



UNC Hospitals Graduate Medical Education Dental Insurance Benefits

COVERAGE A - Diagnostic and Preventative Services - Pays 100%

- Routine periodic examinations not more than twice in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical X-rays as required.
- Full mouth X-rays once in any five (5) year period.
- Prophylaxis (cleaning) twice in any benefit period.
- Topical application of fluoride once per benefit period for dependent children to age nineteen (19).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age sixteen (16).

COVERAGE B - Basic Restorative Services - Pays 80%

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Endodontics, including pulpal therapy and root canal filling.
- Simple extractions.
- Space maintainers for prematurely lost teeth of eligible dependent children to age thirteen (13).
- Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.

COVERAGE C - Major Restorative Services - Pays 50%

- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Surgical periodontics.
- Non-surgical periodontics.
- Periodontal maintenance; two (2) per benefit period following active periodontal treatment.

MONTHLY RATES**

Employee - \$23.46
 Employee + Spouse - \$47.46
 Employee + Children - \$54.90
 Family - \$66.18

Deductible Limitations

\$50 per Person, Limited to a Maximum Deductible of Three x per Person per Family Each Calendar Year on Coverages B and C and Any Applicable Riders. *There is No Deductible for Coverage A.*

Annual Individual Maximum

\$1,000 per Person, per Calendar Year.

Waiting Period(s)

Waiting periods will not apply to employees eligible to enroll for the 7/1/2005 effective date.

However, there is a waiting period for Coverage C for late enrollees.

Coverage C Services will not be covered for late enrollees until he/she is enrolled in the dental plan for 12 consecutive months.

****Rates may vary based on overall participation.**