

UnitedHealthcare - Dental Preferred Portfolio



This Preferred Portfolio includes a limited selection of the dental plans that UnitedHealthcare Specialty Benefits offers. Please contact your local Account Executive or Specialty Sales Consultant to request additional details and options.

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)	Annual Max	Deductible (Ind/Fam)	Ortho Max	OON Reimburse	Waiting Period
A8012	No	Voluntary	100%	80%	50%	50%	\$1,500	\$50/\$150	N/A	MAC	12 Months
A8014	No	Voluntary	100%	80%	50%	50%	\$1,500	\$50/\$150	\$1,000	MAC	12 Months
A8019	No	Voluntary	100%/80%	80%/60%	50%	50%	\$1,500	\$50/\$150	N/A	MAC	12 Months
P1211	No	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	MAC	12 Months
P1266	No	Voluntary	100%/80%	80%/60%	50%	50%	\$1,000	\$50/\$150	N/A	MAC	12 Months
P3303	No	Voluntary	100%/90%	80%/60%	50%	50%	\$1,200	\$50/\$150	N/A	MAC	None
P3383	Yes	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	\$1,000	90th	None
P3384	Yes	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
P5430	Yes	Voluntary	100%	80%	50%	80%	\$1,000	\$50/\$150	N/A	MAC	None
P7841	No	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	12 Months
A7976	No	Contributory	100%	80%	50%	50%	\$1,500	\$50/\$150	N/A	MAC	None
A7977	No	Contributory	100%	80%	50%	50%	\$1,500	\$50/\$150	N/A	70th	None
A7891	No	Contributory	100%/80%	80%/60%	50%	50%	\$1,000	\$50/\$150	N/A	70th	None
A8016	No	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	MAC	None
P0015	No	Contributory	100%	80%	50%	80%	\$1,000	\$50/\$150	N/A	85th	12 Months
P4877	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
P4878	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	\$1,000	90th	None
P4881	Yes	Contributory	100%	80%	50%	50%	\$1,500	\$50/\$150	N/A	90th	None
P4884	Yes	Contributory	100%	80%	50%	80%	\$1,500	\$50/\$150	\$1,500	90th	None
P7844	No	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
P8473	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	MAC	None

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Flex Appeal Preventive Max Multiplier: Encourages preventive care by paying for those claims without deducting them from the annual maximum.

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)	Annual Max	Deductible (Ind/Fam)	Ortho Max	OON Reimburse	Waiting Period
H3303	No	Voluntary	100%/90%	80%/60%	50%	50%	\$1,200	\$50/\$150	N/A	MAC	None
H3383	Yes	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	\$1,000	90th	None
H3384	Yes	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
H4877	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
H4878	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	\$1,000	90th	None
H4879	Yes	Contributory	100%	80%	50%	80%	\$1,000	\$50/\$150	N/A	90th	None
H4883	Yes	Contributory	100%	80%	50%	80%	\$1,500	\$50/\$150	N/A	90th	None

Flex Appeal Enhanced: Offers 3 major benefits: any combination of 4 routine or periodontal cleanings, white fillings for back teeth and dental implants.

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)	Annual Max	Deductible (Ind/Fam)	Ortho Max	OON Reimburse	Waiting Period
X3303	No	Voluntary	100%/90%	80%/60%	50%	50%	\$1,200	\$50/\$150	N/A	MAC	None
X3383	Yes	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	\$1,000	90th	None
X3384	Yes	Voluntary	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
X4877	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	N/A	90th	None
X4878	Yes	Contributory	100%	80%	50%	50%	\$1,000	\$50/\$150	\$1,000	90th	None
X4879	Yes	Contributory	100%	80%	50%	80%	\$1,000	\$50/\$150	N/A	90th	None
X4883	Yes	Contributory	100%	80%	50%	80%	\$1,500	\$50/\$150	N/A	90th	None

Product and Underwriting Information:

- Rates are guaranteed for 12 months.
- Orthodontia benefit paid at 50% and available to groups of 10 or more eligible employees. Within a minimum of 8 enrollees.
- MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider (MAC = Maximum Allowable Charge).
- UCR: The non-network percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expense are incurred. (UCR – Usual Customary and Reasonable).
- Employer Funded Plans: Employer must contribute at least 50% of the employee rate. A minimum participation of at least 75% (51%, including valid waivers) is required.
- Voluntary plans for 2-9 size group require a waiting period for major services. However, this waiting period may be waived with proof of prior coverage for major services.
- Voluntary plans without ortho are available down to 2 employees.