

How to Use Your Certificate

READ YOUR CERTIFICATE CAREFULLY.

Your Certificate gives you a general description of your dental care benefits. **THEREFORE, IT IS IMPORTANT TO READ YOUR POLICY.** This Certificate is a legal document. The University of Kentucky's Medical Benefits Plan is the University's Plan and this Certificate is subject to its terms and conditions. In the event of conflict, the provisions of the University of Kentucky Medical Benefits Plan will prevail over this Certificate.

DEFINITIONS

This section defines words and phrases having special meanings. If a word or phrase starts with a capital letter, it has a special meaning.

BENEFITS AND LIMITATIONS

This section explains each type of dental care benefit in your coverage. Each benefit section shows what services are covered, and any limitations that may apply to the Covered Service. The Benefits and Limitations section gives you the amount of benefits payable, as well as fees and Co-payment amounts under your Certificate.

BENEFITS NOT PROVIDED: EXCLUSIONS

This section lists what is not covered. You should read this section carefully. We want to be sure that you do not expect benefits that are not included in your Certificate.

GENERAL PROVISIONS

This section tells how your coverage works. It shows you such things as how to get benefits, how benefits are paid, your relationship with UK Dental Care, how and when your coverage stops, and what privileges you have when your coverage stops.

Many of the questions you might have regarding your dental care coverage can be answered by referring to your Certificate. If you are unable to find the answer to your question, contact a UK Dental Care plan Member Services Representative at (859) 323-8566.

Definitions

Accidental Injury (or Accidentally Injured) is a sudden or unforeseen result of an external agent or trauma, independent of illness, which causes injury, including complications arising from that injury, and which is definite as to time and place.

Allowable Charge (or Dentist's Fee) is the maximum dollar amount on which the benefit payment is based for each dental procedure. The List of Covered Procedures section of this Certificate details the Allowable Charge for each Covered Service allowed by the UK Dental Care plan.

Alternate Recipient means any child of a Member who is recognized under a Qualified Medical Child Support Order (QMCSO) as having a right to enrollment in the UK Dental Care Plan with regard to such Member.

Basic Plan refers to a type of plan offered to University of Kentucky Employees by UK Dental Care. The benefits and limitations of this plan are described in this Certificate.

Benefit Period means the period of time that the UK Dental Care plan pays benefits for Covered Services. The Benefit Period is July 1 through June 30.

Certificate means this summary of the terms of your dental benefits and any included attachments.

Co-payment Amount is the percentage of the Allowable Charge or Dentist's Fee that the Covered Person must pay. UK Dental Care pays a portion of the Dentist's fee for a Covered Service, and the Covered Person pays the rest of the fee. The Co-payment Amount varies for each plan and provided covered service. The List of Procedures in this Certificate details your Co-payment Amount for a particular service.

Comprehensive Plan refers to a type of plan offered to University of Kentucky Employees by UK Dental Care. The benefits and limitations of this plan are described in this Certificate.

Cosmetic Services means any treatment that is not Dentally Necessary, but is instead performed principally for the improvement of appearance.

Covered Person means a Member, or a dependent of the Member, who is eligible to receive benefits under the UK Dental Care plan, and for whom the Member has elected coverage.

Covered Service means a service or supply shown in this Certificate for which benefits will be paid. The Covered Service must be rendered by a UK Faculty or Post Graduate Student dentist at a UK College of Dentistry facility, except as allowed under this Certificate. A charge for a Covered Service is incurred on the date the service or supply is provided to you.

Deductible means the amount the Covered Person must pay each Benefit Period before the plan pays benefits for Covered Services. For the UK Dental Care plan, the Deductible is \$0.

Dentally Necessary (or Dental Necessity) means a service or supply that is required to identify or treat your condition, disease or injury. A Dentist must provide the service or supply. The fact that a Dentist prescribes or approves a service or supply or a court orders a service or supply to be rendered does not make it Dentally Necessary. We must determine that the service or supply is:

- consistent with the symptoms, diagnosis or treatment of the condition, disease or injury;
- consistent with standards of good dental practice;
- not solely for the convenience of you or your Dentist;
- the most appropriate supply or level of service that can safely be provided to you.

Dentist means any dentist licensed under chapter 313 of the Kentucky Revised Statutes or similar law in other states. Dentists licensed out of the Commonwealth of Kentucky must be licensed in accordance with laws comparable to the laws of the Commonwealth of Kentucky. You will be responsible for the entire amount of charges of a Dentist who is not a Participating UK Faculty or Post Graduate Student Dentist, except in the case of Emergency Care, as described in this Certificate.

Dependent means either:

1. The Employee's or Retiree's lawful spouse; or
2. Any of the Employee's or Retiree's children who satisfy the conditions listed below. "Children" includes newborn children, stepchildren residing in the member's home, children legally placed for adoption and legally adopted children.

Children are eligible for coverage only after they become your Dependents. To obtain coverage for your children, you may be required to complete a dependency affidavit and provide a copy of any legal documents awarding guardianship of such children to you or your spouse.

To be classified as a Dependent child, a child must:

- a. Be less than the age limit in the Benefit Summary; and
- b. Be non-married.

A child legally placed with the Member for adoption is eligible for coverage from the date that the Member assumes and retains a legal obligation for support of such child in anticipation of the adoption of such child. The child's eligibility terminates upon the Member's termination of legal obligation and is subject to UK Dental Care's General Provision as outlined in this Certificate.

Eligibility will continue past the age limit for Dependents who are totally disabled and who are Covered Persons upon reaching the age limit. The Dependent must have been totally disabled before reaching the age limit. A Physician must certify that the Dependent is totally disabled. We may require proof of the disability from time to time. A total disability is a condition that results when any physical handicap or mental retardation prevents a Dependent from engaging in substantial gainful activity. The disability must be expected to result in death or be of continuous or indefinite duration. UK Dental Care is the final authority for determining whether a Dependent is totally disabled. Coverage Effective Dates and enrollment requirements are described in your UK Dental Benefits Plan.

DNKA (Did Not Keep Appointment) means an appointment that the Covered Person failed to appear for or properly cancel. DNKA's will count against the two allotted appointments allowed for each Covered Person per Benefit Period. Any appointments or DNKA's over the allotted two appointments in any given Benefit Period are not a benefit and will become the responsibility of the Covered Person.

Effective Date means the date the Covered Person's coverage begins with UK Dental Care.

Emergency means Dentally Necessary services provided for the treatment of an Accidental Injury or dental Emergency that must be treated immediately. Accidental Injury means a traumatic bodily injury resulting from an Accident. If not immediately diagnosed and treated, this injury could reasonably be expected to result in serious physical impairment. Dental Emergency means a serious health threatening or disabling condition manifested by severe symptoms occurring suddenly and unexpectedly that could result in serious physical impairment if not treated immediately.

Employee Only Coverage means coverage for the Member only. This type of coverage does not cover the Employee's spouse or Dependent children.

Employee and Child(ren) Coverage means coverage for the Member and the Dependent children of the Member. This type of coverage does not cover the spouse of a Member.

Employee and Family Coverage means coverage for the Member and the Dependent spouse and Dependent children of the Member.

Employee and Spouse Coverage means coverage for the Member and the spouse of the Member. This type of coverage does not cover the Dependent children of the Member.

Endodontics is a dental specialty limited to treating disease and injuries associated with the pulp of the tooth and surrounding tissues, including surgical therapy.

Experimental Services or Investigational Services means any drug, device, supply, treatment, procedure, facility, equipment or service that is being studied to determine if it should be used for patient care or if it is effective. Something that is Investigational is not recognized as effective medical or dental practice. We reserve the sole right to determine what is investigational. Approval by the Food and Drug Administration (FDA) does not mean that we approve the service or supply. Drugs classified as Treatment Investigational New Drugs by the FDA are Investigational. Devices with the FDA Investigational Device Exemption and any services involved in the clinical trials are Investigational.

Group as used in this Certificate means the enrollees of the UK Dental Care plan.

Hospital means an acute care facility with the main purpose of providing diagnostic and therapeutic services to inpatients by or under the supervision of a staff of physicians.

Maximum Annual Benefit means the maximum dollar amount the UK Dental Care plan will pay toward the cost of dental care incurred by a Covered Person in the Benefit Period. The Maximum Annual Benefit for the Basic and Retiree Classic plans is \$500 per Benefit Period. The Maximum Annual Benefit for the Comprehensive and Retiree Ultra plans is \$1,000 per Benefit Period.

Member means a University of Kentucky Member who is eligible to receive dental benefits and who has elected to receive coverage. Dependents of a Member are not Members, but instead are Covered Persons.

Non-Participating Dentist or Non-Participating Provider means any UK Faculty or Post Graduate Student dentist who has elected not to be a dental provider for the UK Dental Care plan. You will be responsible for the entire amount of a Non-Participating Provider's charges.

Non-Plan Dentist or Non-Plan Provider means a member of the dental community who is not a UK Faculty dentist or in the Post Graduate Student dental specialty program at the UK College of Dentistry. You will be responsible for the entire amount of a Non-Participating Dentist's charges, except for out of area emergency care, as described in this Certificate.

Open Enrollment Period means a period of time at least once each calendar year designated by the University of Kentucky when eligible persons within the Group are given an opportunity to enroll, disenroll or change plan coverage.

Orthodontics is a dental specialty that is limited to the interception and treatment of the improper alignment of biting or chewing surfaces of upper and lower teeth and their surrounding structures.

Participating Dentist or Participating Provider means any UK Faculty or Post Graduate Student dentist who is listed as a Participating Provider for UK Dental Care in the Provider directory. These Participating Dentists/Providers are employed by the University of Kentucky and treatment must be performed at one of the UK College of Dentistry facilities. UK Dental Care reserves the right to update the list of Participating Providers periodically. An updated list can be obtained from UK Dental Care plans.

Participating Specialist Dentist means a duly licensed UK Faculty dentist who devotes himself or herself to diagnosing and treating a class of disease after an advanced formal clinical program pertaining to all aspects of this disease process. This Dentist is a UK Faculty Dentist and is listed as a Participating Specialist in the Provider directory. The Covered Person may choose to receive specialty services performed by a UK Post Graduate Student Dentist under the supervision of a duly licensed UK Faculty Dentist. Services performed by a UK Post Graduate Student Dentist may be subject to a reduced fee schedule.

Periodontics is a dental specialty that is limited to the treatment of diseases of the supporting and surrounding tissues of the teeth, such as the gums.

Periodic Pre-payment means the amount of money prepaid monthly to the UK Dental Benefits Plan by the Member in order to maintain dental coverage.

Prosthodontics is a dental specialty limited to the restoration of the natural teeth and/or the replacement of missing teeth with artificial substitutes.

Qualified Medical Child Support Order (QMCSO) refers to a court order which establishes the right of an Alternate Recipient to receive benefits for which a Covered Person is eligible under the UK Dental Benefits Plan. The QMCSO must clearly specify: the name and mailing address of the Member as well as the name and mailing address of each Alternate Recipient covered by the order; a reasonable description of the type of coverage to be provided; and the period covered by the court order.

Retiree Plan Classic refers to a type of plan offered to University of Kentucky Retirees by UK Dental Care. The benefits and limitations of this plan are described in this Certificate.

Retiree Plan Ultra refers to a type of plan offered to University of Kentucky Retirees by UK Dental Care. The benefits and limitations of this plan are described in this Certificate.

Service Area means the geographic area approved by state regulatory authorities, which is served specific to this UK Dental Care benefits structure: Kentucky counties of Fayette, Bourbon, Clark, Jessamine, Madison, Scott, Woodford, Anderson, Mercer, and Franklin, or within a 50 mile radius of the UK College of Dentistry.

UK College of Dentistry is one of the health professions colleges of the UK Chandler Medical Center, whose Faculty and Post Graduate Student dentists comprise the UK Dental Care provider network. Treatment must be performed at one of the UK College of Dentistry facilities.

UK Dental Care Plan through UK-HMO, is a benefit structure and provider network available to University of Kentucky employees, retirees and their family members through the University's self-insured program. As a self-insured product, it is not a licensed HMO.

UK Dental Care Plan Dental Director is a Dentist designated by the University of Kentucky College of Dentistry to perform the duties set forth herein, or that Dentist's designee.

UK Faculty Dentist or UK Faculty Member means a duly licensed Dentist under contract with and employed by the University of Kentucky who is primarily responsible for providing or authorizing the professional services set forth in this Certificate.

UK Medical Benefits Plan means the University's Group health insurance plan for employees, retirees and their Dependents in which the University assumes the financial risk of paying for Covered Services provided to enrollees.

UK Post Graduate Student Dentist means a duly licensed Dentist who is completing a Post Graduate Student degree in one of the Dental Specialties. The Post Graduate Student Dentist is primarily responsible for providing or authorizing the professional services set forth in this Certificate. Services performed by a UK Post Graduate Student Dentist may be subject to a reduced fee schedule.

UK Student Dentist (also under UK Participating Dentist). Plan members electing to see a UK Student Dentist will be charged the lower treatment fee of either the UK Dental Care fee schedule or the College's student fee schedule.

Benefits and Limitations

To be eligible for coverage as a Covered Person, an individual must reside in the UK Dental Care plan Service Area and meet the eligibility requirements stated in the UK Dental Benefits Plan.

All services and supplies provided to a Covered Person must be Dentally Necessary. Payment of benefits for all services is subject to the final approval by UK Dental Care that the services and supplies are Dentally Necessary. **Except for Emergency Care, benefits for services and supplies listed below are available ONLY when provided, arranged, authorized, or approved by a UK Faculty or UK Post Graduate Student dentist and/or the UK Dental Care Plan Dental Director (when applicable).**

Subject to the applicable limitations, Co-payment amounts, exclusions and other conditions set forth in this Certificate, a Covered Person is entitled to receive benefits for Covered Services as specified in this Section.

On pages 12-19, detailed information regarding the specific Plan Coverages is listed.

The Basic Plan Coverage is listed on page 8.

The Comprehensive Plan Coverage is listed on pages 9-11.

The Retiree Classic Plan Coverage is listed on pages 12-13.

The Retiree Ultra Plan Coverage is listed on pages 14-16.

Basic Plan

The Maximum Annual Benefit (per individual) is \$500 per Benefit Period.

The UK Dental Care Basic plan for University of Kentucky faculty and staff provides the following coverage:

- 1. Diagnostic – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Oral exam, periodic or comprehensive: up to two per Covered Person in any 12 consecutive months
 - b. X-rays:
 - Full mouth, complete series, including bitewings: once per Covered Person in any 36 consecutive months
 - Bitewings, back teeth: up to two sets per Covered Person in any 12 consecutive months
 - Periapicals, single tooth: as needed
 - Use of panoramic film: once per Covered Person in any 36 consecutive months
- 2. Preventive – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Dental prophylaxis appointments (cleaning, scaling, polishing): up to two per Covered Person in any 12 consecutive months
 - b. Topical fluoride treatment: only for Covered Persons under age 19, once per Covered Person in any 12 consecutive months
 - c. Sealant: only for Covered Persons under age 14, on the occlusal surface of a permanent molar tooth: once per tooth in any 60 consecutive months
- 3. Emergency Treatment - None provided under this plan.**

Comprehensive Plan

The Maximum Annual Benefit (per individual) is \$1,000 per Benefit Period.

