

Eligibility & Benefits Fax



Employee name: Sheriff Olaleye Group number: 76414056
 Employee ID: 21213115 Employer: FieldCore Service, Inc.
 Patient name: Sheriff Olaleye Effective date: 01/01/2022
 Patient birth date: 03/08/1976 Termination Date: N/A
 Provider Network: Unitedhealthcare Dental
 Provider Network URL:
<http://www.yourdentalplan.com/dentistsearch>

Covered as Basic: Single X-rays, Biopsy Exams, Space Maintainers, After Hours Visits. Covered as Major: Occlusal Guards, Core Build-ups, Relines, Rebases, Denture Repairs, Denture Adjustments. Ortho - no age limit. Harmful Habit Appliances are covered under Orthodontia benefit. Excluded: Teledentistry, Localized Delivery of Antimicrobial Agents

Preventive And Diagnostic

TRADITIONAL

Benefit Period: 01/01 - 12/31

Benefit	Benefit Max	Met
Individual deductible	Not Applicable	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	Not Applicable	
Family out-of-pocket	Not Applicable	
Benefit level	100%	
Benefit level variance	yes	
Individual annual maximum	\$2,500.00	\$1640.82
Individual lifetime maximum	Not Applicable	

Basic

TRADITIONAL

Benefit Period: 01/01 - 12/31

Benefit	Benefit Max	Met
Individual deductible	\$50.00	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	\$150.00	MET
Family out-of-pocket	Not Applicable	
Benefit level	80%	
Benefit level variance	yes	
Individual annual maximum	\$2,500.00	\$1640.82
Individual lifetime maximum	Not Applicable	

Major

TRADITIONAL

Benefit Period: 01/01 - 12/31

Benefit	Benefit Max	Met
Individual deductible	\$50.00	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	\$150.00	MET
Family out-of-pocket	Not Applicable	
Benefit level	50%	
Benefit level variance	no	

Individual annual maximum	\$2,500.00	\$1640.82
Individual lifetime maximum	Not Applicable	

Orthodontic

TRADITIONAL

Benefit Period: 01/01 - 12/31

Benefit	Benefit Max	Met
Individual deductible	\$50.00	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	\$150.00	MET
Family out-of-pocket	Not Applicable	
Benefit level	50%	
Benefit level variance	no	
Individual annual maximum	Not Applicable	
Individual lifetime maximum	\$2,500.00	

Limits

*Applied limits not available

TRADITIONAL

Benefit Period: 01/01 - 12/31

Benefit	Benefit Max	Applied	Age Limit	Special Limit
Examination	2 per year		none	none
Cleaning	2 per year		none	none
Bitewings	1 per year		none	none
Fluoride	1 per year		to age 18	none
Panoramic x-ray	36 months		none	none
Full mouth x-ray	36 months		none	none
				teeth
Sealants*	36 months		to age 15	2,3,14,15,18,19,30 & 31
Crowns*	60 months		none	none
Bridges*	60 months		none	none
Dentures*	60 months		none	none
Orthodontics*	none		none	employee, spouse, & children - age limits apply

Claim Submission

UMR
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