

UnitedHealthcare Specialty Benefits

Uniting health and financial well-being

Dental Benefit Coverage

Effective January 01, 2010

Dental Services	Passive PPO P4884	
	In Network	Out of Network
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)	80%	80%
General Services (including Emergency Treatment)	80%	80%
Simple Extractions	80%	80%
Oral Surgery (includes surgical extractions)	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Major Services		
Inlays/Onlays/Crowns	50%	50%
Dentures and other Removable Prosthetics	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%
Orthodontic Services		
Orthodontia	50%	50%
Orthodontia Eligibility	Child (up to age 19)	
Deductible		
Deductible applies to Preventive & Diagnostic	No	No
Annual Max	\$1500	\$1500
Lifetime Ortho Max	\$1500	N/A
Waiting Period applies	No	
Out of Network Basis	UCR 90th	