

UPMC Dental Advantage

Pediatric Dental Schedule of Benefits for Members Up to Age 19

This is your Pediatric Dental Schedule of Benefits. It sets forth the services UPMC Dental Advantage will cover in accordance with your UPMC Dental Advantage plan. All coverage provided is subject to relevant UPMC Dental Advantage policies and procedures. In the event that the terms and conditions set forth in other UPMC Dental Advantage materials conflict with those set forth in this Pediatric Dental Schedule of Benefits, the terms and conditions of this Pediatric Dental Schedule of Benefits control.

	In-Network	Out-of-Network ¹
Plan Year Dental Deductible: Class I (Out-of-Network only), Class II and Class III Services	\$50 Individual / \$150 Eligible Dependents (2+ children) (Waived for Class I services)	\$75 Individual / \$200 Eligible Dependents (2+ children)
Class I: Diagnostic/Preventive Plan Pays:	100%	90% after Deductible
Exams and Prophylaxis	Payable for 2 services in a Benefit Period	
Bitewings	Payable for 2 services in a Benefit Period up to age 14; 1 service in a Benefit Period for 14+ years of age	
Complete Series and Panoramic Images	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 Period	
Periodontal Scaling and Root Planing	Payable for 1 service every 24 months	
Sealants	Payable to age 14 for 1 service per tooth (molar) every 36 months	
Space Maintainers	Payable to age 19	
Class II: Basic Services Plan Pays:	70% after Deductible	60% after Deductible
Amalgam and Composite Fillings	Payable for 1 tooth every 12 months	
Pulpal Therapy/Anterior and Posterior	Payable for 1 service per tooth per lifetime	
Endodontic Therapy (including treatment plan, clinical procedures, and follow-up care)	Payable for 1 service per tooth per lifetime	
Extractions and Oral Surgery	Payable for 1 service per tooth per lifetime	
Class III: Major Services Plan Pays:	50% after Deductible	40% after Deductible
Crowns and Bridges	Payable for 1 service per tooth in a 60 month period	
Inlay/Onlay – Metallic/Porcelain/Resin up to 4 Surfaces	Payable for 1 service per tooth in a 60 month period	
Implants	Payable for 1 service per tooth per lifetime	
Dentures Complete and Partial	Payable for 1 service in a 60 month period	
Stainless Steel Crown/Primary Tooth	Payable for 1 service per tooth in a 60 month period	
Orthodontics: (Subject to Medical Deductible)²	50% after Medical Deductible	Not Covered

¹Out-of-network reimbursement is based on Maximum Allowable Charges as determined by UPMC Dental Advantage. The Member is responsible for the difference between those charges and the provider's fee.

²Orthodontic coverage is subject to the medical deductible that can be found in the Medical Schedule of Benefits.

Important Information about this Plan Document

The services above are not all-inclusive – they include only the most common dental procedures in a class or service grouping. UPMC Dental *Advantage* encourages, but does not require, Members to seek predetermination for major services, such as crowns and bridges to obtain the most accurate payment estimate. Additional plan information can also be found in the Pediatric Dental Certificate of Insurance.

Copayments, coinsurance and deductibles for dental benefits apply toward satisfaction of the combined Out-of-Pocket Maximum specified in your Medical Schedule of Benefits. Services are covered at 100% after the Out-of-Pocket Maximum is satisfied.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com



Nondiscrimination notice

UPMC Health Plan, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC Health Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).