UNIVERSITY OF VIRGINIA DENTAL PLAN
BASIC DENTAL SCHEDULE OF BENEFITS
2024

SERVICES PROVIDED***	ELITE PRIME NETWORK IN-NETWORK (BASED ON ALLOWABLE CHARGE)	OUT-OF-NETWORK* (BASED ON ALLOWABLE CHARGE)
1. TYPE A PROCEDURES: DIAGNOSTIC & PREVENTIVE CARE**		
A. Routine Oral Evaluations and Prophylaxis (two per calendar year)	Plan pays 100%	Plan pays 85%
B. Limited Oral Evaluation (one per calendar year)	Plan pays 100%	Plan pays 85%
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 85%
D. Bitewing Radiographs (two per calendar year)	Plan pays 100%	Plan pays 85%
E. Palliative Emergency Treatment	Plan pays 100%	Plan pays 85%
F. Topical fluoride application for children under age 19 (two per calendar year)	Plan pays 100%	Plan pays 85%
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 85%
H. Biopsies of oral tissue	Plan pays 100%	Plan pays 85%
I. Sealants (occlusal) for children under age 19 (one per tooth every 3 years)	Plan pays 100%	Plan pays 85%
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%
B. Endodontics - treatment of dental pulp, including root canal therapy	You pay 20% after annual deductible; Plan pays 80%	You pay 35% after annual deductible; Plan pays 65%
C. Oral Surgery	You pay 20% after annual deductible; Plan pays 80%	You pay 35% after annual deductible; Plan pays 65%
D. Periodontics (treatment of gum disease)	You pay 20% after annual deductible; Plan pays 80%	You pay 35% after annual deductible; Plan pays 65%
E. General Anesthesia when medically necessary and administered in connection with oral surgery	You pay 20% after annual deductible; Plan pays 80%	You pay 35% after annual deductible; Plan pays 65%
F. Repair of Crowns, Inlays, Onlays, Bridges, & Dentures	You pay 20% after annual deductible; Plan pays 80%	You pay 35% after annual deductible; Plan pays 65%
3. TYPE C PROCEDURES: MAJOR RESTORATIVE**		
A. Crowns, inlays and onlays		

SERVICES PROVIDED***	ELITE PRIME NETWORK IN-NETWORK (BASED ON ALLOWABLE CHARGE)	OUT-OF-NETWORK* (BASED ON ALLOWABLE CHARGE)
Installation or replacement	You pay 50% after annual deductible; Plan pays 50%	You pay 65% after annual deductible; Plan pays 35%
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 65% after annual deductible; Plan pays 35%
C. Dentures (Full or Partial)		
installation or replacement	You pay 50% after annual deductible; Plan pays 50%	You pay 65% after annual deductible; Plan pays 35%
D. Dental Implants	You pay 50% after annual deductible; Plan pays 50%	You pay 65% after annual 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 (calendar year)	$1000 per person for Type A, Type B, and Type C	
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.

** ***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 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/.