Carrier Name: UnitedHealthcare

Plan Name: 1P897

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1,000 per person per calendar year

Out-of-Network Annual Maximum: $1,000 per person per calendar year

Frequencies Cleaning: Limited to 2 times per consecutive 12 months

Frequencies Exam: Limited to 2 times per consecutive 12 months

In-Network Cleanings: 100%

Out-of-Network Cleanings: $41.60

In-Network Exams: 100%

Out-of-Network Exams: $20.00

In-Network X-Rays: 100%

Out-of-Network X-Rays: $60.00

In-Network Sealants: 100%

Out-of-Network Sealants: $21.60

In-Network Fillings: 80%

Out-of-Network Fillings: $35.40

In-Network Simple Extractions: 50%

Out-of-Network Simple Extractions: $18.50

In-Network Root Canal: 50%

Out-of-Network Root Canal: $42.50

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease: $324.00

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery: $234.50

In-Network Crowns: 50%

Out-of-Network Crowns: $55.00

In-Network Dentures: 50%

Out-of-Network Dentures: $416.00

In-Network Bridges: 50%

Out-of-Network Bridges: $103.50

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia:

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: The non network Plan Pays is based on the allowable amount applicable for the same service that would have been rendered by a network provider.

Waiting Period for Major Services: 12 months for major services

Plan Year: 2017-2018

Network Type: PPO

Network Name: Voluntary National Options PPO

Member Website:

Customer Service Phone Number: