

Voluntary Plans

INDEMNITY PLANS											
DEDUCTIBLE SINGLE / FAMILY	COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	PLAN NAME				
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA							
\$50 / \$150	80%	60%	50%	N/A	\$750	N/A	I0677				
\$50 / \$150	100%	80%	50%	N/A	\$1,000	N/A	I0675				

PPO PLANS											
DEDUCTIBLE SINGLE / FAMILY	IN-NETWORK COINSURANCE				OUT-OF-NETWORK COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	PLAN NAME
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA			
\$0 / \$0	100%	100%***	0%	N/A	80%	80%***	0%	N/A	\$500	N/A	P2635
\$50 / \$150	80%	60%	50%	N/A	80%	60%	50%	N/A	\$750	N/A	P1214
\$50 / \$150	100%	80%	50%	N/A	100%	80%	50%	N/A	\$1,000	N/A	P1211

UnitedHealthcare Dental

- Industry Leading Customer Service*
- 98% Enrollee Satisfaction Rating**
- Plan Designs to Fit Every Group

* From 9/03 service report compared to LIMRA's statistical information
 ** From 6/03 member satisfaction survey
 *** Covers fillings only
 **** Deductible applies
 † No Waiting Periods regardless of prior coverage

Employer Sponsored Plans

INDEMNITY PLANS											
DEDUCTIBLE SINGLE / FAMILY	COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	PLAN NAME				
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA							
\$0 / \$0	100%	50%	50%	N/A	\$700	N/A	I0026†				
\$50 / \$150	80%	50%	50%	N/A	\$1,000	N/A	I0002				
\$50 / \$150	100%	80%	50%	N/A	\$1,000	N/A	I0007				

PPO PLANS											
DEDUCTIBLE SINGLE / FAMILY	IN-NETWORK COINSURANCE				OUT-OF-NETWORK COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	PLAN NAME
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA			
\$0 / \$0	100%	100%***	0%	N/A	80%	80%***	0%	N/A	\$500	N/A	P2632
\$50 / \$150	100%	50%	50%	50%	100%	50%	50%	50%	\$700	\$700	P0097
\$50 / \$150	100%****	80%	50%	N/A	100%****	80%	50%	N/A	\$1,000	N/A	P0012
\$50 / \$150	100%	80%	50%	N/A	100%	80%	50%	N/A	\$1,000	N/A	P0015
\$50 / \$150	80%	60%	50%	N/A	60%	50%	50%	N/A	\$1,000	N/A	P0036
\$50 / \$150	100%	80%	50%	N/A	90%	70%	50%	N/A	\$1,000	N/A	P2374
\$50 / \$150	100%	80%	50%	50%	100%	80%	50%	50%	\$1,000	\$1,000	P2376
\$50 / \$150	100%	80%	50%	N/A	80%	60%	50%	N/A	\$1,500	N/A	P0042
\$50 / \$150	100%	80%	50%	50%	80%	60%	50%	50%	\$1,500	\$1,000	P0038

These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare.

Don't see what you're looking for? Ask your UnitedHealthcare Sales Representative — we have MANY plan options!

All Plans

- Available Stand-Alone
- Freedom to See Any Dentist
- Multi-Site Capabilities
- Deductible Waived for Preventive Services
- Waiting Period Waived & Deductible Credit for Take-Over Groups
- Streamlined, Online Administration through Employer eServices*

Voluntary Plans

- Only 2 Enrollees Required
- Orthodontia Available to Groups of 10+
- Periodontics/Endodontics Covered as Major
- No Participation Percentages Required

Employer Sponsored Plans

- 50% Employer Contribution Required for Employee Premium
- 75% Participation Net of Waivers Required
- Periodontics/Endodontics Covered as Basic Services
- 85th Percentile UCR Reimbursement Out-of-Network



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