of providers.



Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your Summary Plan Description for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the plan issued by your employer, the plan shall prevail.