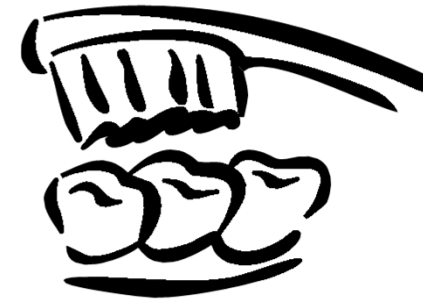


## UK Dental Care Plans Overview

	Basic	Comprehensive	Retiree Classic	Retiree Ultra
<b>Monthly Premiums</b>				
Employee	\$8.40	\$22.00	\$13.60	\$33.40
Employee & spouse	\$16.70	\$44.80	\$28.70	\$68.80
Employee & child(ren)	\$26.60	\$44.80	\$28.70	\$68.80
Family	\$38.00	\$71.30	\$45.50	\$106.40
<b>Annual Maximum Benefits (per individual)</b>				
Annual Maximum	\$600	\$1,200	\$600	\$1,200
Annual Deductible	\$0	\$0	\$0	\$0
Claim Forms	None			
Dependent Coverage	Unmarried up to age 26			
Choice of Dentist	UK faculty and graduate student/resident			
Choice of Facilities	Kentucky Clinic, Faculty Practice Clinic, Kentucky Clinic South, Polk-Dalton Clinic (formerly Ky Clinic North), UK Dental Clinic - Hazard			

# UK Dental Care

July 1, 2011 to June 30, 2012



### Summary of Plan Benefits

	Basic	Comprehensive	Retiree Classic	Retiree Ultra
<b>Diagnostic</b> Two oral exams per year, two sets of X-rays per year	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Preventive</b> Two cleanings per year One Fluoride treatment per year for persons under age 19 One sealant per permanent molar every five years for persons UNDER AGE 14	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Restorative</b> Fillings (one to four surfaces)	Not Covered	Covered in Full	Member pays 50%	Covered in Full
<b>Simple Extractions</b>	Not Covered	Covered in Full	Member pays 50%	Covered in Full
<b>Emergency</b> Palliative only	Not Covered	Covered in Full	Member pays 50%	Covered in Full
<b>Repairs</b> Two complete or partial dentures	Not Covered	Member pays 50%	Member pays 50%	Member pays 50%
<b>Periodontics (non-surgical)</b> One scaling/root planing every two years, per quadrant	Not Covered	Member pays 70%	Member pays 50%	Member pays 50%
<b>Endodontics</b> Root Canal	Not Covered	Member pays 70%	Not Covered	Member pays 70%
<b>Prosthodontics (Fixed)</b> Temporary crown or crown repair Crown or bridge	Not Covered Not Covered	Member pays 50% Member pays 80%	Not Covered Not Covered	Member pays 50% Member pays 80%
<b>Periodontics (Surgical)</b> Surgical gum treatment	Not Covered	Member pays 70%	Not Covered	Member pays 70%
<b>Prosthodontics (Removable)</b> Complete/partial dentures, includes six months of routine post-delivery care, denture rebase/reline procedures	Not Covered	Member pays 70%	Member pays 50%	Member pays 50%
<b>Oral Surgery</b> Surgical extractions, not in hospital	Not Covered	Member pays 70%	Not Covered	Member pays 70%
<b>Space Maintainers</b> For permanent teeth	Not Covered	Covered in Full	Not Covered	Covered in Full
<b>Orthodontics</b> No age limitation	Not Covered	Plan pays 20% up to \$1000 max per lifetime	Not Covered	Plan pays 20% up to \$1000 max per lifetime
<b>Anesthesia</b> General anesthesia, not in hospital Analgesia sedation, only for severely handicapped persons, must be pre-determined	Not Covered	Member pays 70%	Not Covered	Member pays 70%

*This handout is not a contract. It is a partial listing and summary of benefits and services. For complete details on covered services, exclusions and benefit limitations, refer to the Certificate of Coverage Employee Benefit Booklet.*