UNIVERSITY OF CENTRAL ARKANSAS
ENHANCED 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%

C - Major Services:
   - Inlays, Onlays,
   - Crowns & Bridges
   - Dentures, Full or Partial
   - Surgical Periodontics
   - Implants

   Coverage (%)
   - 50% (after deductible)

D - Orthodontic Services:
   - Diagnostic, Active, Retention Treatment
   - Eligible Dependent Children Under Age 19

   Coverage (%)
   - 50% (after deductible)

   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 is 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