The UK Dental Care Comprehensive plan for University of Kentucky faculty and staff provides the following coverage:

- 1. Diagnostic – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Oral exam, periodic, limited (problem-focused), comprehensive, or detailed and extensive (problem-focused): up to two per Covered Person in any 12 consecutive months
 - b. X-rays:
Full mouth, complete series, including bitewings: once per Covered Person in any 36 consecutive months
Bitewings, back teeth: up to two sets per Covered Person in any 12 consecutive months
Periapicals, single tooth: as needed
Use of panoramic film: once per Covered Person in any 36 consecutive months
Use of cephalometric film: with orthodontic coverage only
- 2. Preventive – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Dental prophylaxis appointments (cleaning, scaling, polishing): up to two per Covered Person in any 12 consecutive months
 - b. Topical fluoride treatment: only for Covered Persons **under age 19**, once per Covered Person in any 12 consecutive months
 - c. Sealant: only for Covered Persons **under age 14**, on the occlusal surface of a permanent molar tooth, once per tooth in any 60 consecutive months
 - d. Space maintenance, passive devices made for children to maintain the gap created by a missing tooth until the permanent tooth emerges: only for children **under age 14**, once per space
- 3. Simple Restorative – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Amalgam (metal) fillings: once per tooth in any 12 consecutive months
 - b. Resin (tooth-colored) fillings, for front teeth only, back teeth at amalgam rate: once per tooth in any 12 consecutive months
 - c. Sedative (temporary) fillings: once per tooth in a Covered Person's lifetime
 - d. Prefabricated stainless steel crown: only for Covered Persons **under age 14**, for primary teeth only, once per tooth in a Covered Person's lifetime
- 4. Major Restorative – Plan covers 20% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Inlays and onlays (metallic) and crowns, when tooth cannot be restored with regular fillings due to excessive decay or fracture: once per tooth in any 60 consecutive months
 - b. Recementation of inlay or onlay or crown: once per tooth in any 12 consecutive months
 - c. Labial veneer: once per tooth in any 60 consecutive months
- 5. Endodontics – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Complete root canal therapy, including retreatment of root canal therapy
 - b. Pulp capping
 - c. Pulpotomy (partial removal of dental pulp)
 - d. Pulpal therapy
 - e. Apexification/recalcification
 - f. Apicoectomy

6. **Periodontics (Surgical) – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Gingivectomy or gingivoplasty
 - b. Gingival curettage
 - c. Osseous surgery
 - d. Guided tissue regeneration
 - e. Graft procedures, pedicle soft tissue, free soft tissue, or subepithelial connective tissue
 - f. Distal or proximal wedge procedure

7. **Periodontics (Non-Surgical) – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Periodontal scaling and root planing: once per quadrant in any 24 consecutive months

8. **Prosthodontics (Removable) – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Complete upper and lower dentures or partial dentures, including 6 months of routine post-delivery care: once per tooth in any 60 consecutive months
 - b. Adjustments to removable prosthesis, excluding 6 months of routine post-delivery care: up to two per appliance in any 12 consecutive months
 - c. Denture rebase or reline procedures: once per appliance in any 36 consecutive months
 - d. Tissue conditioning

9. **Prosthodontics (Fixed) – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Fixed partial denture pontics, inlays, onlays, and crowns: once per tooth in any 60 consecutive months
 - b. Cast post and core procedures related to fixed partial denture: once per tooth in any 60 consecutive months

10. **Simple Extractions – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Non-surgical removal of tooth or exposed roots, includes local anesthesia, suturing, if needed, and routine post-operative care: once per tooth in a Covered Person's lifetime

11. **Oral and Maxillofacial Surgery – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Surgical extraction performed outside of a hospital only
 - b. Removal of impacted tooth
 - c. Tooth reimplantation of accidentally avulsed or displaced tooth: once per tooth in a Covered Person's lifetime
 - d. Alveoplasty, surgical preparation of ridge for dentures, in conjunction with extraction: once per quadrant in a Covered Person's lifetime
 - e. Vestibuloplasty, ridge extension: once per arch in a Covered Person's lifetime
 - f. Surgical excision of reactive inflammatory lesions, for lesion diameter up to 1.25 cm
 - g. Removal of tumors, cysts and neoplasms, for lesion diameter up to 1.25 cm
 - h. Repair of small traumatic wounds: for wounds up to 5 cm
 - i. Incision and drainage of an abscess

- 12. Orthodontics – Plan covers 20% of the Allowable Charge up to \$1,000 lifetime maximum per individual**
- a. Limited orthodontic treatment, of the transitional dentition: once in a Covered Person's lifetime
 - b. Removable or fixed appliance therapy: one appliance in a Covered Person's lifetime
 - c. Class I, II or III malocclusion, comprehensive orthodontic treatment: once in a Covered Person's lifetime
 - d. Orthodontic retention, removal of appliances, construction and placement of retainers: once in a Covered Person's lifetime, one appliance per Covered Person
 - e. Plan will not cover Orthodontic treatment if the appliances are already in place prior to coverage effective date.
- 13. Emergency Treatment – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
- a. Palliative treatment to alleviate immediate discomfort, minor procedure only without follow-up care, when provided by an out of plan dentist, \$50 limit
- 14. Anesthesia – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
- a. General anesthesia, only in conjunction with covered surgical services
 - b. Analgesia and intravenous sedation, but only for Covered Persons who are severely handicapped, must be pre-determined by the UK Dental Care Plan Administrator
 - c. Application of desensitizing medicament
- 15. Repairs – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
- a. Temporary crown (fractured tooth) or crown repair
 - b. Repairs to complete or partial dentures: once per appliance in any 12 consecutive months
 - c. Recement fixed partial denture: once per appliance in any 12 consecutive months

Retiree Plan “Classic”

The Maximum Annual Benefit (per individual) is \$500 per Benefit Period.

The UK Dental Care Retiree Classic plan for University of Kentucky retirees provides the following coverage:

- 1. Diagnostic – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Oral exam, periodic, limited (problem-focused), or comprehensive: up to two per Covered Person in any 12 consecutive months
 - b. X-rays:
 - Full mouth, complete series, including bitewings: once per Covered Person in any 36 consecutive months
 - Bitewings, back teeth: up to two sets per Covered Person in any 12 consecutive months
 - Periapicals, single tooth: as needed
 - Use of panoramic film: once per Covered Person in any 36 consecutive months
- 2. Preventive – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Dental prophylaxis appointments (cleaning, scaling, polishing): up to two per Covered Person in any 12 consecutive months
- 3. Simple Restorative – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Amalgam (metal) fillings: once per tooth in any 12 consecutive months
 - b. Resin (tooth-colored) fillings, for front teeth only, back teeth at amalgam rate: once per tooth in any 12 consecutive months
- 4. Periodontics (Non-Surgical) – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Periodontal scaling and root planing: once per quadrant in any 24 consecutive months
- 5. Prosthodontics (Removable) – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Complete upper and lower dentures or partial dentures, including 6 months of routine post-delivery care: once per tooth in any 60 consecutive months
 - b. Adjustments to removable prosthesis, excluding 6 months of routine post-delivery care: up to two per appliance in any 12 consecutive months
 - c. Denture rebase or reline procedures: once per appliance in any 36 consecutive months
- 6. Simple Extractions – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Non-surgical removal of tooth or exposed roots, includes local anesthesia, suturing, if needed, and routine post-operative care: once per tooth in a Covered Person's lifetime
- 7. Emergency Treatment – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Palliative treatment to alleviate immediate discomfort, minor procedure only without follow-up care, when provided by an out of plan dentist, \$50 limit

- 8. Anesthesia – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Application of desensitizing medicament

- 9. Repairs – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Repairs to complete or partial dentures: once per appliance in any 12 consecutive months

Retiree Plan “Ultra”

The Maximum Annual Benefit (per individual) is \$1,000 per Benefit Period.

The UK Dental Care Retiree Ultra plan for University of Kentucky retirees provides the following coverage:

- 1. Diagnostic – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Oral exam, periodic, limited (problem-focused), comprehensive, or detailed and extensive (problem-focused): up to two per Covered Person in any 12 consecutive months
 - b. X-rays:
 - Full mouth, complete series, including bitewings: once per Covered Person in any 36 consecutive months
 - Bitewings, back teeth: up to two sets per Covered Person in any 12 consecutive months
 - Periapicals, single tooth: as needed
 - Use of panoramic film: once per Covered Person in any 36 consecutive months
 - Use of cephalometric film: with orthodontic coverage only
- 2. Preventive – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Dental prophylaxis appointments (cleaning, scaling, polishing): up to two per Covered Person in any 12 consecutive months
 - b. Topical fluoride treatment: only for Covered Persons **under age 19**, once per Covered Person in any 12 consecutive months
 - c. Sealant: only for Covered Persons **under age 14**, on the occlusal surface of a permanent molar tooth, once per tooth in any 60 consecutive months
 - d. Space maintenance, passive devices made for children to maintain the gap created by a missing tooth until the permanent tooth emerges: only for children **under age 14**, once per space
- 3. Simple Restorative – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Amalgam (metal) fillings: once per tooth in any 12 consecutive months
 - b. Resin (tooth-colored) fillings, for front teeth only, back teeth at amalgam rate: once per tooth in any 12 consecutive months
 - c. Sedative (temporary) fillings: once per tooth in a Covered Person’s lifetime
- 4. Major Restorative – Plan covers 20% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Inlays and onlays (metallic) and crowns, when tooth cannot be restored with regular fillings due to excessive decay or fracture: once per tooth in any 60 consecutive months
 - b. Recementation of inlay or onlay or crown: once per tooth in any 12 consecutive months
 - c. Labial veneer: once per tooth in any 60 consecutive months
- 5. Endodontics – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Complete root canal therapy, including retreatment of root canal therapy
 - b. Pulp capping
 - c. Pulpotomy (partial removal of dental pulp)
 - d. Pulpal therapy
 - e. Apexification/recalcification
 - f. Apicoectomy

6. **Orthodontics – Plan covers 20% of the Allowable Charge up to- \$1,000 lifetime maximum per individual**
 - a. Limited orthodontic treatment, of the transitional dentition: once in a Covered Person's lifetime
 - b. Removable or fixed appliance therapy: one appliance in a Covered Person's lifetime
 - c. Class I, II or III malocclusion, comprehensive orthodontic treatment: once in a Covered Person's lifetime
 - d. Orthodontic retention, removal of appliances, construction and placement of retainers: once in a Covered Person's lifetime, one appliance per Covered Person
 - e. Plan will not cover Orthodontic treatment if the appliances are already in place prior to coverage effective date.

7. **Periodontics (Surgical) – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Gingivectomy or gingivoplasty
 - b. Gingival curettage
 - c. Osseous surgery
 - d. Guided tissue regeneration
 - e. Graft procedures, pedicle soft tissue, free soft tissue, or subepithelial connective tissue
 - f. Distal or proximal wedge procedure

8. **Periodontics (Non-Surgical) – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Periodontal scaling and root planing: once per quadrant in any 24 consecutive months

9. **Prosthodontics (Removable) – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Complete upper and lower dentures or partial dentures, including 6 months of routine post-delivery care: once per tooth in any 60 consecutive months
 - b. Adjustments to removable prosthesis, excluding 6 months of routine post-delivery care: up to two per appliance in any 12 consecutive months
 - c. Denture rebase or reline procedures: once per appliance in any 36 consecutive months
 - d. Tissue conditioning

10. **Prosthodontics (Fixed) – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Fixed partial denture pontics, inlays, onlays, and crowns: once per tooth in any 60 consecutive months
 - b. Cast post and core procedures related to fixed partial denture: once per tooth in any 60 consecutive months

11. **Simple Extractions – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Non-surgical removal of tooth or exposed roots, includes local anesthesia, suturing, if needed, and routine post-operative care: once per tooth in a Covered Person's lifetime

12. **Oral and Maxillofacial Surgery – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)**
 - a. Surgical extraction performed outside of a hospital only
 - b. Removal of impacted tooth
 - c. Tooth reimplantation of accidentally avulsed or displaced tooth: once per tooth in a Covered Person's lifetime

- d. Alveoplasty, surgical preparation of ridge for dentures, in conjunction with extraction: once per quadrant in a Covered Person's lifetime
- e. Vestibuloplasty, ridge extension: once per arch in a Covered Person's lifetime
- f. Surgical excision of reactive inflammatory lesions: for lesion diameter up to 1.25 cm
- g. Removal of tumors, cysts and neoplasms: for lesion diameter up to 1.25 cm
- h. Repair of small traumatic wounds: for wounds up to 5 cm
- i. Incision and drainage of an abscess

13. Emergency Treatment – Plan covers 100% of the Allowable Charge (not to exceed the Maximum Annual Benefit)

- a. Palliative treatment to alleviate immediate discomfort, minor procedure only without follow-up care, when provided by an out of plan dentist, \$50 limit

14. Anesthesia – Plan covers 30% of the Allowable Charge (not to exceed the Maximum Annual Benefit)

- a. General anesthesia, only in conjunction with covered surgical services
- b. Analgesia and intravenous sedation, but only for Covered Persons who are severely handicapped, must be pre-determined by the UK Dental Care Dental Director
- c. Application of desensitizing medicament

15. Repairs – Plan covers 50% of the Allowable Charge (not to exceed the Maximum Annual Benefit)

- a. Temporary crown (fractured tooth) or crown repair
- b. Repairs to complete or partial dentures: once per appliance in any 12 consecutive months
- c. Recent fixed partial denture: once per appliance in any 12 consecutive months

EXCLUSIONS

The UK Dental Care plans are very generous in their coverage of dental services that promote good dental health by encouraging regular visits, preventive care and early treatment. However, no dental care plan can cover every individual for everything. It's simply unaffordable. We do not want you to misunderstand your dental benefits, or be disappointed in your plan. To prevent this, we are providing a list of the services that are **NOT** covered by the plan.

The following list includes the most common items that are not covered. Other exclusions and limitations may be established from time to time. The payment of benefit for any service does not mean it will be covered at some future date.

MOST IMPORTANTLY, IF A PROCEDURE IS NOT LISTED IN YOUR LIST OF COVERED BENEFITS, IT IS NOT A COVERED SERVICE.

If you have any questions, please contact your member service representative at (859) 323-8566.

The following services are **NOT** covered by the UK Dental Care plans:

1. Services that are necessary because the member failed to follow the dentist's instructions.
2. The cost of broken, missed, or late appointments is not a benefit and shall be the responsibility of the patient.
3. The administrative costs of completing reports or for providing records.
4. Any treatment performed principally for cosmetic reasons, including, but not limited to: laminates, tooth bleaching, facings on crowns, or pontics posterior to the second bicuspid.
5. Special techniques, including precision dentures, characterization or personalization of crowns, dentures, fillings, or any other service. This includes, but is not limited to, precision attachments, and stress breakers. Full or partial dentures that require special techniques and time due to special problems, such as loss of supporting bone structure, are also excluded.
6. If the member elects to have a more costly service or treatment performed, when a condition can be treated with professionally acceptable services at a lower cost, the plan will cover up to the lower cost. The member must pay the difference between the lower cost alternative and the elected service or treatment. A more costly service or treatment may include, but is not limited to, crowns and fixed bridges.
7. Any procedures, appliances or restorations that alter the "bite", or the way the teeth meet (also referred to as occlusion and vertical dimension) and/or restore or maintain the bite. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition, and restoration for mal-alignment of teeth except as specified under the Orthodontics benefit (also see #13).
8. Diagnosis and/or treatment of jaw joint problems, including temporomandibular joint (TMJ) syndrome, craniomandibular disorders, or other conditions of the joint linking the jaw bone and skull or the complex of muscles, nerves, and other tissue related to that joint.
9. Any procedures involving full-mouth reconstruction, or any services related to dental implants. However, the removal of implants is covered at the same allowable charge as extractions, as are covered procedures performed on implants.
10. Treatment to correct harmful habits, also called myofunctional therapy.
11. Services for plaque control programs, oral hygiene instruction, and dietary counseling.

