UNIVERSITY OF CENTRAL ARKANSAS
BASE PLAN

Benefits

A - Diagnostic & Preventive Services:
  Routine Periodic Exams
  X-Rays
  Fluoride Treatment
  Prophylaxis (Cleaning)
  Sealants

Coverage (%)
  100%
  (no deductible)

B - Basic Services:
  Fillings-(includes Composite Resin Restorations on Posterior (after deductible)
  Teeth)
  Endodontics (Root Canals)
  Simple Extractions
  Nonsurgical Periodontics (Gum Treatment)
  Oral Surgery (Surgical Extractions)

Coverage (%)
  80%

Deductibles & Annual Maximum:
$50 Per Calendar Year Deductible Per Member (3X Family Max.) – Waived on Diagnostic & Preventive Services
$1,000 Per Calendar Year Maximum Per Member

Includes Calendar-Year Maximum Rollover Benefit – this feature allows members to rollover a portion of their unused calendar-year maximum for future use.

This outline is only a guide. This description is not legally binding. The controlling terms of the Plan are set forth in the Benefit Certificate incorporated in the Arkansas Blue Cross and Blue Shield Group Insurance Contract. Any discrepancies between this outline and the Benefit Certificate will be resolved in favor of the Benefit Certificate.

- Dependents are covered to age 26.

Customer Service toll free #: 1-888-223-4999
To locate a dental provider: www.blueadvantagearkansas.com

Effective 01/01/2014