

City of Davenport – Summary of Benefits



January 2024

Dental Benefits		
Covered Services	Individual	Family
Deductible Per Calendar Year: Combined Basic Services and Major Services	\$25	\$75
Maximums: Calendar Year Benefit Max, Including Basic Services, Major Services, and Orthodontic Services	Individual: \$2,000	
Participating Percentage:	The Plan Pays:	
Preventive Services and Diagnostic Services	100%	
Routine Cleanings, Fluoride Treatments, and Sealants. Oral Exams and Bitewing and Full-Mouth X-Rays. Refer To Covered Expenses For Any Limitations.	80%	
Basic Services:	80%	
Fillings, Endodontics, Periodontics, And Oral Surgery. Refer To Covered Expenses For Any Limitations.	80%	
Major Services:	80%	
Inlays, Onlays and Crowns, Bridges, Dentures, Implants. Refer To Covered Expenses For Any Limitations.	80%	
Orthodontic Services:	80%	
Orthodontic Diagnosis, Treatment, and Appliances. Refer To Covered Expenses For Any Limitations.	80%	
Limitations and Exclusions: Refer to General Exclusions	Not Payable	

UMR Customer Service: 1-800-826-9781 www.umar.com
Submit Claims to: UMR P.O. Box 30541 Salt Lake City, UT 84130-0541

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.