

UPMC Dental Advantage - Premium 100/80/50
\$75/\$2,000/No Ortho

	In-Network	Out-of-Network
Plan Year Deductible	\$75 Individual/\$300 Family (waived for Class I)	\$150 Individual/\$500 Family
Plan Year Maximum	\$2,000	\$1,500
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	
Periodontal scaling/root planing	Payable for 1 service every 24 months	
Class II: Basic Services	80%	60%
Amalgam & Composite Fillings	Payable	
Pulpal Therapy/anterior and posterior	Payable	
Endodontic Therapy <small>(Including treatment plan, clinical procedures, and follow-up care)</small>	Payable	
Gingivectomy/4 or more teeth per quadrant	Payable	
Gingival flap procedure	Payable	
Space Maintainers	Payable to Age 19	
Class III: Major Services	50%	40%
Resin based composite crown	Payable for 1 service in a 60 month period	
Inlay/Onlay - metallic/porcelain/resin up to 4+ surfaces	Payable for 1 service in a 60 month period	
Pin retention	Payable	
PROSTHODONTICS*	<i>See Individual Below</i>	
Dentures	Payable for 1 service in a 60 month period	
Partials	Payable for 1 service in a 60 month period	
Replace missing or broken teeth	Payable for 1 service in a 60 month period	
Prefabricated stainless steel crown/primary tooth	Payable for 1 service in a 60 month period	
Orthodontia: Child (Under Age 19)	0%	0%
Lifetime Orthodontic Maximum	N/A	N/A

*All claims involving prosthodontics, must have the following determined:

- Tooth #'s of all teeth being replaced
- Tooth #'s of all missing teeth
- Date of prior placement if replacement