

Dental Benefits Summary

Benefit Category	High Option
Diagnostic & Preventive Services	
Dental Examinations	100% - once in any 6 consecutive month period
Oral Prophylaxis (teeth cleaning)	100% - once in any 6 consecutive month period
Fluoride Application (to age 19)	100% - once in any 6 consecutive month period
Oral Hygiene Counseling	Not Covered
Nutritional Counseling	Not Covered
Plaque Control Program	Not Covered
Pit & Fissure Sealants	100% - once in any 36 consecutive month period
Full Mouth X-rays	100% - once in any 36 consecutive month period
Bitewing X-rays	100% - once in any 6 consecutive month period
Endodontic Services (under local anesthesia)	
Root Canal Treatment	100%
Restorative Services (under local anesthesia)	
Basic Restorative Services (amalgam, silicate, acrylic, composite fillings)	100%
Single Unconnected Inlays, Onlays and Crowns	Not Covered
Oral Surgery (under local anesthesia)	
Simple Extractions	100%
Most Other Oral Surgery	Not Covered
Periodontics -- Gum Treatment (under local anesthesia)	
Nonsurgical	Not Covered
Surgical	Not Covered
Prosthetics	
Fixed Bridgework (including abutment inlays, onlays & crowns, & pontics)	Not Covered
Orthodontics	Not Covered

Monthly Premiums

Individual	\$16.90
Employee/Spouse	\$34.50
Employee/1 Dependent	\$34.50
Employee/Children	\$60.20
Family	\$60.20

Note: This description outlines the principal features of the products offered by PCI Insurance, Inc. It is not to be considered the contract of benefits and provisions. The complete terms of coverage are set forth in agreements issued by the individual carriers.

No deductibles. \$1,000 per calendar year maximum per member.

Please visit www.ucci.com or call 800.332.0366 for more information.

If services are performed by a non-participating dentist, member is responsible for completing and submitting claim forms. Payment will be forwarded to member unless member has assigned benefits to the non-participating dentist.