12. Services related to the replacement or repair of appliances or devices, including:
 - a. Duplicate dentures, appliances or devices
 - b. The replacement of lost, missing or stolen dentures and appliances
 - c. Replacement of existing dentures, bridges or appliances that can be made useable according to dental standards
 - d. Adjustments to a prosthetic device within the first 6 months of its placement, which were not included in the device's original price
 - e. Replacement or repair of orthodontic appliances
13. Habit-breaking appliances, except as specified under the orthodontics benefit.
14. Any drugs or medicines, even if they are prescribed. This includes analgesics (medications to relieve pain) and patient management drugs.
15. Charges for nitrous oxide, novocaine, xylocaine or any similar local anesthetic when the charge is made separately from a covered dental expense.
16. Dental services started, performed or prescribed prior to the date the person became eligible for services under this plan. This includes, but is not limited to, orthodontic treatment. Orthodontics will not be covered if the Covered Person has begun Active Treatment. Active Treatment is defined as beginning when any appliance has been placed in the mouth, or when steps are underway to fabricate an appliance for placement in the mouth.
17. Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident.
18. Expenses incurred after termination of coverage, except expenses for work in progress for:
 - a. Prosthetic devices, crowns, inlays, or bridges, when the dentist has taken the final impressions and/or prepared the teeth while the participant was covered.
 - b. Root canal therapy, if the dentist opens the tooth while the participant was covered.

These services must be completed within 60 days of the end of the coverage.

19. Services or supplies that the plan determines are experimental or investigative. Determination is made according to the following criteria. If any of these situations are met, the service or supply is considered experimental and/or investigative, and benefits will not be provided.
 - a. It cannot be lawfully marketed without the approval of the U.S. Food and Drug Administration (FDA), and such approval has not been granted on the date it is furnished.
 - b. The provider has not demonstrated proficiency in the service, based on experience, outcome or volume of cases.
 - c. Reliable evidence shows the service is the subject of ongoing clinical trials to determine its safety or effectiveness.
 - d. Reliable evidence has shown the service is not as safe or effective for a particular dental condition compared to other generally available services and that it poses a significant risk to the Covered Person's health or safety.

Reliable evidence means only published reports and articles in authoritative dental and scientific literature, scientific results of the provider's written protocols or scientific data from another provider studying the same service.

The documentation used to establish the plan's criteria will be made available for your examination at the office of the plan if you send a written request.

If the plan determines that a service is experimental or investigative, and therefore not covered, you may appeal the decision. The plan will respond in writing within 20 working days after receipt of a claim or other fully documented request for benefits, or a fully documented appeal. The 20-day period may be extended only with your informed written consent. The UK Medical Benefits Plan also contains additional appeal rights.

20. Charges for dental procedures provided at a hospital, ambulatory care facility, skilled nursing facility, substance abuse treatment facility or other facility, including dental services and additional fees charged by the dentist for hospital treatment. However, this exclusion will not apply and benefits will be provided for covered dental services rendered during such hospital care, if all these requirements are met:
- a. A hospital setting for the dental care must be medically necessary.
 - b. Expenses for such care are not covered under the Covered Person's employer-sponsored medical plan.
 - c. Prior to hospitalization, a request for pre-authorization of dental treatment performed at a hospital is submitted to and approved by the UK Dental Care Plan Dental Director. Such request for pre-authorization must be accompanied by a physician's or dentist's statement of medical necessity.

If hospital or facility care is approved, available benefits will be provided at the same percentage rate as those performed by a participating dental provider, up to the available benefit maximum.

21. Charges for dental services rendered or ordered by other than a Participating UK Faculty or Post Graduate Student dentist, except for out-of-area dental emergencies.
22. Services or supplies rendered by a member of your immediate family.
23. Services not provided by a licensed dentist, except the scaling and cleaning of teeth performed by a licensed dental hygienist under a licensed dentist's supervision.
24. Services for which a member has contractual rights to recover cost, whether a claim is asserted or not, under Worker's Compensation, automobile, medical, personal injury protection, homeowners or other no-fault insurance.
25. Services or supplies paid for or provided because of services in the armed forces of any government.
26. Services or treatments which do not have a reasonably favorable prognosis.
27. Transportation to or from treatment.
28. Self-inflicted injury or illness.
29. Services for reading Oral Pathology biopsies.

Any services or supplies that are not listed as covered.

Summary of Benefits and Member Co-insurance Costs Includes ADA and axiUm Billing Codes

For All Benefit Plans Offered by UK Dental Care for the Benefit Period of July 1, 2006 - June 30, 2007
Code on Dental Procedures and Nomenclature
Fees for Treatment by UK College of Dentistry Faculty Member

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
axiUm	ADA			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
Diagnostic Procedures D0100-D0999											
D0120A	D0120	Periodic oral examination	\$24	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0120B	D0120	Periodic oral examination	\$24	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0120C	D0120	Comp Dent Recall	\$24	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0120D	D0120	Prosth/Perio Recall	\$24	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0120E	D0120	Periodic exam – pedo	\$24	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0140B	D0140	Limited oral examination, problem focused	\$31	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0140A	D0140	Specialist exam	\$49	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0150A	D0150	Comprehensive init oral examination	\$32	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0160	D0160	Extensive oral examination, problem focused	\$27	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0210	D0210	Intraoral-complete series including bitewings	\$69	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0220A	D0220	Intraoral-periapical-first film	\$10	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0220P	D0220	Single x-ray/pedo - ortho	\$8	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0230A	D0230	Intraoral-periapical-each additional film	\$6	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0230P	D0230	Additional x-ray/pedo - ortho	\$6	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0240	D0240	Intraoral-occlusal film	\$20	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0270A	D0270	Bitewing-single film	\$10	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0270P	D0270	Bitewings - single - pedo	\$10	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0272A	D0272	Bitewings-two films	\$21	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0272P	D0272	Bitewings - 2 films - pedo	\$21	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0274	D0274	Bitewings-four films	\$30	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0330A	D0330	Panoramic film	\$54	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0340	D0340	Cephalometric film, only with ortho cov	\$61	0%	\$61	100%	\$0	0%	\$61	100%	\$0
FUNC		Follow - up exam	\$0	0%	\$0	100%	\$0	100%	\$0	100%	\$0
D0460A	D0460	Pulp vitality tests	\$27	0%	\$27	100%	\$0	100%	\$0	100%	\$0
D0470	D0470	Diagnostic casts	\$61	0%	\$61	100%	\$0	100%	\$0	100%	\$0
D0150P	D0150	Initial exam – pedo	\$32	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D0330P	D0330	Radiographs - pedo	\$54	100%	\$0	100%	\$0	100%	\$0	100%	\$0
Preventive Procedures D1000-D1999											
D1110	D1110	Prophylaxis-adult	\$42	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1120	D1120	Prophylaxis-child	\$31	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1201B	D1201	Topical application fluoride (incl prophy)-child	\$46	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1203	D1203	Topical application fluoride (excl prophy)-child	\$16	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1204	D1204	Topical application fluoride (excl prophy)-adult	\$16	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1205	D1205	Topical application fluoride (incl prophy)-adult	\$62	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1351A	D1351	Sealant, per tooth	\$27	100%	\$0	100%	\$0	100%	\$0	100%	\$0
D1351P	D1351	Sealant/tooth - pedo	\$27	100%	\$0	100%	\$0	100%	\$0	100%	\$0
Space Maintenance (passive appliances)											
D1510A	D1510	Space maintainer-fixed unilateral	\$155	0%	\$155	100%	\$0	0%	\$155	100%	\$0
D1510B	D1510	Distal Shoe	\$155	0%	\$155	100%	\$0	0%	\$155	100%	\$0
D1515	D1515	Space maintainer-fixed bilateral	\$221	0%	\$221	100%	\$0	0%	\$221	100%	\$0

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
				Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
axiUm	ADA										
Space Maintenance (passive appliances) (continued)											
D1520	D1520	Space maintainer-removable unilateral	\$203	0%	\$203	100%	\$0	0%	\$203	100%	\$0
D1525	D1525	Space maintainer-removable bilateral	\$278	0%	\$278	100%	\$0	0%	\$278	100%	\$0
D1550	D1550	Recementation of space maintainer	\$40	0%	\$40	100%	\$0	0%	\$40	100%	\$0
Restorative Procedures D2000-D2999											
D2140A	D2140	Amalgam-one surface - prim or permanent	\$66	0%	\$66	100%	\$0	50%	\$32.96	100%	\$0
D2150A	D2150	Amalgam-two surfaces – prim or permanent	\$87	0%	\$87	100%	\$0	50%	\$43.26	100%	\$0
D2160A	D2160	Amalgam-three surfaces - prim or permanent	\$103	0%	\$103	100%	\$0	50%	\$51.50	100%	\$0
D2161A	D2161	Amalgam-four or more surfaces - prim or permanent	\$126	0%	\$126	100%	\$0	50%	\$62.83	100%	\$0
D2330A	D2330	Resin-one surface, anterior	\$77	0%	\$77	100%	\$0	50%	\$38.63	100%	\$0
D2331A	D2331	Resin-two surfaces, anterior	\$90	0%	\$90	100%	\$0	50%	\$44.81	100%	\$0
D2332A	D2332	Resin-three surfaces, anterior	\$101	0%	\$101	100%	\$0	50%	\$50.47	100%	\$0
D2335A	D2335	Resin-four surf or inv incisal angle, ant	\$118	0%	\$118	100%	\$0	50%	\$59.23	100%	\$0
D2390	D2390	Resin-based composite crown, anterior	\$160	0%	\$160	100%	\$0	50%	\$79.83	100%	\$0
D2391A	D2391	Resin based comp - 1 surface post -perm	\$84	0%	\$84	100%	\$0	50%	\$42.23	100%	\$0
D2391B	D2391	Resin-based composite – one surface, posterior	\$81	0%	\$81	100%	\$0	50%	\$40.69	100%	\$0
D2392A	D2392	Resin based comp - 2 surface post -perm	\$109	0%	\$109	100%	\$0	50%	\$54.59	100%	\$0
D2392B	D2392	Resin-based composite – two surfaces, posterior	\$112	0%	\$112	100%	\$0	50%	\$56.14	100%	\$0
D2393A	D2393	Resin based comp - 3 surface post-perm	\$126	0%	\$126	100%	\$0	50%	\$62.83	100%	\$0
D2393B	D2393	Resin-based three surfaces, posterior	\$141	0%	\$141	100%	\$0	50%	\$70.56	100%	\$0
D2394A	D2394	Resin based comp - 4/more surface post-perm	\$155	0%	\$155	100%	\$0	50%	\$77.25	100%	\$0
D2394B	D2394	Resin-based composite - 4/more surfaces, posterior	\$169	0%	\$169	100%	\$0	50%	\$84.46	100%	\$0
D2510	D2510	Inlay-metallic-one surface	\$410	0%	\$410	20%	\$327.95	0%	\$410	20%	\$327.95
D2520	D2520	Inlay-metallic-two surfaces	\$432	0%	\$432	20%	\$345.26	0%	\$432	20%	\$345.26
D2530	D2530	Inlay-metallic-three surfaces	\$503	0%	\$503	20%	\$402.11	0%	\$503	20%	\$402.11
D2542	D2542	Onlay-metallic-two surfaces	\$501	0%	\$501	20%	\$400.46	0%	\$501	20%	\$400.46
D2543	D2543	Onlay-metallic-three surfaces	\$514	0%	\$514	20%	\$411.18	0%	\$514	20%	\$411.18
D2544	D2544	Onlay-metallic-four or more surfaces	\$546	0%	\$546	20%	\$436.72	0%	\$546	20%	\$436.72
D2710	D2710	Crown-resin indirect (laboratory)	\$262	0%	\$262	20%	\$209.30	0%	\$262	20%	\$209.30
D2720	D2720	Crown-resin with high noble metal	\$550	0%	\$550	20%	\$440.02	0%	\$550	20%	\$440.02
D2721	D2721	Crown-resin with predom base metal	\$544	0%	\$544	20%	\$435.07	0%	\$544	20%	\$435.07
D2722	D2722	Crown-resin with noble metal	\$562	0%	\$562	20%	\$449.90	0%	\$562	20%	\$449.90
D2740	D2740	Crown-porcelain/ceramic substrate	\$623	0%	\$623	20%	\$498.52	0%	\$623	20%	\$498.52
D2750	D2750	Crown-porcelain fused to high noble metal	\$602	0%	\$602	20%	\$481.22	0%	\$602	20%	\$481.22
D2751	D2751	Crown-porcelain fused to predom base metal	\$569	0%	\$569	20%	\$454.85	0%	\$569	20%	\$454.85
D2752	D2752	Crown-porcelain fused to noble metal	\$590	0%	\$590	20%	\$472.15	0%	\$590	20%	\$472.15
D2790	D2790	Crown-full cast high noble metal	\$590	0%	\$590	20%	\$472.15	0%	\$590	20%	\$472.15
D2791	D2791	Crown-full cast predominantly base metal	\$546	0%	\$546	20%	\$436.72	0%	\$546	20%	\$436.72
D2792	D2792	Crown-full cast noble metal	\$546	0%	\$546	20%	\$436.72	0%	\$546	20%	\$436.72
D2794	D2794	Crown – Titanium	\$634	0%	\$634	20%	\$507.58	0%	\$634	20%	\$507.58
D2910	D2910	Recement inlay	\$38	0%	\$38	20%	\$30.49	0%	\$38	20%	\$30.49
D2915	D2915	Recement Cast or Prefab Post & Core	\$47	0%	\$47	20%	\$37.90	0%	\$47	20%	\$37.90
D2920A	D2920	Recement crown	\$50	0%	\$50	20%	\$40.38	0%	\$50	20%	\$40.38
D2930A	D2930	Prefab stainless steel crown-primary tooth	\$129	0%	\$129	100%	\$0	0%	\$129	100%	\$0
D2931A	D2931	Prefab stainless steel crown-permanent tooth	\$177	0%	\$177	20%	\$141.73	0%	\$177	20%	\$141.73
D2933	D2933	Prefab stainless steel crown with resin window	\$179	0%	\$179	20%	\$143.38	0%	\$179	20%	\$143.38
D2934	D2934	Prefab esthetic coated SS crown - primary	\$153	0%	\$153	20%	\$122.78	0%	\$153	20%	\$122.78

