

# University of Maine System

Service & Maintenance, Police, Supervisors, COLT,

Non-Represented Classified Confidential and Non-Represented Professionals



Type	Diagnostic & Preventive (Referred to as Coverage A)	Basic Restorative (Referred to as Coverage B)	Major Restorative (Referred to as Coverage C)	Orthodontics (Referred to as Coverage D)
<b>Covered Services</b>	<p><b>DIAGNOSTIC:</b> Evaluations once in a 6-month period</p> <p>X-Rays: Complete series or panoramic film once in a 3-year period, bitewing X-Rays once each 12-month period, X-Rays of individual teeth as necessary</p> <p><b>PREVENTIVE:</b> Cleanings once in a 6-month period</p> <p>Fluoride once in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p><b>RESTORATIVE:</b> Fillings</p> <p><b>ORAL SURGERY:</b> Surgical and routine extractions</p> <p><b>ENDODONTICS:</b> Root canal therapy</p> <p><b>PERIODONTICS:</b> Treatment of gum disease Periodontal cleanings (maintenance procedures) <b>Note:</b> <i>Only one cleaning is covered in a 6-month period. This can be a routine (Coverage A) or a periodontal (Coverage B), but not both.</i></p> <p><b>DENTURE REPAIR:</b> Repair of removable denture to its original condition</p> <p><b>EMERGENCY PALLIATIVE TREATMENT</b></p>	<p><b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p>	<p><b>ORTHODONTICS:</b> Correction of malposed (crooked) teeth for adults and dependent children to age 19</p>
<b>Waiting Period</b>	<b>None</b>	<b>6 Months</b>	<b>12 Months</b>	<b>24 Months</b>
<b>Deductible</b>	<b>No Deductible</b>	<b>\$100/\$300 Lifetime Deductible Per Person/Family</b>		<b>No Deductible</b>
<b>Coinsurance</b>	<b>Delta Dental Pays 100%</b>	<b>After Waiting Period and Deductible, Delta Dental Pays 80%</b>	<b>After Waiting Period and Deductible, Delta Dental Pays 50%</b>	<b>After Waiting Period, Delta Dental Pays 50%</b>
<b>Maximum</b>	<b>Coverage A, B and C <u>Combined</u> Calendar Year Maximum (Jan. 1 through Dec. 31): \$1,000 Per Person</b>			<b><u>Lifetime</u> Maximum: \$1,000 Per Person</b>

THIS FLOWCHART IS FOR ILLUSTRATIVE PURPOSES ONLY. CERTAIN BENEFIT LIMITATIONS MAY APPLY. PLEASE REFER TO YOUR DENTAL PLAN DESCRIPTION BOOKLET FOR COMPLETE BENEFIT INFORMATION.

Monthly Premium: Single \$29.80; Two Persons \$54.90; Three or More Persons \$93.90  
Bi-Weekly: Single \$13.75; Two Persons \$25.34; Three or More Persons \$43.34