



## 2025 Univera Dental Select Summary of Benefits

Employer Group Name: County of Wyoming (High Option)

Plan Type: Voluntary

Product Type: Passive PPO (same coinsurance in & out-of-network)

### Plan Features

Reimbursement In-Network: Univera Fee Schedule Reimbursement In-Network Out-of-Area: Univera Fee Schedule (subject to balance billing) Reimbursement Out-of-Network In-Area: Univera Fee Schedule (subject to balance billing) Reimbursement Out-of-Network Out-of-Area: Univera Fee Schedule (subject to balance billing)	Dependent/Student Age Limit: 23/23
Annual Plan Deductible: \$50 Ind / \$150 Fam  Deductible applies to: Classes II, IIA and III services	Annual Plan Maximum (per member): \$1,000 per member  Annual Max applies to: Classes II, IIA and III services
Ortho Age Limit: Children to age 19  Lifetime Orthodontia Maximum: \$1,000 per member (does not apply toward annual plan maximum)	Annual Maximum Rollover Benefit: No Rollover Threshold: Not applicable Rollover Amount: Not applicable Rollover Account Max: Not applicable

### Plan Benefits

Type of Care	Benefits Included	Univera Healthcare Pays:	
		In-Network	Out-of-Network
<b>Class I</b> <b>Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"><li>Cleanings &amp; exams - twice per cal year</li><li>Fluoride treatments – twice per cal year to age 16</li><li>Sealants – unrestored 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once every 36 months</li><li>Bitewing x-rays – up to 4 every cal year</li><li>Full mouth/Panoramic x-rays – once every 36 months</li><li>Diagnostic Photograph/Facial Images – once per calendar year</li><li>Space maintainers – up to age 16</li><li>Emergency palliative treatment</li></ul>	100%	100%
<b>Class II</b> <b>Basic</b> <b>Restorative</b>	<ul style="list-style-type: none"><li>Fillings – amalgam &amp; composite; each surface covered once every 12 months</li><li>Oral surgery – simple extractions</li></ul>	80%	80%

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<b>Class IIA</b> <b>Basic</b> <b>Restorative</b> 12-month waiting periods apply on voluntary plans to late entrants only	<ul style="list-style-type: none"> <li>Oral surgery – surgical extractions</li> <li>Endodontics – root canal treatment</li> <li>Periodontal surgery – osseous surgery, gingivectomy, gingival flap procedure – covered once per quadrant every 36 months</li> <li>Periodontal scaling &amp; root planing – once per quadrant every 24 months</li> <li>Periodontal maintenance following surgery – twice per calendar year</li> </ul>	80%	80%
<b>Type of Care</b>	<b>Benefits Included</b>	<b>Univera Healthcare Pays:</b>	
		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Class III</b> <b>Major</b> <b>Restorative</b> 12-month waiting periods apply on voluntary plans to late entrants only	<ul style="list-style-type: none"> <li>Fixed prosthetics – bridgework, abutments, pontics</li> <li>Removable prosthetics – partial / complete dentures</li> <li>Inlays / onlays / crowns – includes coverage for re-cementation</li> <li>Relines / rebases – once every 36 months and at least 6 months following initial placement</li> <li>Above services eligible for replacement every 5 years</li> <li>Implants – eligible for replacement every 10 years, and subject to alternate benefits provision</li> </ul>	50%	50%
<b>Class IV</b> <b>Orthodontia</b> 12-month waiting periods apply on voluntary plans to late entrants only	<ul style="list-style-type: none"> <li>Initial banding &amp; monthly follow-up treatment</li> </ul>	80%	80%

## How to Get the Most from Your Plan

### Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

### Alternate Benefits Provision

All covered procedures are subject to an alternate benefit allowance. When there is more than one technology or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

### Waiting Periods – Timely Entrants

Timely Entrants are those employees that join the plan within 31 days of the following events: During initial open enrollment with Univera Healthcare (for new dental groups), as a new hire, or after a qualifying event.

### Participating Dentists

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Univera Healthcare offers a broad participating dental network in Western New York and surrounding areas. You have the option of receiving care from a dentist of your choice. However, choosing a participating dentist may result in savings for you because participating dentists agree to accept our Schedule of Allowances as payment in full for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist – that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

### **Non-participating Dentists**

You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists' charges.

### **National Dental Network (if applicable)**

In addition to our local network, your Univera Healthcare dental plan gives you access to more dentists nationwide. You have the option of receiving care from a dentist of your choice. Choosing a participating dentist may result in savings for you because participating dentists agree to accept the national dental network Schedule of Allowances as payment for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist- that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

### **Annual Maximum Rollover Benefit (if applicable)**

You can roll over a portion of your unused amount in your annual maximum to the next year if you submit at least one paid dental claim, and do not exceed the rollover threshold. Funds that roll over are added to the next year's annual maximum to be used for future treatment.

#### **Dental Customer Service – for members and dentists**

1-800-724-1675

**Hours:** Monday – Thursday 8:00 am – 5:00 pm  
Friday 9:00 am – 5:00 pm

#### **Mailing address for claims:**

Univera Healthcare  
PO Box 211256  
Eagan, MN 55121