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
axiUm	ADA			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
Restorative Procedures D2000-D2999 (continued)											
D2940A	D2940	Sedative filling	\$58	0%	\$58	100%	\$0	50%	\$28.84	100%	\$0
D2940B	D2940	Sedative filling/pedo	\$58	0%	\$58	100%	\$0	50%	\$28.84	100%	\$0
D2950	D2950	Core buildup, including any pins	\$121	0%	\$121	20%	\$96.41	0%	\$121	20%	\$96.41
D2951	D2951	Pin retention-per tooth, in add to restoration	\$26	0%	\$26	20%	\$20.60	0%	\$26	20%	\$20.60
D2952	D2952	Cast post and core in addition to crown	\$183	0%	\$183	20%	\$146.67	0%	\$183	20%	\$146.67
D2953	D2953	Each add cast post - same tooth	\$96	0%	\$96	20%	\$76.63	0%	\$96	20%	\$76.63
D2954	D2954	Prefab post and core in addition to crown	\$152	0%	\$152	20%	\$121.95	0%	\$152	20%	\$121.95
D2955	D2955	Post removal (not in conj with endo therapy)	\$146	0%	\$146	20%	\$117.01	0%	\$146	20%	\$117.01
D2957	D2957	Each add prefab post - same tooth	\$96	0%	\$96	20%	\$76.63	0%	\$96	20%	\$76.63
D2960	D2960	Labial veneer (laminare)-chairside	\$372	0%	\$372	20%	\$297.46	0%	\$372	20%	\$297.46
D2961	D2961	Labial veneer (resin laminate)-lab	\$417	0%	\$417	20%	\$333.72	0%	\$417	20%	\$333.72
D2962	D2962	Labial veneer (porcelain laminate)-lab	\$453	0%	\$453	20%	\$362.56	0%	\$453	20%	\$362.56
D2980	D2980	Crown repair, by report	\$94	0%	\$94	50%	\$46.87	0%	\$94	50%	\$46.87
Endodontics Procedures D3000-D3999											
D3110A	D3110	Pulp cap-direct (excl final restoration)	\$36	0%	\$36	30%	\$25.24	0%	\$36	30%	\$25.24
D3120A	D3120	Pulp cap-indirect (excl final restoration)	\$26	0%	\$26	30%	\$18.03	0%	\$26	30%	\$18.03
D3220A	D3220	Therapeutic pulpotomy (excl final restor)	\$94	0%	\$94	30%	\$65.61	0%	\$94	30%	\$65.61
D3220B	D3220	Pulpectomy	\$94	0%	\$94	30%	\$65.61	0%	\$94	30%	\$65.61
D3230	D3230	Pulpal therapy-ant, prim tooth (excl final restor)	\$107	0%	\$107	30%	\$74.98	0%	\$107	30%	\$74.98
D3240	D3240	Pulpal therapy-post, prim tooth (excl final restor)	\$107	0%	\$107	30%	\$74.98	0%	\$107	30%	\$74.98
D3310A	D3310	RC Therapy-anterior (excl final restor)	\$359	0%	\$359	30%	\$251.63	0%	\$359	30%	\$251.63
D3310C	D3310	RC Therapy-anterior (excl final restor) - complex	\$444	0%	\$444	30%	\$310.75	0%	\$444	30%	\$310.75
D3320A	D3320	RC Therapy-bicuspid (excl final restor)	\$440	0%	\$440	30%	\$307.87	0%	\$440	30%	\$307.87
D3320C	D3320	RC Therapy-bicuspid (excl final restor) - complex	\$522	0%	\$522	30%	\$365.55	0%	\$522	30%	\$365.55
D3330A	D3330	RC Therapy-molar (excl final restor)	\$604	0%	\$604	30%	\$422.51	0%	\$604	30%	\$422.51
D3330C	D3330	RC Therapy-molar (excl final restor) - complex	\$649	0%	\$649	30%	\$454.23	0%	\$649	30%	\$454.23
D3346	D3346	Retreat of prev root canal therapy-anterior	\$464	0%	\$464	30%	\$324.45	0%	\$464	30%	\$324.45
D3347	D3347	Retreat of prev root canal therapy-bicuspid	\$556	0%	\$556	30%	\$389.34	0%	\$556	30%	\$389.34
D3348	D3348	Retreat of prev root canal therapy-molar	\$719	0%	\$719	30%	\$503.26	0%	\$719	30%	\$503.26
D3351	D3351	Apexification/recalc-initial visit	\$175	0%	\$175	30%	\$122.57	0%	\$175	30%	\$122.57
D3352	D3352	Apexification/recalc-interim medic replace	\$90	0%	\$90	30%	\$62.73	0%	\$90	30%	\$62.73
D3353	D3353	Apexification/recalc-final visit (incl compl root canal)	\$259	0%	\$259	30%	\$180.97	0%	\$259	30%	\$180.97
D3410	D3410	Apicoectomy/periradicular surg-anterior	\$359	0%	\$359	30%	\$251.63	0%	\$359	30%	\$251.63
D3421	D3421	Apicoectomy/periradicular surg-bicuspid, first root	\$394	0%	\$394	30%	\$276.14	0%	\$394	30%	\$276.14
D3425	D3425	Apicoectomy/periradicular surg-molar, first root	\$464	0%	\$464	30%	\$324.45	0%	\$464	30%	\$324.45
D3426	D3426	Apicoectomy/periradicular surg, each add root	\$177	0%	\$177	30%	\$124.01	0%	\$177	30%	\$124.01
D3430	D3430	Retrograde filling-per root	\$104	0%	\$104	30%	\$72.82	0%	\$104	30%	\$72.82
D3450	D3450	Root amputation-per root	\$213	0%	\$213	30%	\$149.25	0%	\$213	30%	\$149.25
D3470	D3470	Intentional reimplantation (incl nec splinting)	\$426	0%	\$426	30%	\$298.49	0%	\$426	30%	\$298.49
D3910	D3910	Surg proc for isolation of tooth with rubber dam	\$57	0%	\$57	30%	\$39.66	0%	\$57	30%	\$39.66
D3920	D3920	Hemisection w root removal, wo root canal ther	\$168	0%	\$168	30%	\$117.52	0%	\$168	30%	\$117.52
Periodontic Procedures D4000-D4999											
D4210	D4210	Gingivectomy per quad or gingivoplasty - 4 or more continous teeth or bounded teeth spaces per quadrant	\$317	0%	\$317	30%	\$222.07	0%	\$317	30%	\$222.07
D4211	D4211	Gingivectomy/per tooth or gingivoplasty -1-3 teeth, per quadrant	\$131	0%	\$131	30%	\$91.57	0%	\$131	30%	\$91.57

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
axiUm	ADA			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
Periodontic Procedures D4000-D4999 (continued)											
D4240	D4240	Gingival flap proced., incl root planing 4 or more continuous teeth or bounded teeth spaces per quadrant	\$418	0%	\$418	30%	\$292.73	0%	\$418	30%	\$292.73
D4241	D4241	Gingival flap proced., incl root planing 1-3 teeth per quadrant	\$414	0%	\$414	30%	\$289.84	0%	\$414	30%	\$289.84
D4245	D4245	Apically positioned flap	\$414	0%	\$414	30%	\$289.84	0%	\$414	30%	\$289.84
D4249	D4249	Clinical crown lengthening-hard tissue	\$384	0%	\$384	30%	\$268.93	0%	\$384	30%	\$268.93
D4260A	D4260	Osseous surg per quad (incl flap entry & closure) 4 or more continuous teeth or bounded teeth spaces per quadrant	\$602	0%	\$602	30%	\$421.06	0%	\$602	30%	\$421.06
D4260B	D4260	Osseous graft single (incl flap entry & closure) - 4/more continuous	\$602	0%	\$602	30%	\$421.06	0%	\$602	30%	\$421.06
D4260C	D4260	Osseous graft multi (incl flap entry & closure) 4/more continuous	\$602	0%	\$602	30%	\$421.06	0%	\$602	30%	\$421.06
D4261	D4261	Osseous surg (incl flap entry & closure) 1-3 teeth per quadrant	\$667	0%	\$667	30%	\$467.21	0%	\$667	30%	\$467.21
D4263	D4263	Bone replace graft-first site in quad	\$543	0%	\$543	30%	\$379.97	0%	\$543	30%	\$379.97
D4264	D4264	Bone replacement graft-each add site in quad	\$543	0%	\$543	30%	\$379.97	0%	\$543	30%	\$379.97
D4265	D4265	Biologic materials to aid in soft & osseous tissue regeneration	BR	0%	BR	30%	BR	0%	BR	30%	BR
D4266	D4266	Guided tissue regen-resorb barrier, per site	\$484	0%	\$484	30%	\$338.87	0%	\$484	30%	\$338.87
D4267	D4267	Guided tissue regen-nonresorb barrier, per site	\$514	0%	\$514	30%	\$359.78	0%	\$514	30%	\$359.78
D4270	D4270	Pedicle soft tissue graft procedure	\$493	0%	\$493	30%	\$345.36	0%	\$493	30%	\$345.36
D4271	D4271	Free soft tissue graft proc incl donor site surg	\$493	0%	\$493	30%	\$345.36	0%	\$493	30%	\$345.36
D4273	D4273	Subepith conn tissue graft proc incl donor site surg	\$487	0%	\$487	30%	\$341.03	0%	\$487	30%	\$341.03
D4274	D4274	Distal/proximal wedge proc, not perf in conj w surg	\$197	0%	\$197	30%	\$137.71	0%	\$197	30%	\$137.71
D4275	D4275	Soft tissues allograft	\$449	0%	\$449	30%	\$314.36	0%	\$449	30%	\$314.36
D4276	D4276	Combined connective tissue and double pedicle graft	\$542	0%	\$542	30%	\$379.25	0%	\$542	30%	\$379.25
D4341A	D4341	Periodontal scaling/root planing-per quad	\$174	0%	\$174	30%	\$121.85	50%	\$87.04	50%	\$87.04
D4342	D4342	Periodontal scaling/root planing-1-3 teeth per quad	\$136	0%	\$136	30%	\$95.17	50%	\$67.98	50%	\$67.98
D4381A	D4381	Localized del of chemother agts, per tooth/report	\$70	0%	\$70	30%	\$49.03	0%	\$70	30%	\$49.03
D4910	D4910	Periodontal maintenance proc follow active therapy	\$74	0%	\$74	30%	\$51.91	0%	\$74	30%	\$51.91
D4920	D4920	Unscheduled dressing change by other than treating dentist	\$62	0%	\$62	30%	\$43.26	0%	\$62	30%	\$43.26
Prostodontics (removable) Procedures D5000-D5899											
D5110S	D5110	Complete denture-upper	\$642	0%	\$642	30%	\$449.18	50%	\$320.85	50%	\$320.85
D5120S	D5120	Complete denture-lower	\$642	0%	\$642	30%	\$449.18	50%	\$320.85	50%	\$320.85
D5110M	D5110	Complete upper denture - moderate	\$874	0%	\$874	30%	\$612.13	50%	\$437.24	50%	\$437.24
D5120M	D5120	Complete lower denture - moderate	\$874	0%	\$874	30%	\$612.13	50%	\$437.24	50%	\$437.24
D5110C	D5110	Complete upper denture - complex	\$961	0%	\$961	30%	\$672.69	50%	\$480.50	50%	\$480.50
D5120C	D5120	Complete lower denture - complex	\$961	0%	\$961	30%	\$672.69	50%	\$480.50	50%	\$480.50
D5130	D5130	Immediate denture-upper	\$699	0%	\$699	30%	\$489.56	50%	\$349.69	50%	\$349.69
D5140	D5140	Immediate denture-lower	\$699	0%	\$699	30%	\$489.56	50%	\$349.69	50%	\$349.69
D5211	D5211	Upper partial denture-resin base, incl clasp	\$542	0%	\$542	30%	\$379.25	50%	\$270.89	50%	\$270.89
D5212	D5212	Lower partial denture-resin base, incl clasp	\$629	0%	\$629	30%	\$440.53	50%	\$314.67	50%	\$314.67
D5213S	D5213	Upper partial dent-met base, res sdl, incl clsp	\$710	0%	\$710	30%	\$496.77	50%	\$354.84	50%	\$354.84
D5213C	D5213	Upper partial dent-met base - complex	\$1,005	0%	\$1,005	30%	\$703.70	50%	\$502.64	50%	\$502.64
D5214S	D5214	Lower partial dent-met base, res sdl, incl clsp	\$710	0%	\$710	30%	\$496.77	50%	\$354.84	50%	\$354.84

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
				Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
axiUm	ADA										
Prosthodontics (removable) Procedures D5000-D5899 (continued)											
D5214C	D5214	Lower partial dent-met base - complex	\$1,005	0%	\$1,005	30%	\$703.70	50%	\$502.64	50%	\$502.64
D5281	D5281	Remov unilateral part dent-metal base, cast clasp	\$413	0%	\$413	30%	\$289.12	50%	\$206.52	50%	\$206.52
D5410	D5410	Adjust complete denture-upper	\$35	0%	\$35	30%	\$24.51	50%	\$17.51	50%	\$17.51
D5411	D5411	Adjust complete denture-lower	\$35	0%	\$35	30%	\$24.51	50%	\$17.51	50%	\$17.51
D5421	D5421	Adjust partial denture-upper	\$41	0%	\$41	30%	\$28.84	50%	\$20.60	50%	\$20.60
D5422	D5422	Adjust partial denture-lower	\$41	0%	\$41	30%	\$28.84	50%	\$20.60	50%	\$20.60
D5510	D5510	Repair broken complete denture base	\$71	0%	\$71	50%	\$35.54	50%	\$35.54	50%	\$35.54
D5520	D5520	Replace miss/broken teeth-comp dent, each tooth	\$59	0%	\$59	50%	\$29.36	50%	\$29.36	50%	\$29.36
D5610	D5610	Repair resin denture base	\$76	0%	\$76	50%	\$38.11	50%	\$38.11	50%	\$38.11
D5620	D5620	Repair cast framework	\$96	0%	\$96	50%	\$47.90	50%	\$47.90	50%	\$47.90
D5630	D5630	Repair or replace broken clasp	\$108	0%	\$108	50%	\$54.08	50%	\$54.08	50%	\$54.08
D5640	D5640	Replace broken teeth-per tooth	\$71	0%	\$71	50%	\$35.54	50%	\$35.54	50%	\$35.54
D5650	D5650	Add tooth to existing partial denture	\$88	0%	\$88	30%	\$61.29	50%	\$43.78	50%	\$43.78
D5660	D5660	Add clasp to existing partial denture	\$105	0%	\$105	30%	\$73.54	50%	\$52.53	50%	\$52.53
D5670	D5670	Replace all teeth & acrylic on cast metal framework (maxillary)	\$524	0%	\$524	30%	\$366.99	50%	\$262.14	50%	\$262.14
D5671	D5671	Replace all teeth & acrylic on cast metal framework (mandibular)	\$524	0%	\$524	30%	\$366.99	50%	\$262.14	50%	\$262.14
D5710	D5710	Rebase complete upper denture	\$355	0%	\$355	30%	\$248.75	50%	\$177.68	50%	\$177.68
D5711	D5711	Rebase complete lower denture	\$355	0%	\$355	30%	\$248.75	50%	\$177.68	50%	\$177.68
D5720	D5720	Rebase upper partial denture	\$355	0%	\$355	30%	\$248.75	50%	\$177.68	50%	\$177.68
D5721	D5721	Rebase lower partial denture	\$355	0%	\$355	30%	\$248.75	50%	\$177.68	50%	\$177.68
D5730	D5730	Reline comp upper denture, chair	\$146	0%	\$146	30%	\$102.38	50%	\$73.13	50%	\$73.13
D5731	D5731	Reline comp lower denture, chair	\$146	0%	\$146	30%	\$102.38	50%	\$73.13	50%	\$73.13
D5740	D5740	Reline upper partial denture, chair	\$135	0%	\$135	30%	\$94.45	50%	\$67.47	50%	\$67.47
D5741	D5741	Reline lower partial denture, chair	\$135	0%	\$135	30%	\$94.45	50%	\$67.47	50%	\$67.47
D5750	D5750	Reline complete upper denture, lab	\$227	0%	\$227	30%	\$158.62	50%	\$113.30	50%	\$113.30
D5751	D5751	Reline complete lower denture, lab	\$227	0%	\$227	30%	\$158.62	50%	\$113.30	50%	\$113.30
D5760	D5760	Reline upper partial denture, lab	\$227	0%	\$227	30%	\$158.62	50%	\$113.30	50%	\$113.30
D5761	D5761	Reline lower partial denture, lab	\$227	0%	\$227	30%	\$158.62	50%	\$113.30	50%	\$113.30
D5850	D5850	Tissue conditioning, upper	\$62	0%	\$62	30%	\$43.26	50%	\$30.90	50%	\$30.90
D5851	D5851	Tissue conditioning, lower	\$62	0%	\$62	30%	\$43.26	50%	\$30.90	50%	\$30.90
D5862	D5862	Precision attachment, by report	BR	0%	BR	30%	BR	50%	BR	50%	BR
Prosthodontics (fixed) Procedures D6000-D6999											
D6053B	D6053	Implant supp overdenture	\$2,671	0%	\$2,671	30%	\$1,869.70	0%	\$2,671	30%	\$1,869.70
D6053A	D6053	Implant/abutment supported removable denture for complete edent arch	\$1,418	0%	\$1,418	30%	\$992.60	0%	\$1,418	30%	\$992.60
D6054A	D6054	Implant/abutment supported removable denture for partial edent arch	\$1,418	0%	\$1,418	30%	\$992.60	0%	\$1,418	30%	\$992.60
D6054B	D6054	Implant supported removable pros	\$2,671	0%	\$2,671	30%	\$1,869.70	0%	\$2,671	30%	\$1,869.70
D6058A	D6058	Abutment supported porcelain/ceramic crown	\$709	0%	\$709	30%	\$496.05	0%	\$709	30%	\$496.05
D6059	D6059	Abutment supp porcelain metal crown (hi nbl)	\$699	0%	\$699	30%	\$489.56	0%	\$699	30%	\$489.56
D6060	D6060	Abutment supp porcelain metal crown (base metal)	\$660	0%	\$660	30%	\$462.16	0%	\$660	30%	\$462.16
D6061	D6061	Abutment supp porc metal crown (noble metal)	\$675	0%	\$675	30%	\$472.26	0%	\$675	30%	\$472.26
D6062	D6062	Abutment supp cast metal crown (hi noble)	\$672	0%	\$672	30%	\$470.09	0%	\$672	30%	\$470.09
D6063	D6063	Abutment supp cast metal crown (base metal)	\$576	0%	\$576	30%	\$403.04	0%	\$576	30%	\$403.04
D6064	D6064	Abutment supp cast metal crown (noble metal)	\$611	0%	\$611	30%	\$427.55	0%	\$611	30%	\$427.55
D6065	D6065	Implant supported porcelain/ceramic crown	\$677	0%	\$677	30%	\$473.70	0%	\$677	30%	\$473.70

