

UNIVERSITY OF CENTRAL ARKANSAS ENHANCED PLAN

Benefits Coverage (%)

A - Diagnostic & Preventive Services:

100% (no deductible)

Routine Periodic Exams

X-Ravs

Fluoride Treatment

Prophylaxis (Cleaning)

Sealants

B - Basic Services: 80%

Fillings-(includes White Resin and Silver Amalgam) (after deductible)

Endodontics (Root Canals)

Simple Extractions

Nonsurgical Periodontics (Gum Treatment)

Oral Surgery (Surgical Extractions)

C - Major Services: 50%

Inlays, Onlays, (after deductible)

Crowns & Bridges

Dentures, Full or Partial

Surgical Periodontics

Implants

D - Orthodontic Services: 50%

Diagnostic, Active, Retention Treatment (after deductible)
Eligible Dependent Children Under Age 19 \$ 1,000 Lifetime Max

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 and Major Services)

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 01/01/2021