

## DENTAL BENEFITS



The dental plan provides coverage for preventive, basic, major and orthodontic services. Your coverage under the dental plan depends on the type of care you need.

PLAN PROVISION	PLAN BENEFIT*
ANNUAL DEDUCTIBLE	\$25 per covered individual \$75 family
ANNUAL MAXIMUM	\$2,000 per covered individual for all dental services (not including orthodontia)
<b>PREVENTIVE CARE</b> <ul style="list-style-type: none"> <li>- Routine exams and cleanings (twice per calendar year)</li> <li>- Fluoride treatment (once per calendar year for eligible dependents under age 18)</li> <li>- X-rays (limited by type of X-ray)</li> <li>- Space maintainers (for eligible dependents under age 16)</li> <li>- Dental sealant (once every 36 months for eligible dependents under age 15)</li> <li>- Emergency treatment for the relief of dental pain</li> </ul>	Plan pays 100%, deductible does not apply
<b>BASIC CARE**</b> <ul style="list-style-type: none"> <li>- Extractions</li> <li>- Oral surgery</li> <li>- Fillings, other than gold</li> <li>- General anesthesia given in connection with covered services</li> <li>- Periodontic procedures for treatment of the area around the tooth</li> <li>- Endodontic procedures, such as root canals</li> <li>- Injections of antibiotic drugs and written prescriptions for drugs and medicines</li> </ul>	Individual pays 20% after deductible
<b>MAJOR CARE**</b> <ul style="list-style-type: none"> <li>- Crowns</li> <li>- Bridges</li> <li>- Dentures</li> <li>- Implants</li> </ul>	Individual pays 50% after deductible
<b>ORTHODONTIC CARE**</b>	Individual pays 50% after deductible
<b>ORTHODONTIC LIFETIME MAXIMUM</b>	\$1,500 per covered individual

\* Charges are subject to usual and customary limits, based on a dentist's usual, actual and community average charge.

\*\***Delayed Dental** - If coverage is not elected within 30 days of hire/newly eligible or qualified status change, when coverage is elected, only preventive and diagnostic services are covered for the first six months of coverage on the Plan.

MONTHLY DENTAL COVERAGE COST		
	Full-Time	Part-Time
Employee Only	\$ 21.00	\$ 32.00
Employee + Spouse	\$ 40.00	\$ 60.00
Employee + Child	\$ 42.50	\$ 64.00
Employee + Children	\$ 42.50	\$ 64.00
Family	\$ 56.00	\$ 70.00

### FILING DENTAL CLAIMS

UMR processes all MHS dental claims. To be reimbursed for dental care when you use a provider outside the PPO Network, you will need to complete a claim form and submit it along with your bill. If you have a question about your claim or if you would like to check if a specific service or procedure is covered, contact UMR directly.

UMR  
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1-800-826-9781

PPO Network Website | [www.umar.com](http://www.umar.com)  
Network: UMR Managed Dental or Connection Dental