Dental

UnitedHealthcare

UnitedHealthcare gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in network. The following is a brief summary of the major plan provisions.

For more information about your UnitedHealthcare benefits log-in at **www.myuhc.com.**

	PASSIVE PPO	
	In-Network (% of Negotiated Fee*)	**Out-of-Network** (% of R&C Fee**)
Deductible Individual Family	**Type B and C service only** $50 $150	**Type B and C service only** $50 $150
Annual Maximum Benefit	$2,000	$2,000
Orthodontia Lifetime Maximum	$2,000 per person	$2,000 per person
Type A – Preventive Oral Examinations Bitewing X-rays (Adult / Child) Prophylaxis – Cleanings Topical Fluoride Applications	100%	100%
Type B – Basic Restorative Full Mouth X-rays Sealants Space Maintainers Amalgam and Composite Fillings Periodontal Maintenance Emergency Palliative Treatment	80%	80%
Type C – Major Restorative Crowns / Inlays / Onlays Prefabricated Crowns Repairs Endodontics Root Canal Periodontal Surgery Periodontal Scaling and Root Planing Oral Surgery (Simple / Surgical Extractions) Other Oral Surgery Bridges Dentures General Anesthesia Consultations Implant Services	50%	50%
Type D – Orthodontia (Child only, up to age 19)	50%	50%

***In-Network Benefits** refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

****Out-of-Network Benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:

- the dentist's actual charge (the 'Actual Charge'),
- the dentist's usual charge for the same or similar services (the 'Usual Charge') or
- the usual charge of most dentists in the same geographic area for the same or similar services as determined by UnitedHealthcare (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

DENTAL BIWEEKLY DEDUCTIONS	
Employee	$5.20
Employee + Spouse	$21.46
Employee + Child(ren)	$30.56
Family	$57.86

LEARN MORE ABOUT YOUR DENTAL PLAN BY SCANNING THIS QR CODE OR VISITING UHC.COM