

# UnitedHealthcare High DHMO

Benefits	UHC Solstice Access+ High DHMO
Exam	You Pay
Office Visit	\$0.00
Periodic Oral Evaluation	\$0.00
Limited Oral Evaluation - problem focused	\$0.00
Comprehensive Oral Evaluation	\$0.00
<b>X-Rays</b>	
Intraoral - Complete Series, including bitewings	\$0.00
Intraoral - Periapical first film	\$0.00
Intraoral - Periapical each additional film	\$0.00
Bitewings - two films	\$0.00
Bitewings - four films	\$0.00
Panoramic	\$0.00
<b>Preventive Services</b>	
Prophylaxis - adult cleaning	\$0.00
Prophylaxis - child cleaning	\$0.00
Fluoride - child	\$0.00
Sealant - per tooth	\$5.00
<b>Silver Fillings</b>	
Amalgam, 1 Surface, primary or permanent	\$0.00
Amalgam, 2 surfaces, primary or permanent	\$0.00
<b>White Fillings, Front Teeth</b>	
Anterior Composite, 1 surface	\$35.00
Anterior Composite, 2 surfaces	\$40.00
<b>Onlays and Crowns</b>	
Crown, All Porcelain	\$280.00 Additional cost for material and lab fees apply as follows: 1. Crown laboratory fees up to \$155 2. All ceramic and/or porcelain crown material fees up to \$155
Core Build Up	\$45.00
<b>Periodontal Care (For Gums)</b>	
Periodontal Therapy, 4+ teeth/quadrant	\$40.00
Periodontal Maintenance	\$30.00
<b>Extractions</b>	
Extraction, erupted tooth or exposed root	\$0.00
Surgical removal of erupted teeth	\$30.00
<b>Orthodontia Care</b>	
Comprehensive Orthodontic treatment - adolescent (up to 24 months - including fixed/removable appliances) to age 19	\$1,800.00
Comprehensive Orthodontic treatment - adult (up to 24 months - including fixed/removable appliances)	\$1,800.00
Pre-orthodontic treatment visit (consult/records/exam)	\$0.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



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<b>Exam</b>	<b>You Pay</b>
Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	\$300.00
Unspecified Orthodontic Procedure - By Report	\$250.00

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