

UNIVERSITY OF CENTRAL ARKANSAS **BASE PLAN**

Benefits Coverage (%)

A - Diagnostic & Preventive Services:

Routine Periodic Exams X-Ravs Fluoride Treatment Prophylaxis (Cleaning) Sealants

100% (no deductible)

B - Basic Services:

Fillings-(includes White Resin and Silver Amalgam) Endodontics (Root Canals) Simple Extractions Nonsurgical Periodontics (Gum Treatment) Oral Surgery (Surgical Extractions)

80% (after deductible)

Deductibles & Annual Maximum:

\$50 Per Calendar Year Deductible Per Member (3X Family Max.) - Waived on Diagnostic & Preventive Services

\$1,250 Per Calendar Year Maximum Per Member (Applies to Basic Services only)

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 Summary Plan Description incorporated in the University of Central Arkansas Plan Document.

Dependents are covered to age 26.

Customer Service toll free #: 1-888-223-4999

To locate a dental provider: www.blueadvantagearkansas.com

Effective 01/01/2021