

UPMC Dental Advantage – Basic 100/0/0 \$75

	In-Network	Out-of-Network
Plan Year Deductible	\$75 Individual/ \$300 Family	\$150 Individual/\$500 Family
Plan Year Maximum	Unlimited	Unlimited
Class I: Diagnostic/Preventative	100%	80%
Exams and Prophylaxis	Payable for 2 services in a benefit year	
Bitewings	Payable for 2 services in a benefit year up to age 14; 1 service in a benefit year for 14+ years	
Complete Series and Panoramic Films	Payable for 1 service in a 36 month period and is not covered for members under the age of 5	
Topical Fluoride	Payable to Age 19 for 2 services in a benefit year	
Space Maintainers	Payable to Age 19	
Periodontal scaling/root planing	Payable for 1 service every 24 months	
Class II: Basic Services	Not Covered	Not Covered
Class III: Major Services	Not Covered	Not Covered
Orthodontia: Child (Under Age 19)	Not Covered	Not Covered
Lifetime Orthodontic Maximum	N/A	N/A