

# A+ Oral Health Care

## A UAB Student Oral Health Plan

The A+ Oral Health Plan is administered through the network of teaching clinics at the University of Alabama School of Dentistry. The goal of the program is to extend the benefits of oral health as a component of a university student's overall health care. The plan seeks to provide the finest oral health and dental care available in a cost efficient manner. The program was specifically designed to meet the oral health and wellness needs of university students. The A+ Oral Health Plan is available to UAB students in Undergraduate Programs, Post-Graduate and Non-Degree Programs.

### Specific details of the plan:

The A+ Oral Health Plan is a twelve-month, prepaid program. The A+ plan will run from September 1<sup>st</sup> to August 31<sup>st</sup>. The cost of enrollment is \$325 per student per year. Benefits can only be obtained through The University of Alabama Dental School. Services are provided by dental students and include the following:

#### Preventive, Diagnostic and Fundamental Care:

- Oral exams (2)
- Emergency Exam (2)
- Teeth Cleaning (twice yearly)
- Oral Hygiene Instructions
- X-rays
- Topical Fluoride
- Sealants
- Fillings
- Simple Extractions

*This plan **does not** include laboratory work, crowns, bridges, implants, partial dentures, specialty work or anything cosmetic or elective.*

### How to enroll:

Current UAB students with a valid UAB student ID may enroll at Student Accounting, HUC Room 322. Enrollment may begin at any time during the year, but the planned benefits will automatically end on August 31<sup>st</sup>. There will be no prorating of fees. For more information contact the School of Dentistry Business Office Registration at (205) 934-1281. The School is located at 1919 Seventh Avenue South.

From September 1, \_\_\_\_ to August 31, \_\_\_\_\_  
Approved by \_\_\_\_\_ MM DD YY

From September 1, \_\_\_\_ to August 31, \_\_\_\_\_  
Approved by \_\_\_\_\_ MM DD YY

From September 1, \_\_\_\_ to August 31, \_\_\_\_\_  
Approved by \_\_\_\_\_ MM DD YY

From September 1, \_\_\_\_ to August 31, \_\_\_\_\_  
Approved by \_\_\_\_\_ MM DD YY

*This form is to remain in the student's dental chart.*