

**Unity Health Insurance
UW Health and Community Networks**

Deductibles:

Per Person, per Benefit Accumulation Period: \$0.00
 Per Family, per Benefit Accumulation Period: \$0.00

Benefit Maximums:

Per Person, per Benefit Accumulation Period: \$1,000.00
 Orthodontic Maximum Benefit per Lifetime
 Per Dependent Child to age 19: \$1,500.00

As a Unity Health Insurance Delta Dental subscriber it is important to note that benefits are provided only when you see a Delta Dental Dentist. Delta Dental PPO dentists agree to accept payment based on a reduced schedule, which means your out-of-pocket costs may be less.

Benefits:	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>
Diagnostic and Preventive Procedures	100%	100%
Basic Restorative Procedures	100%	100%
Orthodontic Procedures	50%	50%

After you have satisfied the deductible requirements as stated, the program provides payment at the indicated percentage of fees, up to the maximum stated for each eligible person in each benefit accumulation period. A benefit accumulation period is a 12-month period of time over which deductibles (if any) and maximums apply. The benefit accumulation period is January 1 through December 31.

Covered Procedures

Please see the Summary of Benefits page for the coverage percentage for each category.

Covered procedures are subject to the limitations described within each coverage category below and the Exclusions outlined later.

Diagnostic and Preventive Procedures

1. Examinations – two per year.
2. Full mouth x-rays, which include bitewing x-rays, at 3-year intervals. Full mouth x-rays may be either individual films or panoramic film.

3. Bitewing x-rays two per year, limited to a set of 4 films.
4. Dental prophylaxis (teeth cleaning) – two per year.
5. Topical fluoride applications two per year for dependent children to age 19.
6. Space maintainers for retaining space when a primary tooth is prematurely lost.
7. Topical application of sealants for dependent children through the age of 15 years. Application is limited to the chewing surface of permanent teeth and benefits are limited to one (1) application per tooth per lifetime.
8. **Palliative (emergency) treatment of dental pain – minor procedure**

Basic Restorative Procedures

1. Extractions – nonsurgical
2.
 - a. Amalgam (silver) restorations;
 - b. composite (tooth-colored) restorations in anterior (front) teeth;
 - c. stainless steel prefabricated crowns — 1 per primary tooth in a 3-year period.
3. Local anesthetic as part of a dental procedure.
4. Simple endodontics — pulpotomy, pulp caps, and pulpal therapy (pulpotomy related to root canal procedure is excluded).

Orthodontic Procedures

Orthodontic services include orthodontic appliances and treatment, and related services for orthodontic purposes, including examinations, x-rays, extractions, photographs and study models, for persons eligible as stated on the Summary of Benefits page.

Your coverage includes orthodontic treatment in progress. Delta Dental's payment for orthodontic treatment in progress extends only to the part of the treatment plan that occurs after your coverage becomes effective.

Repair or replacement of orthodontic appliances is not covered by this dental plan.

If orthodontic treatment is stopped for any reason before it is completed, Delta Dental will pay only for services and supplies actually received. No benefits are available for charges made after treatment stops.

Delta Dental calculates all orthodontic treatment schedules according to the following formula: One-fourth of the total case fee is considered the initial, or down-payment, fee. The remainder of the allowed fee is divided by the total number of months of treatment. Monthly payments are made by Delta Dental at the coverage percent stated on the Summary of Benefits page.