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
axiUm	ADA			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
Prosthodontics (fixed) Procedures D6000-D6999 (continued)											
D6066	D6066	Implant supp porcelain fused metal crown	\$679	0%	\$679	30%	\$475.14	0%	\$679	30%	\$475.14
D6067	D6067	Implant supp metal crown	\$659	0%	\$659	30%	\$461.44	0%	\$659	30%	\$461.44
D6068	D6068	Abutment supp retainer – porcelain ceramic fpd	\$709	0%	\$709	30%	\$496.05	0%	\$709	30%	\$496.05
D6069	D6069	Abutment supp retainer – porcelain fused met fpd	\$699	0%	\$699	30%	\$489.56	0%	\$699	30%	\$489.56
D6070	D6070	Abutment supp retainer – porcelain fused met fpd	\$660	0%	\$660	30%	\$462.16	0%	\$660	30%	\$462.16
D6071	D6071	Abutment supp retainer – porcelain fused met fpd	\$675	0%	\$675	30%	\$472.26	0%	\$675	30%	\$472.26
D6072	D6072	Abutment supp retainer - cast metal fpd (hi)	\$688	0%	\$688	30%	\$481.63	0%	\$688	30%	\$481.63
D6073	D6073	Abutment supp retainer - cast metal fpd (base)	\$623	0%	\$623	30%	\$436.21	0%	\$623	30%	\$436.21
D6074	D6074	Abutment supp retainer - cast metal fpd (nbl)	\$672	0%	\$672	30%	\$470.09	0%	\$672	30%	\$470.09
D6075	D6075	Implant supported retainer-ceramic fpd	\$697	0%	\$697	30%	\$488.12	0%	\$697	30%	\$488.12
D6076	D6076	Implant supported retainer-porcelain fused met fpd	\$679	0%	\$679	30%	\$475.14	0%	\$679	30%	\$475.14
D6077	D6077	Implant supported retainer-cast met fpd	\$659	0%	\$659	30%	\$461.44	0%	\$659	30%	\$461.44
D6094	D6094	Abutment supported crown - titanium	\$680	0%	\$680	30%	\$475.86	0%	\$680	30%	\$475.86
D6056B	D6056	Implant abutment crown	\$861	0%	\$861	30%	\$602.76	0%	\$861	30%	\$602.76
D6058B	D6058	Implant supported crown	\$887	0%	\$887	30%	\$620.78	0%	\$887	30%	\$620.78
D6057B	D6057	Implant abutment	\$173	0%	\$173	30%	\$121.13	0%	\$173	30%	\$121.13
D6055B	D6055	Implant supported bar	\$688	0%	\$688	30%	\$481.63	0%	\$688	30%	\$481.63
D6194	D6194	Abutment supported retainer crown FPD - titanium	\$591	0%	\$591	30%	\$413.85	0%	\$591	30%	\$413.85
D6205	D6205	Pontic - indirect res based composite	\$503	0%	\$503	30%	\$351.85	0%	\$503	30%	\$351.85
D6210	D6210	Pontic-cast high noble metal	\$538	0%	\$538	30%	\$376.36	0%	\$538	30%	\$376.36
D6211	D6211	Pontic-cast predom base metal	\$466	0%	\$466	30%	\$325.89	0%	\$466	30%	\$325.89
D6212	D6212	Pontic-cast noble metal	\$511	0%	\$511	30%	\$357.62	0%	\$511	30%	\$357.62
D6214	D6214	Pontic – titanium	\$505	0%	\$505	30%	\$353.29	0%	\$505	30%	\$353.29
D6240B	D6240	Pontic-porcelain fused to high noble metal	\$540	0%	\$540	30%	\$377.80	0%	\$540	30%	\$377.80
D6240A	D6240	Implant Supp Pontic	\$683	0%	\$683	30%	\$478.02	0%	\$683	30%	\$478.02
D6241	D6241	Pontic-porcelain fused to predom base metal	\$514	0%	\$514	30%	\$359.78	0%	\$514	30%	\$359.78
D6242	D6242	Pontic-porcelain fused to noble metal	\$538	0%	\$538	30%	\$376.36	0%	\$538	30%	\$376.36
D6250	D6250	Pontic-resin with high noble metal	\$538	0%	\$538	30%	\$376.36	0%	\$538	30%	\$376.36
D6251	D6251	Pontic-resin with predom base metal	\$514	0%	\$514	30%	\$359.78	0%	\$514	30%	\$359.78
D6252	D6252	Pontic-resin with noble metal	\$538	0%	\$538	30%	\$376.36	0%	\$538	30%	\$376.36
D6253	D6253	Provisional pontic	\$209	0%	\$209	30%	\$146.36	0%	\$209	30%	\$146.36
D6600	D6600	Inlay - porcelain/ceramic, 2 surfaces	\$546	0%	\$546	30%	\$382.13	0%	\$546	30%	\$382.13
D6601	D6601	Inlay - porcelain/ceramic, 3/more surfaces	\$569	0%	\$569	30%	\$397.99	0%	\$569	30%	\$397.99
D6602	D6602	Inlay - cast high noble metal, 2 surfaces	\$499	0%	\$499	30%	\$348.96	0%	\$499	30%	\$348.96
D6603	D6603	Inlay - cast high noble metal, 3/more surfaces	\$555	0%	\$555	30%	\$388.62	0%	\$555	30%	\$388.62
D6604	D6604	Inlay - cast predominantly base metal, 2 surfaces	\$481	0%	\$481	30%	\$336.71	0%	\$481	30%	\$336.71
D6605	D6605	Inlay - cast predominantly base metal, 3/more surfaces	\$529	0%	\$529	30%	\$370.59	0%	\$529	30%	\$370.59
D6606	D6606	Inlay - cast noble metal, 2 surfaces	\$489	0%	\$489	30%	\$342.48	0%	\$489	30%	\$342.48
D6607	D6607	Inlay - cast noble metal, 3/more surfaces	\$546	0%	\$546	30%	\$382.13	0%	\$546	30%	\$382.13
D6608	D6608	Onlay - porcelain/ceramic, 2 surfaces	\$569	0%	\$569	30%	\$397.99	0%	\$569	30%	\$397.99
D6609	D6609	Onlay - porcelain/ceramic, 3/more surfaces	\$608	0%	\$608	30%	\$425.39	0%	\$608	30%	\$425.39
D6610	D6610	Onlay - cast high noble metal, 2 surfaces	\$546	0%	\$546	30%	\$382.13	0%	\$546	30%	\$382.13
D6611	D6611	Onlay - cast high noble metal, 3/more surfaces	\$590	0%	\$590	30%	\$413.13	0%	\$590	30%	\$413.13
D6612	D6612	Onlay - cast predominantly base metal, 2 surfaces	\$524	0%	\$524	30%	\$366.99	0%	\$524	30%	\$366.99
D6613	D6613	Onlay - cast predominantly base metal, 3/more surfaces	\$569	0%	\$569	30%	\$397.99	0%	\$569	30%	\$397.99
D6614	D6614	Onlay - cast noble metal, 2 surfaces	\$529	0%	\$529	30%	\$370.59	0%	\$529	30%	\$370.59

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
axiUm	ADA			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
Prosthodontics (fixed) Procedures D6000-D6999 (continued)											
D6615	D6615	Onlay - cast noble metal, 3 or more surfaces	\$573	0%	\$573	30%	\$400.88	0%	\$573	30%	\$400.88
D6624	D6624	Inlay – titanium	\$549	0%	\$549	30%	\$384.29	0%	\$549	30%	\$384.29
D6634	D6634	Onlay – titanium	\$564	0%	\$564	30%	\$395.11	0%	\$564	30%	\$395.11
D6545	D6545	Retainer - cast metal for resin bonded fixed pros	\$240	0%	\$240	30%	\$167.99	0%	\$240	30%	\$167.99
D6710	D6710	Crown - indirect resin based composite	\$490	0%	\$490	30%	\$343.20	0%	\$490	30%	\$343.20
D6750	D6750	Crown-porcelain fused to high noble metal	\$602	0%	\$602	30%	\$421.06	0%	\$602	30%	\$421.06
D6751	D6751	Crown-porcelain fused to predom base metal	\$553	0%	\$553	30%	\$387.18	0%	\$553	30%	\$387.18
D6752	D6752	Crown-porcelain fused to noble metal	\$567	0%	\$567	30%	\$396.55	0%	\$567	30%	\$396.55
D6780	D6780	Crown-3/4 cast high noble metal	\$558	0%	\$558	30%	\$390.78	0%	\$558	30%	\$390.78
D6781	D6781	Crown-3/4 cast predom base metal	\$558	0%	\$558	30%	\$390.78	0%	\$558	30%	\$390.78
D6782	D6782	Crown-3/4 cast noble metal	\$519	0%	\$519	30%	\$363.38	0%	\$519	30%	\$363.38
D6783	D6783	Crown-3/4 porcelain/ceramic	\$574	0%	\$574	30%	\$401.60	0%	\$574	30%	\$401.60
D6790	D6790	Crown-full cast high noble metal	\$572	0%	\$572	30%	\$400.16	0%	\$572	30%	\$400.16
D6791	D6791	Crown-full cast predom base metal	\$543	0%	\$543	30%	\$379.97	0%	\$543	30%	\$379.97
D6792	D6792	Crown-full cast noble metal	\$562	0%	\$562	30%	\$393.67	0%	\$562	30%	\$393.67
D6793	D6793	Provisional retainer crown	\$222	0%	\$222	30%	\$155.74	0%	\$222	30%	\$155.74
D6794	D6794	Crown – titanium	\$525	0%	\$525	30%	\$367.71	0%	\$525	30%	\$367.71
D6930	D6930	Recement fixed partial denture	\$66	0%	\$66	50%	\$32.96	0%	\$66	50%	\$32.96
D6970	D6970	Cast post/core in add to fix part dent ret	\$192	0%	\$192	30%	\$134.11	0%	\$192	30%	\$134.11
D6971	D6971	Cast post as part of fix part dent ret	\$192	0%	\$192	30%	\$134.11	0%	\$192	30%	\$134.11
D6972	D6972	Prefab post/core in add to fix part dent ret	\$156	0%	\$156	30%	\$108.87	0%	\$156	30%	\$108.87
D6973	D6973	Core build up for retainer, incl any pins	\$126	0%	\$126	30%	\$87.96	0%	\$126	30%	\$87.96
D6985	D6985	Pediatric partial denture, fixed	BR	0%	BR	30%	BR	0%	BR	30%	BR
Oral & Maxillofacial Surgery Procedures D7000-D7999											
D7111	D7111	Coronal remnants – deciduous tooth	\$53	0%	\$53	100%	\$0	50%	\$26.27	100%	\$0
D7140A	D7140	Extraction, erupted tooth or exposed root	\$76	0%	\$76	100%	\$0	50%	\$38.11	100%	\$0
D7210	D7210	Surgical removal of erupted tooth	\$127	0%	\$127	30%	\$88.68	0%	\$127	30%	\$88.68
D7220	D7220	Removal of impacted tooth-soft tissue	\$141	0%	\$141	30%	\$98.78	0%	\$141	30%	\$98.78
D7230	D7230	Removal of impacted tooth-partially bony	\$216	0%	\$216	30%	\$151.41	0%	\$216	30%	\$151.41
D7240	D7240	Removal of impacted tooth-completely bony	\$254	0%	\$254	30%	\$178.09	0%	\$254	30%	\$178.09
D7241	D7241	Rem impacted tooth-compl bony, w surg complic	\$293	0%	\$293	30%	\$204.76	0%	\$293	30%	\$204.76
D7250	D7250	Surg removal of residual tooth roots, cutting proc	\$129	0%	\$129	30%	\$90.13	0%	\$129	30%	\$90.13
D7261	D7261	Primary closure of a sinus perforation	\$874	0%	\$874	30%	\$612.13	0%	\$874	30%	\$612.13
D7270A	D7270	Reimplant/Stabilize	\$280	0%	\$280	30%	\$196.11	0%	\$280	30%	\$196.11
D7270B	D7270	Tooth implantation reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$280	0%	\$280	30%	\$196.11	0%	\$280	30%	\$196.11
D7280	D7280	Cr exp w/attach-orth surgical access of an unerupted tooth	\$307	0%	\$307	30%	\$214.86	0%	\$307	30%	\$214.86
D7282	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$81	0%	\$81	30%	\$56.96	0%	\$81	30%	\$56.96
D7283	D7283	Placement of device to erupt tooth	\$63	0%	\$63	30%	\$43.98	0%	\$63	30%	\$43.98
D7287	D7287	Cytology sample collection	\$175	0%	\$175	30%	\$122.57	0%	\$175	30%	\$122.57
D7290	D7290	Surgical repositioning of teeth	\$245	0%	\$245	30%	\$171.60	0%	\$245	30%	\$171.60
D7291	D7291	Transseptal fiberotomy, by report	\$101	0%	\$101	30%	\$70.66	0%	\$101	30%	\$70.66
D7310	D7310	Alveoloplasty in conj with extractions, per quad	\$151	0%	\$151	30%	\$105.99	0%	\$151	30%	\$105.99
D7311	D7311	Alveoloplasty w/ext, 1-3 teeth, per quad	\$127	0%	\$127	30%	\$88.68	0%	\$127	30%	\$88.68
D7321	D7321	Alveoloplasty no ext, 1-3 teeth, per quad	\$569	0%	\$569	30%	\$397.99	0%	\$569	30%	\$397.99

