UHC PPO Plans

UHC PPO High

PPO High Plan – 0P542

The High Plan is designed for those individuals who have more extensive dental needs. This option 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. 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	\$50/person	\$50/person
Family Annual Deductible	\$150/family (applies to Classes II and III only)	\$150/family (applies to Classes I, II and III only)
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**	Out-of-Network***
	PLAN PAYS	PLAN PAYS
Periodic Exam	100%	100% of MAC
Radiographs (bitewings)	100%	100% of MAC
Prophylaxis (Cleaning)	100%	100% of MAC
Fluoride Treatment (Preventive)	100%	100% of MAC
Sealants	100%	100% of MAC
Space Maintainers	100%	100% of MAC
Basic Services		
Restorations (Amalgams or Composites)*	80%	80% of MAC
General Anesthesia	80%	80% of MAC
Emergency Treatment	80%	80% of MAC
Simple Extractions	80%	80% of MAC
Periodontics - Non-Surgical Periodontics - Maintenance	80% 80%	80% of MAC 80% of MAC
Endodontics - Pulpotomy	80%	80% of MAC
Major Services		
Oral Surgery (incl. surgical extractions)	50%	50% of MAC
Periodontics Periodontics – Surgical Periodontics – Osseus Surgery	50% 50%	50% of MAC 50% of MAC



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Benefits Continued	In-Network	Out-of-Network	
Major Services Continued			
Endodontics – Other	50%	50% of MAC	
Inlays/Onlays/Crowns*	50%	50% of MAC	
Dentures and other Removable Prsothetics	50%	50% of MAC	
Fixed Partial Dentures (Bridges)*	50%	50% of MAC	
Orthodontic Services			
Diagnose or correct misalignment of teeth or bite (Adult and Child)	50%	50% 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.

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

Pre-Treatment Plans for PPO Plans

It is highly recommended that prior to having dental work started; you request a pre-treatment plan or estimate, from your dentist on all treatment over \$500. Should you have any questions regarding your treatment plan, you can always refer PPO plans benefits description above or call UnitedHealthcare Dental so we can ensure that you receive the maximum benefit from your dental plan.

Dental benefits can be found at www.myuhcdental.com.

The information you need is all in one place. When you sign in at www.myuhcdental.com, you can quickly find answers and complete important tasks 24 hours a day:

- Locate a dentist
- Review your coverage
- Compare costs with the Treatment Cost Calculator
- Check your dental claims
- Get answers to the most frequently asked questions
- Learn about oral health and dental treatment
- Request a dental ID card



^{***}The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographical area in which the expenses are incurred.