

Summary of Dental Benefits



UNIVERSITY OF ALABAMA SYSTEM: POLICY #GUDS-19P3

The Basic Plan Covers:	The Comprehensive Plan Covers:
<p style="text-align: center;">Paid at 90%</p> <ul style="list-style-type: none"> ○ Class A – Preventive and Diagnostic Services <ul style="list-style-type: none"> Oral Exams X-rays Teeth Cleaning Fluoride Application (to age 19) Space Maintainers (age 16 and under) Sealants (age 16 and under) <p><i>(Exams and cleanings are limited to twice per calendar year.)</i></p> ○ Class B – Basic Services <ul style="list-style-type: none"> Fillings Root Canals Periodontics – gum disease Oral Surgery – extractions Emergency Treatment Denture Repairs <p>Calendar Year Maximum: \$750 per patient</p> <p>Deductibles: \$25 Deductible, per patient, per calendar year \$75 Deductible, per family, per calendar year <i>(Deductible does not apply to Diagnostic & Preventive Services.)</i></p>	<p style="text-align: center;">Paid at 90%</p> <ul style="list-style-type: none"> ○ Class A – Preventive and Diagnostic Services <ul style="list-style-type: none"> Oral Exams X-rays Teeth Cleaning Fluoride Application (to age 19) Space Maintainers (age 16 and under) Sealants (age 16 and under) <p><i>(Exams and cleanings are limited to twice per calendar year.)</i></p> ○ Class B – Basic Services <ul style="list-style-type: none"> Fillings Root Canals Periodontics – gum disease Oral Surgery – extractions Emergency Treatment Denture Repairs <p style="text-align: center;">Paid at 60%</p> <ul style="list-style-type: none"> ○ Class C – Major Services Crowns & Cast Restorations – these services are covered when teeth cannot be restored by basic restorative processes. ○ Fixed Bridges Services to construct or repair bridges. ○ Complete or Partial Dentures Services to construct dentures. <i>(Only teeth extracted while insured under the UofAL dental plan will qualify for initial replacement benefits.)</i> <p style="text-align: center;">Paid at 50%</p> <ul style="list-style-type: none"> ○ Class D – Orthodontic Services Orthodontic services for adults and children. <p>Calendar Year Maximum: \$1,000 per patient</p> <p>Orthodontia Maximum: \$1,000 overall, per patient <i>(Orthodontia maximum reduced by the amount of benefits paid by previous carrier.)</i></p> <p>Deductibles: \$25 Deductible, per patient, per calendar year \$75 Deductible, per family, per calendar year <i>(Deductible does not apply to Diagnostic, Preventive, & Orthodontic Services.)</i></p>

Should you have any benefit questions, please call or write to

United of Omaha Life Insurance Company • Mutual of Omaha Plaza • Omaha, NE 68175 • 1-800-462-2877

The information above describes some of the features of your Dental Plan. Your certificate booklet will provide a full explanation of your plan's benefits. Please refer to the back of this page for plan exclusions and limitations.

Dental Plan Exclusions and Limitations

Benefits are not payable for:

- (a) Caries susceptibility tests, bacteriologic studies, histopathologic exams, pulp vitality tests, and magnetic resonance imaging;
- (b) Any expense or charge for services related to congenitally missing teeth;
- (c) Gnathologic tests, orthognathic surgery, osteoplasties, osteotomies, LeFort procedures, vestibuloplasties and stomatoplasties, or any expense for treatment of congenital malformations;
- (d) Any expense related to treatment of Temporomandibular Joint Disorder or Dysfunction and functional/myofunctional therapy except to the extent as may be required by state law;
- (e) Implants or any procedure associated with the preparation for, maintenance of, or placement or removal of implants;
- (f) Provisional or permanent periodontal splinting;
- (g) Procedures for the treatment of teeth or gums for cosmetic or reconstructive purposes, including realignment of teeth except for covered orthodontic procedures;
- (h) Retreatment or adjustment, reline, rebase, or repair of full or partial removable dentures when performed by the same dentist or dental office which provided the initial service, either within six months of the completion of the service or within any time frame if the initial service is not adequate to meet professionally accepted dental standards;
- (i) Procedures, restorations, devices, appliances or dentures to change vertical dimension, to alter occlusion or to replace tooth structure lost through attrition, erosion or abrasion or any expense for occlusal adjustment or equilibration;
- (j) Athletic mouthguards, bruxism appliances or any appliance to correct harmful habits or any procedure related to such appliances;
- (k) Local anesthesia as a separate charge or any expense for drugs and medications whether or not they require a written prescription or any expense for analgesics or euphoric drugs;
- (l) Any treatment, procedure or supply not shown under Covered Services; any expense which is in excess of the usual and customary charges or any expense or charge for a dental procedure which is not considered a medically necessary dental procedure;
- (m) Duplication of procedures or separate charges for procedures which are customarily associated with completion of a more comprehensive dental procedure;
- (n) Charges incurred for duplication of procedures when you or your dependent transfers from the care of one dentist to the care of another dentist;
- (o) Any expense considered a covered service by any other provision of your group health insurance plan provided by the Policyholder;
- (p) Any expense which arises out of or in the course of employment for any employer or for which the insured person is entitled to benefits under any workers compensation or occupational disease law, or receives any settlement from a workers compensation carrier;
- (q) Any expense which results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or sickness;
- (r) Any expense resulting from the insured person's participation in a riot or in the commission of a felony;
- (s) Any expense for services or supplies which are provided or paid for by the federal government or its agencies except for:
 - (1) the Veterans Administration, when services are provided to a veteran for a disability which is not service-connected;
 - (2) a military hospital or facility, when services are provided to a retiree (or dependent of a retiree) from the armed services; or
 - (3) a group plan established by government for its own civilian employees and their dependents;
- (t) Any expense which results from an act of declared or undeclared war or armed aggression;
- (u) Any expense:
 - (1) which is incurred while the insured is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country; and
 - (2) for which any governmental body or its agencies are liable.

Underwritten by
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175