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
				Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
axiUm	ADA										
Oral & Maxillofacial Surgery Procedures D7000-D7999 (continued)											
D7410	D7410	Excision of Benign Lesion up to 1.25 cm	\$843	0%	\$843	30%	\$589.78	0%	\$843	30%	\$589.78
D7450	D7450	Excision of cyst up to 1.25cm removal of benign odontogenic cyst or tumor lesion diameter up to 1.25cm	\$483	0%	\$483	30%	\$338.15	0%	\$483	30%	\$338.15
D7460	D7460	Rem/odon cyst up to 1.25cm removal of benign nonodontogenic cyst or tumor lesion diameter up to 1.25cm	\$568	0%	\$568	30%	\$397.27	0%	\$568	30%	\$397.27
D7471A	D7471	Removal of lateral exostosis (maxilla or mandible)	\$542	0%	\$542	30%	\$379.25	0%	\$542	30%	\$379.25
D7471B	D7471	Removal of lateral exostosis-per site	\$542	0%	\$542	30%	\$379.25	0%	\$542	30%	\$379.25
D7472	D7472	Removal of torus palatinus	\$1,247	0%	\$1,247	30%	\$873.13	0%	\$1,247	30%	\$873.13
D7473	D7473	Removal of torus mandibularis	\$624	0%	\$624	30%	\$436.93	0%	\$624	30%	\$436.93
D7485	D7485	Surgical reduction of osseous tuberosity	\$624	0%	\$624	30%	\$436.93	0%	\$624	30%	\$436.93
D7510	D7510	Incision/drainage of abscess-intraoral soft tissue	\$155	0%	\$155	30%	\$108.15	0%	\$155	30%	\$108.15
D7511	D7511	Incision/drainage of abscess - intraoral soft tissue	\$214	0%	\$214	30%	\$149.97	0%	\$214	30%	\$149.97
D7520	D7520	Incision/drainage of abscess-extraoral soft tissue	\$690	0%	\$690	30%	\$483.07	0%	\$690	30%	\$483.07
D7521	D7521	Incision/drainage of abscess - extra soft tissue	\$604	0%	\$604	30%	\$422.51	0%	\$604	30%	\$422.51
D7530	D7530	Removal of foreign body (soft) from mucossa, skin or subcutaneous alveolar tissue	\$248	0%	\$248	30%	\$173.76	0%	\$248	30%	\$173.76
D7910	D7910	Suture of recent small wounds up to 5 cm	\$221	0%	\$221	30%	\$155.02	0%	\$221	30%	\$155.02
D7972	D7972	Surgical reduction of fibrous tuberosity	\$350	0%	\$350	30%	\$245.14	0%	\$350	30%	\$245.14
Orthodontic Procedures D8000-D8999											
D8020A	D8020	Phase 1 Growth Mod	\$1,577	0%	\$1,577	20%	\$1,261.54	0%	\$1,577	20%	\$1,261.54
D8210A	D8210	Removable appliance therapy	\$470	0%	\$470	20%	\$375.74	0%	\$470	20%	\$375.74
D8220A	D8220	Fixed appliance therapy	\$453	0%	\$453	20%	\$362.56	0%	\$453	20%	\$362.56
D8070M	D8070	Comp Ortho Treat, transitional dentition - moderate to difficult	\$3,832	0%	\$3,832	20%	\$3,065.28	0%	\$3,832	20%	\$3,065.28
D8070S	D8070	Comp Ortho Treat, transitional dentition - simple	\$3,536	0%	\$3,536	20%	\$2,828.79	0%	\$3,536	20%	\$2,828.79
D8080B	D8080	Comp Ortho Treat, adolescent dentition - moderate to difficult	\$3,832	0%	\$3,832	20%	\$3,065.28	0%	\$3,832	20%	\$3,065.28
D8080S	D8080	Comp Ortho Treat, adolescent dentition - simple	\$3,536	0%	\$3,536	20%	\$2,828.79	0%	\$3,536	20%	\$2,828.79
D8090M	D8090	Comp Ortho Treat, adult dentition - moderate to difficult	\$3,944	0%	\$3,944	20%	\$3,155.10	0%	\$3,944	20%	\$3,155.10
D8090S	D8090	Comp Ortho Treat, adult dentition - simple	\$3,639	0%	\$3,639	20%	\$2,911.19	0%	\$3,639	20%	\$2,911.19
D8660	D8660	Pre-orthodontic treatment visit	\$171	0%	\$171	20%	\$136.78	0%	\$171	20%	\$136.78
D8680	D8680	Ortho retention (rem appliance, retainers)	\$311	0%	\$311	20%	\$248.85	0%	\$311	20%	\$248.85
D8692B	D8692	Retainer Replacement	\$133	0%	\$133	20%	\$106.30	0%	\$133	20%	\$106.30
D8010	D8010	Limited Ortho Tx/Prim	\$234	0%	\$234	20%	\$187.05	0%	\$234	20%	\$187.05
INVIS		Invisalign lab fee	\$1,648	0%	\$1,648	0%	\$1,648	0%	\$1,648	0%	\$1,648
Adjunctive General Services Procedures D9000-D9999											
D9110C	D9110	Palliative (emergency) treat of dental pain	\$88	0%	\$88	100%	\$0	50%	\$43.78	100%	\$0
D9110W	D9110	Walk-in urgent care	\$103	0%	\$103	100%	\$0	50%	\$51.50	100%	\$0
D0140W	D0140	Walk-in urgent care/oral evaluation problem focused	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
D0330W	D0330	Walk-in urgent care/panoramic film	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
D0220W	D0220	Walk-in urgent care/periapical x-ray	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
D7140W	D7140	Walk-in urgent care/single tooth extraction	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
D9220	D9220	General anesthesia-first 30 minutes	\$269	0%	\$269	30%	\$188.18	0%	\$269	30%	\$188.18
D9221	D9221	General anesthesia-each add 15 minutes	\$97	0%	\$97	30%	\$67.77	0%	\$97	30%	\$67.77
D9230A	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$56	0%	\$56	30%	\$38.93	0%	\$56	30%	\$38.93

Procedure		Description	UKDC Allowable Charge 2006-2007	Basic Plan		Comprehensive Plan		Retiree Classic Plan		Retiree Ultra Plan	
axiUm	ADA			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
Adjunctive General Services Procedures D9000-D9999											
D9241	D9241	Intravenous sedation/analgesia - first 30 minutes	\$194	0%	\$194	30%	\$135.55	0%	\$194	30%	\$135.55
D9242	D9242	Intravenous sedation/analgesia - each add 15 minutes	\$75	0%	\$75	30%	\$52.63	0%	\$75	30%	\$52.63
D9248A	D9248	Non - IV conscious sedation	\$56	0%	\$56	30%	\$38.93	0%	\$56	30%	\$38.93
D9248B	D9248	Non - IV conscious (IM) sedation	\$56	0%	\$56	30%	\$38.93	0%	\$56	30%	\$38.93
D9310	D9310	Consult, diag serv provided by non-treat dentist	\$122	0%	\$122	30%	\$85.08	0%	\$122	30%	\$85.08
D9248C	D9248	Oral Sedation/non-intravenous conscious sedation	\$56	0%	\$56	30%	\$38.93	0%	\$56	30%	\$38.93
D9910	D9910	Application of desensitizing medicament	\$26	0%	\$26	30%	\$18.03	50%	\$12.88	50%	\$12.88
D9940	D9940	Occlusal guard, by report	\$366	0%	\$366	30%	\$255.96	0%	\$366	30%	\$255.96
D9951	D9951	Occlusal adjustment, limited	\$73	0%	\$73	30%	\$51.19	0%	\$73	30%	\$51.19

*** NOTE: The UK Dental Care Plan only covers procedures listed above.

GENERAL PROVISIONS

ELIGIBILITY

To be eligible for coverage, individuals must meet the eligibility definitions as a regular employee, certain temporary employee, certain retiree, or other as defined by the University of Kentucky Administrative Regulations. Employees and retirees meeting these eligibility definitions must reside in the Service Area.

To be eligible for coverage as a Dependent, an individual must:

1. reside in the Service Area;
2. meet the University of Kentucky's eligibility requirements for Dependent coverage;
3. be the legal spouse of the Member; or be a Dependent child of a Member who satisfies the Definition of a Dependent. (Refer to the Definition section)
 - a. The Dependent child age limit is 25 for an unmarried child. Enrollment of a child will terminate at the end of the month in which the child reaches 25 years of age.

The Member must notify the University of Kentucky Benefits Office of any changes that will affect the eligibility of the Member or the Member's Dependents for services or benefits under this Certificate. Notification should be made as soon as possible, but no later than 31 days after the event. This includes changes in address, marriage, divorce, death, change of Dependent disability or dependency status, and enrollment or change in enrollment in another dental plan.

The Member and Dependent will be jointly and severally responsible for reasonable charges for any services or benefits provided under this Certificate after the Dependent ceases to be eligible for coverage.

ENROLLMENT

Persons who are eligible to enroll as Members or Dependents at the time designated by the UK Employee Benefits department for open enrollment must enroll at that time or must wait until the next Open Enrollment Period.

Persons who first become eligible to enroll at a time other than during the Open Enrollment Period must enroll within 30 days of eligibility. For example, new employees of the University of Kentucky will be allowed 30 days from the day of eligibility to enroll regardless of the University of Kentucky's Open Enrollment Period. Newly eligible Dependents not enrolled within 30 days of eligibility may not be added until the next Open Enrollment Period.

To enroll, an Employee or Retiree must submit a completed Dental Benefits Enrollment Form application to the University of Kentucky Human Resources Department. Enrollment is complete when the University has accepted the application and appropriate Periodic Pre-payment.

EFFECTIVE DATE OF COVERAGE

Benefits will be provided to Members and eligible Dependents under this Certificate as of the date that enrollment is accomplished as established by the University of Kentucky Benefits Office.

Benefits will be provided to new Dependents as of the date that the new Dependent is born, adopted, or married, as the case may be, when the enrollment process is completed within 30 days of the event and when the Member has paid any applicable Premiums. No Dependent shall be provided benefits under the Certificate until the Member is enrolled.

FAMILY AND MEDICAL LEAVE ACT OF 1993 A Covered Person who otherwise would be ineligible due to a Member's inactivity at work will retain eligibility during a period of leave under the Family and Medical Leave Act of 1993 (the Act). Membership may continue, at the Member's discretion, for the period of leave under the Act. If the Member does not retain coverage during the leave period, the Member and any eligible Dependents who were covered immediately prior to the leave may be reinstated upon return to work.

To obtain coverage for a Member upon return from leave under the Act, the University of Kentucky must provide UK Dental Care Plan a copy of the health care Provider statement allowed by the Act to document the applicability of the Act to the Member.

FORMS, IDENTIFICATION CARDS, MEMBERSHIP RECORDS

Forms and Applications

Applicants and Covered Persons will complete and submit through the University any applications, dental questionnaires and other forms as are reasonably requested. Covered Persons certify that the information contained in such applications, questionnaires and forms is true, correct and complete to the best of their knowledge and belief. The intentional submission of false or misleading information requested on such forms may be grounds for refusal or termination of enrollment. In the event that enrollment is terminated for these reasons, termination may be made retroactively to the initial date of enrollment. Individuals terminated for these reasons will not be allowed to re-enroll.

Identification Card

Identification cards are not needed when seeking treatment at any of the UK College of Dentistry facilities. The Covered Person only need notify the receptionist that they are a UK Dental Care plan member and provide the name of the policyholder.

Membership Records

The University of Kentucky periodically will forward information needed by UK Dental Care for administration. Only those records of the University of Kentucky that relate to the benefits provided under this dental care plan will be open for inspection by UK Dental Care at any reasonable time.

If any obligation is dependent upon information that will be supplied by the University of Kentucky or a Covered Person, and this information has not yet been received in a satisfactory form, UK Dental Care is not responsible for the obligation. Incorrect information furnished may be corrected if UK Dental Care has not acted to its detriment by relying upon it.

Authorization to Receive Information

The UK Dental Care Dental Director is entitled to receive from any Provider any and all information necessary to determine whether benefits will be provided pursuant to the UK Dental Care plans, subject to all applicable confidentiality requirements. By accepting coverage under this Certificate, the Member authorizes Providers rendering services to a Covered Person to report to and disclose to UK Dental Care any and all information concerning the care, treatment and physical condition of the Covered Person, upon request, and to permit copying of such records. The Covered Person agrees to cooperate with UK Dental Care by providing dental information and by assisting in obtaining any and all dental records as requested.

BILLING FOR DENTAL SERVICES

Charges for dental services provided to plan members will be entered into the College's dental billing system. UK Dental Care plan payments will be applied at the time the charges are posted into the College's dental billing system. The patient will be sent a statement of any outstanding Co-Payment Amounts to be paid by the responsible party.

CONTRACT ADMINISTRATION

Administrative policies and procedures established and/or adopted by UK Dental Care are used in interpreting and administering the provisions of your Certificate. The policies and procedures are binding upon you to the same extent as if they were stated in your Certificate.

We may obtain advisory opinions from professional consultants in making a decision on claims.

UK Dental Care or anyone acting on our behalf shall determine the administration of contract benefits in such a manner that has a rational relationship to the terms set forth herein. However, UK Dental Care or anyone acting on our behalf has complete discretion to determine the administration of contract benefits. This includes without limitation, determinations on whether services, care, treatment, or supplies are Dentally Necessary, Investigational, Cosmetic in nature, or whether charges are reasonable. Such a

determination shall be final and conclusive. However, a Covered Person may use the appeals procedure set out herein and in the UK Medical Benefits Plan.

UK Dental Care or anyone acting on our behalf shall have all the powers necessary or appropriate to enable it to carry out its duties in connection with the operation and administration of the Certificate. This includes, without limitation, the power to construe the contract, to determine all questions arising under the Certificate, and to make, establish and amend the rules and regulations and procedures with regard to the interpretation and administration of the provisions of this Certificate. However, these powers shall be exercised in such a manner that has a reasonable relationship to the provisions of the Contract and Certificate. A specific limitation or exclusion will override more general benefit language.

MEMBER RIGHTS AND RESPONSIBILITIES

The UK Dental Care Plan, your Certificate, and applicable laws create rights and responsibilities of Covered Persons.

