

## 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, 2023**

UNI Delta Dental Plan	
<b>Single Coverage: Monthly Premium</b>	
<b>Employee's Contribution</b>	<b>\$6.00</b>
Employer's Contribution	\$25.50
<b>Family Coverage: Monthly Premium</b>	
<b>Employee's Contribution</b>	<b>\$54.75</b>
Employer's Contribution	\$54.75
<b>Dual Spouse Discount for Family Coverage: Monthly Premium</b>	
<b>Employee's Contribution</b>	<b>\$46.50</b>
Employer's Contribution	\$63.00
<b>Annual Benefit Period Maximum</b> (The annual benefit amount insurance will cover per calendar year per member)	<b>\$1,500</b>
<b>Deductible Per Person</b>	<b>None</b>
<b>Ortho Deductible</b>	<b>None</b>
<b>Ortho Maximum</b>	\$1,500 life time
<b>Check Ups &amp; Teeth Cleaning</b> <i>(Diagnostic and Preventive Services)</i> 1. Dental Cleaning – twice per benefit period 2. Oral Evaluations including consultations – twice per benefit period 3. Fluoride Applications – once every 12 months for dependent children under age 19 4. X-Rays 5. Space Maintainers including re-cementing	Covered at 100%
<b>Cavity Repair &amp; Tooth Extractions</b> <i>(Routine &amp; Restorative Services)</i> 1. Emergency Treatment 2. General Anesthesia / Sedation 3. Restoration of Decayed or Fractured Teeth a. Amalgam or Composite Restorations 4. Routine Oral Surgery 5. Posterior Composites w/o Alternate Processing	10% coinsurance for Delta Dental PPO Network  20% coinsurance for Delta Dental Premier Network*

<b>UNI Delta Dental Plan</b>	
<b>Root Canals</b> <i>(Endodontic Services)</i> <ol style="list-style-type: none"> <li>1. Apicoectomy</li> <li>2. Direct Pulp Cap</li> <li>3. Pulpotomy</li> <li>4. Retrograde Fillings</li> <li>6. Root Canal Therapy</li> </ol>	40% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*
<b>Gum &amp; Bone Disease</b> <i>(Periodontal Services)</i> <ol style="list-style-type: none"> <li>1. Conservative Procedures (Non-Surgical)</li> <li>2. Complex Procedures (Surgical)</li> <li>3. Periodontal Maintenance Therapy</li> </ol>	40% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*
<b>High Cost Restorations</b> <i>(Cast Restorations)</i> <ol style="list-style-type: none"> <li>1. Crowns</li> <li>2. Inlays</li> <li>3. Onlays</li> <li>4. Posts &amp; Cores</li> <li>5. Recementing Crowns &amp; Inlays</li> </ol>	50% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*
<b>Dentures &amp; Bridges</b> <i>(Prosthetics – replacement of missing teeth)</i> <ol style="list-style-type: none"> <li>1. Bridges</li> <li>2. Dentures</li> <li>4. Repairs to Dentures &amp; Bridges</li> <li>5. Recementing of Bridges</li> <li>6. Implants (once every 5 years)</li> </ol>	50% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*
<b>Straighter Teeth</b> <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)
<b>Additional Options</b>  Enhanced Benefits Program <a href="https://www.deltadentalia.com/webres/File/Member/member-ehb.pdf">https://www.deltadentalia.com/webres/File/Member/member-ehb.pdf</a>  Annual Maximum Carryover – To Go <a href="https://www.deltadentalia.com/webres/File/Member/to-go.pdf">https://www.deltadentalia.com/webres/File/Member/to-go.pdf</a>	

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