



# Benefit Levels and Rates

Effective February 1, 2019

<b>Legal Entity</b>	<b>UnitedHealthcare Insurance Company</b>	
<b>Dental Services</b>	<b>Voluntary Incentive PPO</b>	
Network: UHC Dental	In Network	Out of Network

<b>Diagnostic Service</b>			
Periodic Oral Evaluation		100%	100%
Radiographs		100%	100%
Lab and Other Diagnostic Tests		100%	100%
<b>Preventive Services</b>			
Dental Prophylaxis (Cleaning)		100%	100%
Fluoride Treatment		100%	100%
Sealants		100%	100%
Space Maintainers		100%	100%
<b>Basic Services</b>			
Restorations (Amalgams or Composite)		80%	80%
Emergency Treatment/General Service		80%	80%
Simple Extractions		80%	80%
<b>Major Services (12-month waiting period applies)</b>			
Oral Surgery (Incl. surgical extractions)		50%	50%
Periodontics		50%	50%
Endodontics		50%	50%
Inlay/Onlays/Crowns		50%	50%
Dentures and Removable Prosthetics		50%	50%
Fixed Partial Dentures (Bridges)		50%	50%

<b>Deductible</b>	\$50/\$150	\$50/\$150
<b>Deductible applies to Prev. &amp; Diag.</b>	No	Yes
<b>Annual Max</b>	\$1,500	\$1,500
<b>Waiting Period applies</b>	Yes	
<b>Out of Network Basis</b>	UC 85th	

<b>Rates:</b>	
Employee	\$65.35
Employee + Spouse	\$130.69
Employee + Child(ren)	\$122.54
Employee + Family	\$195.52