Rights of Covered Persons include the right to:

- Be treated with respect and dignity.
- Receive treatment without being unlawfully discriminated against based upon race, color, disability, age, religion, sex, or national origin.
- Receive a prompt and reasonable response to their request for Covered Services.
- File a complaint, grievance, or appeal. A copy of the grievance procedure may be obtained at any time upon request by contacting the UK Dental Care Member Services Office.
- Refuse treatment. For personal or religious reasons, a Covered person may refuse to accept procedures or treatment recommended as necessary by a Participating UK Faculty or Post Graduate Student Dentist. Although such refusal is the Covered Person's right, in some situations it may be regarded as a barrier to the continuance of the dentist-patient relationship or to the rendering of the appropriate standard of care. When a Covered Person refuses a recommended, necessary treatment or procedure and the Dentist believes that no professionally acceptable alternative exists, the Covered Person will be so advised. If the Covered Person still refuses the treatment or procedure, or requests a treatment or procedure which the Dentist does not believe dentally or professionally appropriate, the Dentist and UK Dental Care are relieved of further professional and financial responsibility, respectively. The Dentist is not required to provide care, and UK Dental Care is not required to arrange treatment for the condition.
- Maintain confidentiality of dental records. Information received regarding Covered Persons' dental records and information from Dentists will be kept confidential except as specified in this Certificate. Except when required by law, information from dental records will not be disclosed without the consent of the Covered Person.
- Receive an itemized explanation of all charges upon request.
- Receive information about:
 1. UK Dental Care and UK Faculty and Post Graduate Student Dentists.
 2. Covered Services, including access to Covered Services.
 3. Pre-authorization when it is required.
 4. The qualifications and scheduling of Participating UK Faculty and Post Graduate Student Dentists, upon request.
 5. Costs, including Co-payment Amounts.
 6. Benefits, including Exclusions and Limitations.
 7. Procedures for giving and receiving notice.

- Receive information enabling the Covered Person, or someone with a legal right to act on the Covered Person's behalf, to give informed consent prior to treatment, except when this is not possible due to an Emergency. Such information shall address treatment alternatives, including an explanation of the value and risks of each alternative.

Responsibilities of Covered Persons include the responsibility to:

- Cooperate with UK Dental Care and the Participating UK Faculty and Post Graduate Student Dentists as they provide dental benefit services. This includes the Covered Person's responsibility to provide information necessary in order to care for the Covered Person, and the Covered Person's responsibility to follow instructions, procedures and guidelines.
- Notify UK Front Desk Personnel, Participating UK Faculty and Post Graduate Student Dentists that you are a Member or Covered Person in UK Dental Care prior to receiving Covered Services.
- Coordinate dental services through a Participating UK Faculty or Post Graduate Student Dentist.
- Make sure a Participating UK Faculty or Post Graduate Student Dentist has provided, pre-authorized, or approved all dental benefit services and supplies, except for out of area Emergency Care.
- Pay applicable Co-payment Amounts at the time services are rendered.
- Notify UK Dental Care of other insurance (including health, auto, workers' compensation, etc.) and benefit plans that may cover a dental condition for which dental benefits are provided by UK Dental Care.
- Make sure Emergency Care is rendered by a Participating UK Faculty or Post Graduate Student Dentists unless time or other circumstances make this impossible. Call UK Dental Care at (859) 323-8598 to approve Emergency Care whenever practical, before obtaining Emergency Care.
- Notify your Participating UK Faculty or Post Graduate Student Dentist and UK Dental Care on the first business day after you receive Emergency Care, when the Emergency Care was not pre-authorized.
- Promptly notify UK Dental Care through the University of Kentucky Benefits Office or the UK Dental Care Office of a change of address. Coverage for the Member and the Member's Dependents will be canceled, as of the date that the Member's residence is no longer in the Service Area.
- Keep all scheduled appointments. In the event that 24 hour notice of cancellation is not given, the visit will be marked as a DNKA (see page 7). Following three DNKA's in any twelve-month period, the member will be placed on "urgent care only" status and must present for treatment to the urgent care walk-in clinic only for the next twelve months. Due to the necessary structure of scheduling in the pre-doctoral clinics, patients may be removed from treatment in those clinics based upon a single DNKA.

Complaint and Grievance Procedure

If a Covered Person has a problem or complaint regarding any aspect of the administration of benefits by UK Dental Care, the Member may contact the UK Dental Care Member Services Department to discuss the matter. If the matter cannot be resolved within a reasonable time to the Member's satisfaction, the Member may submit a written grievance. A copy of the grievance procedure may be obtained from UK Dental Care at any time upon request by the Member.

COORDINATION OF BENEFITS (COB)

1. This Coordination of Benefits ('COB') provision applies when a Member or Member's Dependent has dental care coverage under more than one plan. 'Plan' and 'this Plan' are defined below.
2. If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of this plan are determined before or after those of another plan.
 - a. The benefits of this plan:
 - i. Shall not be reduced when, under the order of benefits determination rules, this plan determines its benefits before another plan; but

- ii. May be reduced when, under the order of benefit determination rules, another plan determines its benefits first. This reduction is described in paragraph (5) of this subsection, and explains the effects on the benefits of this plan.

3. Definitions

- a. "Plan" is any of these which provides benefits or services for, or because of, medical or dental care treatment,
 - i. Group insurance for Group-type coverage, whether insured or uninsured. This includes prepayment, Group practice, or individual practice coverage. It also includes coverage other than school Accident-type coverage.
 - ii. Coverage under a governmental plan or required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act as amended from time to time). It also does not include any plan when, by law, its benefits are in excess to those of any private insurance program or other non-governmental program.
 - iii. Each contract or other arrangement for coverage under clause (i) or (ii) of this subparagraph is a separate plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate plan.
- b. 'This plan' is the Group Contract.
- c. 'Primary plan/secondary plan.' The order of benefit determination rules state whether this plan is a primary plan or a secondary plan as to another plan covering the person.
 - i. When this plan is a primary plan, its benefits are determined before those of the other plan and without considering the other plan's benefits.
 - ii. When this plan is a secondary plan, its benefits are determined after those of the other plan and may be reduced because of the other plan's benefits.
 - iii. When there are more than two plans covering the person, this plan may be a primary plan as to one or more of the plans and may be a secondary plan as to a different plan or plans.
- d. 'Allowable expense' means a Covered Service.
 - i. When a condition can be treated with a professionally acceptable service at a lower cost, the additional cost of a more costly service or treatment is not considered an allowable expense under the above definition, unless the more costly service is Dentally Necessary either according to generally accepted dental practice, or as specifically defined in the plan.
 - ii. When a plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and a benefit paid.
- e. 'Claim determination period' means a calendar year. However, it does not include any part of a year during which a person has no coverage under this plan, or any part of a year before the date this COB provision or a similar provision takes effect.

4. Order of Benefit Determination Rules

- a. General. When there is a basis for a claim under this plan and another plan, this plan is a secondary plan which has benefits determined after those of the other plan, unless:
 - i. The other plan has rules coordinating benefits with those of this plan; and
 - ii. Both those rules and this plan's rules, in subparagraph (b) of this paragraph, require that this plan's benefits be determined before those of the other plan.

- b. Rules. This plan determines its order of benefits using the first of the following rules which applies:
 - i. Non-Dependent/Dependent. The benefits of this plan which covers the person as an Employee, Retiree or Member (that is, other than as a Dependent), are determined before those of the plan which covers the person as a Dependent.
 - ii. Dependent child. If two or more plans cover the same child as a Dependent child of different parents, called 'parents', benefits for the child are determined in this order:
 - (1) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year; but
 - (2) If both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the plan which covered the other parent for a shorter period of time.
 - (3) However, if the other plan does not have the rule described in subclause (1) of this clause, but instead the other plan has a rule based upon the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.
 - (4) However, for the dependent child of separated or divorced parents, if the specific terms of a court decree state that one of the parents is responsible for the dental care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of the parent has actual knowledge of those terms, the benefits of that plan are determined first. This subclause does not apply to any claim determination period or plan year during which any benefits are actually paid or provided before the entity has actual knowledge.
 - iii. Active/inactive employee. The benefits of a plan that covers a person as an employee who is neither laid off nor retired (or as that employee's Dependent) are determined before those of a plan that covers that person as a laid off or retired employee (or as that employee's Dependent). If the other plan does not have these rules, and if, as a result, the plans do not agree on the order of benefits, this provision is ignored.
 - iv. Longer/shorter length of coverage. If none of the above rules determines the order of benefits, the benefits of the plan which covered a Member or Covered Person longer are determined before those of a plan which covered that person for the shorter time.
5. Effect of the Benefits of this Plan
- a. When this paragraph applies. This paragraph (5) applies when, in accordance with paragraph (4) of this subsection, Order of Benefit Determination Rules, this plan is a secondary plan as to one or more other plans. In that event, the benefits of this plan may be reduced under this paragraph. Such other plan or plans are referred to as 'the other plan' in subparagraph (b) of this paragraph.
 - b. Reduction in this plan's benefits. The benefits of this plan will be reduced when the sum of:
 - i. The benefits that would be payable for allowable expenses under this plan in the absence of this COB provision; and
 - ii. The benefits that would be payable for the allowable expenses under the other plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made, exceeds those allowable expenses in a claim determination period. In that case, the benefits of this plan will be reduced so that they and the benefits payable under the other plans do not total more than the allowable expenses. When the benefits of this plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of this plan.
6. Right to receive and release needed information. Certain facts are needed to apply the COB rules. We have the right to decide which facts we need. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under this plan must give any facts it needs to pay the claim.

7. Facility of payment. A payment made under another plan may include an amount that should have been paid under this plan. If it does, we may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under this plan. We will not have to pay that amount again. The term 'payment made' includes providing benefits in the form of services, in which case 'payment made' means reasonable cash value of the benefits provided in the form of services.
8. Right of recovery. If the amount of the payments made by us is more than it should have been under this COB provision, we may recover the excess from one or more of the persons we have paid or for whom we have paid Insurers, or other organizations. The amount of payments made includes the reasonable cash value of any benefits provided in the form of services.

SUBROGATION

You agree that we shall be subrogated, and succeed to any of your interest or rights against any other person or entity. We will have first priority in the payment. You also agree that we can exercise our right of direct recovery against you.

You shall assist us in our subrogation efforts. Some of the ways in which you will assist us is by executing necessary documents. You will not take any action prejudicing our rights or interests. We may suspend the payment of claims under your UK Dental Care plan in the event that you fail to cooperate with our efforts.

We may exercise our rights under this section to the extent of the total amount of benefits paid by us.

TERMINATION OF COVERAGE

Termination of the UK Dental Care plan automatically terminates all your coverage as of the date of termination. It is the responsibility of the University of Kentucky to notify you of the termination of the coverage. However, the coverage will be terminated, regardless of whether the notice is given.

Termination for Non-Payment

A Member failing to pay applicable Co-payment Amounts for services provided under this Certificate may be subject to termination of Membership consistent with this Certificate. Individuals cancelled for non-payment of premiums or Co-payment Amounts will not be allowed to re-enroll at a later date.

Cessation of Operations

In the events of the cessation of operations or dissolution of UK Dental Care, this Certificate may be terminated immediately by us. UK Dental Care will be obligated for services for the remainder of the period in which Periodic Pre-payments were prepaid or as otherwise prescribed by law.

Termination of Individual Coverage

Coverage of the Member will terminate when he or she ceases to be eligible for the plan as defined by the University of Kentucky Administrative Regulations or at the time the University of Kentucky terminates his or her eligibility for coverage under this Certificate. The termination is subject to the provisions on Continuation of Group Coverage and/or Conversion Privilege, if applicable, with such coverage terminating on the last day of the month of employment or loss of eligibility.

Coverage for a spouse will terminate on the date in which the Member is legally divorced from his or her spouse, or upon termination of the Member's coverage.

Coverage for a Dependent child will terminate on the last day of the month in which the first of the following occurs:

1. The child attains the age limit;
2. The child marries;
3. We determine that a Dependent beyond the limiting age is no longer totally disabled; or
4. Termination of the Member's coverage.

Upon Request

Upon written request through the University of Kentucky, a Member may cancel coverage or remove any Dependent from Employee and Spouse, Employee and Child(ren), or Employee and Family Coverage for a qualifying family status change, such as marriage, divorce, birth, death, loss or gain of other insurance coverage. No benefits will be provided for Covered Services rendered after the Dependent's termination date, except as described in the Exclusions and Limitations section.

Misrepresentation

Benefits may be denied and coverage terminated if a Member's application or any claim contains a material misrepresentation, as determined by UK Dental Care. In the event a Member's coverage is terminated, the date of termination will be his or her original Effective Date or the date of submission of the misrepresented claim.

Dual Coverage

In the event you are covered under two or more Contracts issued by us, we reserve the right to terminate coverage under all but one Contract and refund to you or the Group, if applicable, the unearned portion of the Premium attributable to the terminated Membership(s), subject to the provision on Refunds.

Member Conduct

This Certificate may be terminated if a Covered Person:

1. Fails to abide by this Certificate and in doing so prevents UK Dental Care from providing service to the Covered Person or other persons enrolled in UK Dental Care;
2. Does not establish and maintain a satisfactory patient-dentist relationship;
3. Displays conduct that is abusive and/or obstructive toward College of Dentistry staff or toward Participating UK Faculty or Post Graduate Student Dentists.

EXTENSION OF BENEFITS

If you are totally disabled at the time the UK Dental Care Plan terminates, we will extend coverage for your disabling condition during the period of your total disability, up to a maximum of twelve (12) months, beginning with the date of the event which occurred which caused your total disability.

To obtain this coverage you must submit a written request for this extension of benefits within thirty-one (31) days of the date your coverage would otherwise terminate under this Certificate, together with proof of your total disability.

Extended benefits will be subject to all the applicable conditions of your Certificate and timely payment of premiums.

CONTINUATION OF GROUP COVERAGE

1. If the provisions of COBRA (Consolidated Omnibus Reconciliation Act of 1985) applies to any Group, any Member whose coverage under this Certificate has been terminated is entitled to continue his or her existing Group benefits at 102 percent of the then applicable Group rate, provided coverage was terminated due to:
 - a. termination of employment (unless because of gross misconduct),
 - b. reduction in the number of hours worked, or
 - c. the elimination of coverage, in whole or substantially in part, within one year before or after the commencement of bankruptcy by or against the University of Kentucky, from whose employment the Member had retired at any time.
2. Any member whose coverage has been terminated under this Certificate due to termination of employment for gross misconduct, or who otherwise loses Group Membership, will be entitled to continue Group benefits at the Group rate for a maximum period of 18 months from the date the Member's coverage would have otherwise terminated under this Certificate, as provided in the section called Continuation of Coverage Under Kentucky Law.

