# UHC PPO Plans

## UHC PPO Standard

### Standard PPO Plan – PIN31

The Standard Plan is a low-cost option, which allows you and each of your covered family members to use a provider of your choice; however, you'll receive a higher level of coverage when you choose a participating network provider. The Standard Plan includes a copay schedule that applies to the various in-network dental procedures. You do NOT have to satisfy an annual calendar year deductible if you seek services from an in-network dental provider. If you use an out-of-network provider fees are subject to Maximum Allowable Charges (MAC).

| **Benefit** | **In-Network** | **Out-of-Network** |
|---|---|---|
| Individual Annual Deductible | $0 | $50 |
| Family Annual Deductible | $0 | $150<br>(applies to Classes I, II and III) |
| Maximum (the sum of all Network and Non-network benefits will not exceed the Annual Maximum) | $1,500 per person per calendar year | $1,500 per person per calendar year |
| Lifetime Orthodontic Maximum | $1,500 per person per Lifetime | $1,500 per person per Lifetime |
| Waiting Period | None | |
| **Diagnostic and Preventive Services** | **In-Network**<br>**Miami-Dade County (Area 2)** | **Out-of-Network*** ** |
| | EMPLOYEE PAYS | PLAN PAYS |
| Periodic Exam | $0 | 90% of MAC |
| Radiographs ( bitewings) | $0 | 90% of MAC |
| Prophylaxis (Cleaning) | $15 | 90% of MAC |
| Fluoride Treatment | $0 | 90% of MAC |
| **Basic Services** | | |
| Amalgam - 2 Surfaces | $45 | 60% of MAC |
| Sealants | $10 | 60% of MAC |
| Space Maintainers - Unilateral | $100 | 60% of MAC |
| Periodontics- Maintenance | $35 | 60% of MAC |
| **Major Services** | | |
| General Anesthesia | $120 | 30% of MAC |
| Simple Extractions | $45 | 30% of MAC |
| Oral Surgery - Surgical Removal of Erupted tooth | $90 | 30% of MAC |
| Endodontics<br>Anterior Root Canal<br>Bicuspid Root Canal<br>Molar Root Canal | <br>$265<br>$315<br>$425 | 30% of MAC |
| Crowns/Onlays* - Metal Porcelain | $390 | 30% of MAC |

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over $500; please consult your dentist.
**Miami-Dade County (Area 2) consist of zip codes that begin with digits 330-332, 338, 341-342 and 349. If you do not reside in a zip code that begins with these digits, please contact UnitedHealthcare Member Services at 1.877.816.3596 for more accurate in-network schedule of benefits copay.
***The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.

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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| Benefits Continued | In-Network | Out-of-Network |
|---|---|---|
| **Major Services Continued** | | |
| Inlays | $295 | 30% of MAC |
| Periodontic-Scaling and Root Planing (per quadrant) | $75 | 30% of MAC |
| Complete Dentures | $485 | 30% of MAC |
| Partial Dentures – Resin Base | $375 | 30% of MAC |
| Fixed Partial Dentures Pontics (Bridges)* | $375 | 30% of MAC |
| **Orthodontic Services** | | |
| Diagnose or correct misalignment of teeth or bite (Adult and Child) | $2,100 | 50% of MAC |

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