Carrier Name: UnitedHealthcare

Plan Name: 0P939

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: 1,500

Out-of-Network Annual Maximum: 1,500

Frequencies Cleaning: Limited to 2 times per consecutive 12 months.

Frequencies Exam:

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams:

Out-of-Network Exams:

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 80%

In-Network Root Canal: 50%

Out-of-Network Root Canal: 50%

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease: 50%

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery: 50%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 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 percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expenses are incurred.

Waiting Period for Major Services: No waiting period

Plan Year: 2015-2016

Network Type: PPO

Network Name: Voluntary Options

Member Website:

Customer Service Phone Number: