

UPMC Health Benefits, Inc.

Basic 100/0/0/\$0 with Discount

This is your Dental Schedule of Benefits. It sets forth the services UPMC Health Plan will cover in accordance with your plan. All coverage provided is subject to relevant UPMC Health Plan policies and procedures. In the event that the terms and conditions set forth in other UPMC Health Plan materials conflict with those set forth in this Dental Schedule of Benefits, the terms and conditions of this Dental Schedule of Benefits control.

	Participating Dentist	Non-Participating Dentist ²
Plan Year Dental Deductible	\$0 Individual / \$0 Family	\$100 Individual / \$300 Family
Plan Year Maximum	Unlimited	Unlimited
Class I: Diagnostic/Preventive	Covered at 100%; you pay \$0	You pay 20% after Deductible
Exams and Prophylaxis	Payable for 2 service(s) per Benefit Period	
Bitewings	Payable for 2 service(s) per Benefit Period up to the age of 14; 1 service per benefit period for 14+ years of age	
Complete Series and Panoramic Images	Payable for 1 service(s) per 36 month period ; not covered for Members under the age of 5	
Topical Fluoride	Payable for 2 service(s) per Benefit Period up to age 19	
Periodontal Scaling and Root Planing	Payable for 1 service(s) every 24 months	
Sealants	Payable up to age 14 for 1 service(s) per tooth - molar every 36-months	
Space Maintainers	Payable to age 19	
Class II: Basic Services	20% Discount	Not Covered
Class III: Major Services	20% Discount	Not Covered
Orthodontics: Child (Up to 19)	Not Covered	Not Covered
Lifetime Orthodontic Maximum	Not Covered	Not Covered

¹Members are eligible for a discount on non-covered Class II and Class III services when received from a Participating dental provider. The discount does not apply to orthodontics or cosmetic services. The discount applies to UPMC Health Plan Participating Dentists in the state of Pennsylvania only. The discount does not apply to DenteMax providers.

²Out-of-network reimbursement is based on Usual, Customary, and Reasonable charges as determined by UPMC Health Plan. Nonparticipating Dental Provider may bill the Member the difference between the Provider's billed charges and the Plan allowance. The Member is responsible for the difference between those charges and the provider's fee.

Important Information about this Plan Document

The services above are not all-inclusive – they include only the most common dental procedures in a class or service grouping. UPMC Health Plan encourages, but does not require, Members to seek predetermination for major services, such as crowns and bridges to obtain the most accurate payment estimate. Additional plan information can also be found in the Dental Certificate of Insurance.

Pediatric dental services (if applicable) are covered as required under the Affordable Care Act (ACA) for Members enrolled in ACA-compliant group plans. Find eligibility and benefit details in your Pediatric Dental Certificate of Insurance and Pediatric Dental Schedule of Benefits on the UPMC Health Plan member site or call Member Services.

*UPMC Dental *Advantage* is a product of UPMC Health Benefits Inc. and is administered by SKYGEN. Please note that throughout this document, we use the terms “UPMC Health Plan” and “the Plan” to refer to UPMC Health Benefits Inc. as well as to UPMC Health Plan Inc.

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219
www.upmchealthplan.com

UPMC Health Plan Nondiscrimination Notice

UPMC Health Plan, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Translation Services

UPMC for You

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: **1-800-286-4242** (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-286-4242 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-286-4242 (телетайп: 711).

UPMC for Kids

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: **1-800-650-8762** (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-650-8762 (TTY: 711).

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1-800-650-8762 (телетайп: 711).

UPMC Community HealthChoices

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: **1-844-833-0523** (TTY: 711).

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