

Preventive Schedule By Carrier

UMR	
<u>Exam</u>	<u>Frequency</u>
Preventive Exam	once per calendar year
Preventive mammograms & breast exam	once per calendar year
Preventive pelvic exams & pap tests	once per calendar year
Preventive / Routine Colonoscopies, Sigmoidoscopies, And Similar Routine Surgical Procedures Performed For Preventive Reasons	once per calendar year
Preventive / Routine Eye Exams And Glaucoma Testing	once per calendar year
Eye Refractions	once per calendar year

Delta Dental	
<u>Exam</u>	<u>Frequency</u>
Preventive Exam	twice per calendar year
Full Mouth/Panoramic X-Rays	once every 5 years from prior procedure date
Set of Four Bitewing X-Rays	once every calendar year
Topical Flouride	twice per calendar year up to age 16
Topical Sealants	one application per tooth per 36 months up to age 19

Care Plus Dental	
<u>Exam</u>	<u>Frequency</u>
Preventive Exam	once every 6 months
Full Mouth/Panoramic X-Rays	once every 5 years
Set of Four Bitewing X-Rays	once every 6 months
Topical Flouride	up to age 13
Topical Sealants	up to age 13

UHC Vision	
<u>Exam</u>	<u>Frequency</u>
Eye Exam	once every 12 months (one year plus one day)

Plan information shown is for comparison purposes only and does not represent all features or limitations.
Please refer to your SBC's and Plan Documents. If any discrepancy exists between benefits shown and carriers'
plan documents, the carriers' documents control.