

Dental Indemnity Comparison Chart

	UnitedHealthcare Indemnity Options			
	UHC PPO Standard		UHC PPO High	
Benefits	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Annual Calendar Year Deductible	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II & III only	\$50 / person \$150 / family Classes I, II and III only
Annual Calendar Year Maximum (Per Person)	\$1,500.00		\$1,500.00	
Exam	You Pay (Area 2)	You Pay	You Pay	You Pay ²
Limited Oral Evaluation - problem focused	\$5.00	10% of MAC	0% of MAC ¹	0% of MAC
Comprehensive Oral Evaluation	\$5.00	10% of MAC	0% of MAC ¹	0% of MAC
X-Rays				
Intraoral - Complete Series, including bitewings	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Intraoral - Periapical first film	\$8.00	40% of MAC	20% of MAC ¹	20% of MAC
Intraoral - Periapical each additional film	\$3.00	40% of MAC	20% of MAC ¹	20% of MAC
Bitewings - two films	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Bitewings - four films	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Panoramic	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Preventive Services				
Prophylaxis - adult cleaning	\$15.00	10% of MAC	0% of MAC ¹	0% of MAC
Prophylaxis - child cleaning	\$15.00	10% of MAC	0% of MAC ¹	0% of MAC
Fluoride - child	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Sealant - per tooth	\$10.00	40% of MAC	0% of MAC ¹	0% of MAC
Silver Fillings				
Amalgam, 1 Surface, primary or permanent	\$35.00	40% of MAC	20% of MAC ¹	20% of MAC
Amalgam, 2 surfaces, primary or permanent	\$45.00	40% of MAC	20% of MAC ¹	20% of MAC
White Fillings, Front Teeth				
Anterior Composite, 1 surface	\$35.00	40% of MAC	20% of MAC ¹	20% of MAC
Anterior Composite, 2 surfaces	\$45.00	40% of MAC	20% of MAC ¹	20% of MAC
Onlays and Crowns				
Crown, All Porcelain	\$390.00	70% of MAC	50% of MAC ¹	50% of MAC

*In-Network: Member pays balance of PPO fees, after plan pays.

** Out-of-Network: Member pays balance of PPO fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.

¹ The network percentage of benefits is based on discounted fees negotiated with the provider.

² MAC = The percentage of benefits is based on the schedule of maximum allowable charges. Maximum allowable charges are the limitation 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 ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Core Build Up	\$70.00	70% of MAC	50% of MAC ¹	50% of MAC
Periodontal Care (For Gums)				
Periodontal Therapy, 4+ teeth/quadrant	\$75.00	70% of MAC	50% of MAC ¹	50% of MAC
Periodontal Maintenance	\$35.00	40% of MAC	20% of MAC ¹	20% of MAC
Extractions				
Extraction, erupted tooth or exposed root	\$45.00	70% of MAC	50% of MAC ¹	50% of MAC
Surgical removal of erupted teeth	\$90.00	70% of MAC	50% of MAC ¹	50% of MAC
Orthodontia Care				
Comprehensive orthodontic treatment of adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	\$2,100.00	50% of MAC	50% of MAC ¹	50% of MAC
Comprehensive orthodontic treatment of adult dentition (full treatment case up to 24 months - including fixed/removable appliances)		50% of MAC	50% of MAC ¹	50% of MAC
Pre-orthodontic treatment visit (consult/records/exam)		50% of MAC	50% of MAC ¹	50% of MAC
Orthodontic Retention (removal of appliances, construction and placement of retainer(s))		50% of MAC	50% of MAC ¹	50% of MAC
Unspecified Orthodontic Procedure - By Report		50% of MAC	50% of MAC ¹	50% of MAC
Lifetime Maximum Benefit Per Person			\$1,500	\$1,500

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