3. Continuation of Group Coverage is available to covered spouses and dependents who lose eligibility for coverage due to:
 - a. the death of the Member;
 - b. divorce from the Member;
 - c. the Member's eligibility for Medicare coverage; or
 - d. the covered child's loss of dependency status.
4. Continuation of Group Coverage will terminate on the earlier of:
 - a. eighteen (18) months from the date a Covered Person's coverage otherwise would have terminated under this Certificate because of the Member's termination of employment or reduction in hours worked;
 - b. thirty-six (36) months from the date a Covered Person's coverage otherwise would have terminated under this Certificate because of the Member's death, divorce, coverage under Medicare, or the Dependent child ceasing to be a Dependent child;
 - c. death, for a retired Member continuing benefits due to the Group's bankruptcy, and thirty-six (36) additional months for a Covered Person who is a surviving spouse;
 - d. the date the Covered Person is entitled to Medicare or is covered by other Group coverage. If the other Group coverage excludes or limits benefits for a Pre-existing Condition, this provision does not apply;
 - e. twenty-nine (29) months from the date of the qualifying event if the Covered Person is disabled under Title II or XVI of the Social Security Act at the time coverage ended. One hundred and fifty (150%) percent of the applicable Premium may be charged for the last eleven (11) months thereof;
 - f. the date through which the Covered Person has timely paid the applicable Periodic Pre-payment; or
 - g. the date the UK Dental Care Benefits Plan is terminated. If the University of Kentucky has other Group dental coverage, the Covered Person may be eligible to continue benefits under other health or dental coverage.
5. In order to obtain COBRA coverage under this Certificate, the University of Kentucky must:
 - a. notify all Covered Persons of their right to continued Group coverage as required by federal law;
 - b. notify UK Dental Care as soon as possible of a qualifying event and of the selection by a Covered Person of continued Group coverage and the Effective Date of COBRA coverage; and
 - c. collect and forward Periodic Pre-payments to UK Dental Care on a timely basis.
6. In order to obtain this coverage for COBRA continuees enrolled with the Group prior to beginning coverage under this Certificate, the University of Kentucky must provide all information requested by UK Dental Care regarding COBRA continuees at the same time the Group application is made. In order to obtain this coverage for COBRA continuees acquired as a result of an acquisition of merger, the University of Kentucky must provide this information to UK Dental Care prior to the Effective Date of the acquisition of merger.
7. In order to obtain COBRA coverage under this Certificate, the Covered Person must:
 - a. notify and provide documentation to the University of Kentucky within sixty (60) days of:
 - i. a separation or divorce from the spouse;
 - ii. a change in a Dependent child's dependency status; or
 - iii. a Social Security disability determination.
 - b. request in writing to continue the Group coverage within sixty (60) days after notice of that right has been given by the University of Kentucky; and

- c. pay the first applicable Periodic Pre-payment to the University of Kentucky within forty-five (45) days of the election date, and pay the remaining Periodic Pre-payments within thirty (30) days of the due date.
8. A Covered Person whose coverage hereunder terminates at the end of the maximum coverage period will be eligible for conversion coverage as set forth below in the section on Conversion Privilege.

CONVERSION PRIVILEGE

Any Covered Person who has been covered under this Certificate, or any Group coverage it replaced, for at least three months (six months, if your benefits are provided under a self-funded health plan) may convert to a conversion dental contract upon termination of this coverage.

The Member will be offered the conversion contract at his or her last known address. The Premium and written application for the conversion contract must be made to the University of Kentucky Dental Care Benefits Plan no later than:

1. thirty-one (31) days after termination of participation in this program if written notice of the Conversion Privilege is given to the employee upon termination of coverage; or
2. if no notice of the Conversion Privilege is given at the time of termination of Membership, then fifteen (15) days after the Member has actually been given written notice of the existence of the Conversion Privilege; but
3. in no event later than an additional sixty (60) days after the expiration of the initial thirty-one (31) day conversion period described above.

Conversion coverage will be available to a covered surviving spouse and Dependent children upon the death or divorce of the Member, or upon termination of dependency due to attaining the age limit under the Group coverage.

Conversion coverage is not available to a Covered person eligible for, or covered by, Medicare or another contract providing similar benefits, or if issuing the conversion contract will make the covered Person over-insured according to our rules.

NOTICE

Any notice required or permitted to be given by UK Dental Care will be deemed appropriately given if in writing and either personally delivered or deposited in the United States Mail with postage pre-paid and addressed to the Group.

HEADINGS

The headings and captions in this Certificate are not to be considered a part of this Certificate and are inserted only for purposes of convenience.

EXECUTION OF CERTIFICATE OF COVERAGE

The parties acknowledge and agree that the Member's signature or execution on the Membership application form will be deemed execution of this Certificate. By electing coverage or accepting these benefits, all Covered Persons legally capable of contracting agree to all terms, conditions and provisions of the Certificate on behalf of themselves and any Covered Dependents.

ENTIRE CONTRACT

This Certificate, applicable riders, and the application forms completed by the Member and the University of Kentucky, and the University of Kentucky Medical Benefits Plan constitute the entire contract between the parties and, as of the Effective Date, supersedes all other agreements between the parties.

WAIVER OR MODIFICATION

No waiver, modification or change in any provision of this Certificate shall be effective unless and until approved in writing by an officer of UK Dental Care and evidenced by an endorsement attached thereto. Anyone who is not an officer of UK Dental Care cannot waive, modify or change any provision in this Certificate.

MAJOR DISASTERS

In the event of any major disaster, epidemic, or other circumstances beyond its control, UK Dental Care will attempt to provide benefits for Covered Services insofar as practical, according to its best judgment and within the limitations of facilities and personnel then available. However, no liability or obligations are incurred for delay or failure to provide services due to lack of available facilities or personnel, if the lack is the result of the disaster, epidemic, or other circumstances beyond UK Dental Care's control. Such circumstances include complete or partial disruption of facilities, war, riot, civil insurrection, labor disputes not within the control of UK Dental Care, or similar causes.

DISCOUNTED (NON-COVERED) PROCEDURES			UKDC Plan Discounted Fee 2006-2007
Bleaching Services			
D9972	D9972	EXTERNAL BLEACHING - PER ARCH	\$227
D9973	D9973	EXTERNAL BLEACHING -PER TOOTH	\$49
D9974	D9974	INTERNAL BLEACHING - PER TOOTH	\$193
Restorative Services			
D2610	D2610	INLAY PORC/CRM 1 SRF	\$461
D2620	D2620	INLAY PORC/CRM 2 SRF	\$487
D2630	D2630	INLAY PORC/CRM 3 SRF	\$518
D2642	D2642	ONLAY PORC/CERAMIC 2 SURFACES	\$503
D2643	D2643	ONLAY PORC/CERAMIC 3 SURFACES	\$543
D2644	D2644	ONLAY PORC/CERAMIC 4+ SURFACES	\$576
D2650	D2650	INLAY RES BASD COMP/RES 1 SURFACE	\$303
D2651	D2651	INLAY RES BASD COMP/RES 2 SURFACE	\$361
D2652	D2652	INLAY RES BASD COMP/RES 3/MORE SRF	\$379
D2662	D2662	ONLAY RES BASD COMP/RES 2 SURF	\$329
D2663	D2663	ONLAY RES BASD COMP/RES 3 SURF	\$387
D2664	D2664	ONLAY RES BASD COMP/RES 3+ SRF	\$415
D2780	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$559
Prosthetic Services			
D5810B	D5810	TEMP DENTURE UPPER	\$351
D5811B	D5811	TEMP DENTURE LOWER	\$366
D5820B	D5820	TEMP UPR PART - STAYPL	\$351
D5821B	D5821	TEMP LWR PART - STAYPL	\$279
D5860	D5860	OVERDENTURE COMPLETE	\$857
D5861	D5861	OVERDENTURE PARTIAL	\$857
D6245	D6245	PONTIC-PORCELAIN/CERAMIC	\$556
D6740	D6740	CROWN - PORCELAIN/CERAMIC	\$632
Implant Services			
D6010A	D6010	ENDOSSEOUS IMPLANT	\$1,345
D6010B	D6010	SURGICAL PLACEMENT OF IMPLANT BODY	\$1,345
D6040	D6040	SUBPERIOSTEAL IMPLANT	\$6,185
D6050	D6050	TRANSOSSEOUS IMPLANT	\$3,839
D6080A	D6080	IMPLANT MAINT PROC	\$70
D6199A	D6199	IMPLANT SURG STENT	\$92
Orthognathic Surgery			
21046	21046	EXCIS TUMOR/OSTEOTOMY	\$3,621
21047	21047	EXC TUMOR/EX-ORAL/OS	\$3,989
21195	21195	SAGITTAL SPLIT OSTEOTOMY W/O RIGID FIXATN	\$6,538
21196	21196	SAGITTAL SPLIT OSTEOTOMY W/ RIGID FIXATN	\$7,082
21193	21193	RECONSTRUCTION OF MANIBULAR RAMI,W/O GFT	\$6,702
21194	21194	RECON OF MANIBULAR RAMI,W/ BONE GFT	\$7,694
21141	21141	RECON MIDFACE LEFORT I, 1 W/O GFT	\$5,597
21142	21142	RECON MIDFACE LEFORT I, 2 W/O GFT	\$5,881
21143	21143	RECON MIDFACE LEFORT I, 3/> W/O GFT	\$6,090
21145	21145	RECON MIDFACE LEFORT I, 1 REQ GFT	\$6,135
21146	21146	RECON MIDFACE LEFORT I, 2 REQ GFT	\$6,418
21147	21147	RECON MIDFACE LEFORT I, 3/MORE GFT	\$6,717
21198	21198	OSTEOTOMY MANDIB SEGMT	\$3,284

DISCOUNTED (NON-COVERED) PROCEDURES			UKDC Plan Discounted Fee 2006-2007
Orthognathic Surgery (continued)			
21120	21120	GENIOPLASTY, AUGMEN	\$2,185
21121	21121	GENIOPLASTY, SLIDING OSTEOTOMY 1	\$2,597
21122	21122	GENIOPLASTY, SLIDING OSTEOTOMY 2/MORE	\$3,539
21123	21123	GENIOPLASTY, SLIDING AUGMEN W/GFT	\$3,453
21125	21125	AUGMEN MANDIB BODY/ANGLE; PROSTH	\$2,431
21127	21127	AUGMEN MANDIB BODY; W/ BONE GFT	\$3,385
21070	21070	CORONOIDECTOMY (SEPARATE PROC)	\$2,955
20692	20692	APPLIC MULTIPLANE-UNILAT-EXT FIXA	\$1,740
21050	21050	CONDYLECTOMY TMJ (SEPARATE PROC)	\$3,582
21210	21210	GFT BONE; NASAL/MAXIL/MALAR AREAS	\$3,343
21208	21208	OSTEOPLASTY FACIAL BONES; AUGMEN	\$2,537
30520	30520	SEPTOPLSTY/SMR W/WO SCORING/REPLAC	\$1,856
30400	30400	RHINOPLASTY PRIM; CARTIL/ELEV TIP	\$1,980
30410	30410	RHINOPLASTY PRIM; COMPLT-EXT PARTS	\$2,634
30420	30420	RHINOPLASTY PRIM; INCL MAJOR SEPTAL	\$3,496
30130	30130	EXC TURBINATE PART/COMPLT ANY METHOD	\$617
31239	31239	DCR W/ENDOSCOPE	\$1,515
21206	21206	OSTEOTOMY MAXIL SEGMENT	\$4,896
42182	42182	REPAIR PALATE	\$655
42215	42215	RECONSTRUCT CLEFT PALATE	\$3,638
Temporomandibular Joint Surgery			
20605	20605	ARTHROCENTESIS/ASPIR/INJ;INTERM JT	\$276
D7870	D7870	ARTHROCENTESIS	\$147
29804	29804	ARTHROSCOPY-SURG	\$2,298
29800	29800	ARTHROSCOPY-TMJ-DX W/WO BX (SEP PRO)	\$1,401
21240	21240	ARTHROPLASTY TMJ W/WO AUTOGFT	\$5,075
21060	21060	MENISCECT PART/COMPLT (SEPARATE PROC)	\$4,030
21243	21243	ARTHROPLASTY TMJ W/PROSTH JT REPLAC	\$7,314
21247	21247	RECON MANDIB CONDYLE W/BONE AUTOGFT	\$5,804
21485	21485	CLO TX TM DISLOC; COMPLIC INIT/SUBSQ	\$707
21490	21490	OPEN TX TEMPOROMANDIBULAR DISLOC	\$2,827
21255	21255	RECON ZYGOMATIC ARCH W/BONE CARTIL	\$4,926
14040	14040	ADJAC TRANSF CHIN/AX/FT; 10 SQ CM	\$1,374
21188	21188	RECON MIDFACE OSTEOTOMIES/BONE GFT	\$6,926
Temporomandibular Joint Disorders			
21088	21088	MR/AR SPLINT	\$459
21089A	21089	MR/AR SPLINT W/ADJ	\$626
20550	20550	TRIGGER POINT INJECTION	\$110
21480	21480	MANIPULATION OF DISLOCATION	\$321
90799	90799	INJECTION MANDIBLE NERVE EXCEPT BLOCK	\$37
97010	97010	HOT/COLD PACK APPLICATION	\$48
97140	97140	JOINT MOBILIZATION	\$48
97703	97703	ADJUSTMENT/REPAIR SPLINT	\$42

UK Dental Care Plan Providers

July 1, 2006 – June 30, 2007

The UK Dental Care Plans, offered to UK employees and retirees through the UK College of Dentistry, provide plan members with prevention-oriented, comprehensive dental services. Expert clinicians from all branches of dentistry are available to provide members with individualized treatment plans. These faculty clinicians include:

General Dentistry

Burt, John, DMD
Demann, Eric, DMD
Frale, Shannon, DMD
Haubenreich, James, DDS
Kovarik, Robert, DMD, MS
Laswell, Harold, DDS, MSD
Maggard, Stacy, DMD
Osborne, Paul, DMD
Raybould, Ted, DMD
Sullivan, Jennifer, DMD
Thomas, Charles, DMD
Thompson, James, DDS
Timmons, James, DDS, MSED
Turner, Sharon, DDS, JD

Endodontics

Chance, Kenneth, DDS
Subramanian, Kumar, BDS, MDS

Oral Diagnosis/Oral Medicine

Falace, Donald, DMD
Miller, Craig, DMD, MS
Theiss, Lynn, DMD

Oral & Maxillofacial Radiology

Miller, Craig, DMD, MS
Yepes, Juan, DDS, MD

Oral & Maxillofacial Surgery

Cunningham, Larry, DDS, MD
Dembo, Jeffrey, DDS, MS
Haug, Richard, DDS
Van Sickels, Joseph, DDS

Oral Pathology

Damm, Douglas, DDS
Lin, Yi-Ling, DDS, DMSc
White, Dean, DDS, MSD

Orofacial Pain

de Leeuw, Remy, DDS, PhD
Falace, Donald, DMD

Orofacial Pain (continued)

Lindroth, John, DDS
Miller, Craig, DMD, MS
Okeson, Jeffrey, DMD

Orthodontics

Beeman, Cynthia, DDS, PhD
Hicks, E. Preston, DDS, MS, MSD
Kluemper, G. Thomas, DMD, MS

Pediatric Dentistry

Benard, Paul, DMD
* Lester, Harold, DMD
Mink, John, DDS, MSD
* Nash, David, DMD, EdD

Periodontics

Jasper, Samuel, DDS, MS
Novak, M. John, BDS, LDS, MS, PhD
Sabbagh, Mohanad, DDS, MS
Thomas, Mark, DMD

Prosthodontics

Abadi, Behruz, DMD
Byron, Russ, DMD
Frazer, Robert, DDS
Robinson, Fonda, DMD

Dental Hygiene Staff

Bosshart, Tamara, RDH
Brock, Susan, RDH
Butler, Marcia, RDH
Cain, Angela, RDH
Caise, Kimberly, RDH
Compton, Amy, RDH
Huffman, Cheryl, RDH
Humphrey, Sue, RDH, MSED
Ledford, Charlotte, RDH
Payne, Andre, RDH
Pracht, Carole, RDH
Sanders, Kelly, RDH
* Skelton, Judy, RDH, PhD

UK Dental Care Plan Members may also receive dental services from the College of Dentistry's residents or student dentists. Benefits of receiving dental services under this option provide further reductions in procedural fees and faculty supervision of the work. Plan members may choose this option or may obtain services through faculty clinicians—the decision is left up to the plan member.

