

UNI Self Insured Dental Plan

UNI offers one dental plan to benefit eligible employees.
This plan offers covered services in both the PPO and Premier Networks.

January 1, 2021 through December 31, 2025

UNI Delta Dental Plan	
Single Coverage: Monthly Premium	
Employee's Contribution	\$6.00
Employer's Contribution	\$25.50
Family Coverage: Monthly Premium	
Employee's Contribution	\$54.75
Employer's Contribution	\$54.75
Dual Spouse Discount for Family Coverage: Monthly Premium	
Employee's Contribution	\$46.50
Employer's Contribution	\$63.00
Annual Benefit Period (Calendar Year) Maximum (The annual benefit amount insurance will cover per calendar year per member)	\$1,500
Deductible Per Person	None
Ortho Deductible	None
Ortho Maximum	\$1,500 life time
Check Ups & Teeth Cleaning <i>(Diagnostic and Preventive Services)</i>	Covered at 100%
<ol style="list-style-type: none"> 1. Dental Cleaning – twice per calendar year 2. Oral Evaluations including consultations – twice per calendar year 3. Fluoride Applications – once every 12 months for dependent children under age 19 4. X-Rays 5. Sealant Applications - for dependent children under age 15 6. Space Maintainers including re-cementing for dependent children under age 15 	

UNI Delta Dental Plan	
Cavity Repair & Tooth Extractions <i>(Routine & Restorative Services)</i> <ol style="list-style-type: none"> 1. Emergency Treatment 2. General Anesthesia / Sedation 3. Restoration of Decayed or Fractured Teeth <ol style="list-style-type: none"> a. Amalgam or Composite Restorations 4. Limited Occlusal Adjustments 5. Routine Oral Surgery 6. Posterior Composites w/o Alternate Processing 	10% coinsurance for Delta Dental PPO Network 20% coinsurance for Delta Dental Premier Network*
Root Canals <i>(Endodontic Services)</i> <ol style="list-style-type: none"> 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy 	40% coinsurance for Delta Dental PPO Network 50% coinsurance for Delta Dental Premier Network*
Gum & Bone Disease <i>(Periodontal Services)</i> <ol style="list-style-type: none"> 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Periodontal Maintenance Therapy 	40% coinsurance for Delta Dental PPO Network 50% coinsurance for Delta Dental Premier Network*
High Cost Restorations <i>(Cast Restorations)</i> <ol style="list-style-type: none"> 1. Cast Restorations <ol style="list-style-type: none"> a. Crowns b. Inlays c. Onlays d. Posts & Cores e. Recementing Crowns & Inlays 	50% coinsurance for Delta Dental PPO Network 50% coinsurance for Delta Dental Premier Network*
Dentures & Bridges <i>(Prosthetics – replacement of missing teeth)</i> <ol style="list-style-type: none"> 1. Bridges 2. Dentures 4. Repairs to Dentures & Bridges 5. Recementing of Bridges 6. Implants 	50% coinsurance for Delta Dental PPO Network 50% coinsurance for Delta Dental Premier Network*
Straighter Teeth <i>(Orthodontics – dependents to age 19)</i>	50% coinsurance for Delta Dental PPO Network (Up to lifetime maximum) 50% coinsurance for Delta Dental Premier Network* (Up to lifetime maximum)
Additional Options Enhanced Benefits Program https://www.deltadentalia.com/webres/File/Member/member-ehb.pdf Annual Maximum Carryover – To Go https://www.deltadentalia.com/webres/File/Member/to-go.pdf	

* Provider search for networks: <https://www.deltadentalia.com/find-a-provider/dental/>

