Carrier Name: UnitedHealthcare

Plan Name: 35X60

In-Network Single Deductible: $25

In-Network Family Deductible: $75

Out-of-Network Single Deductible: $25

Out-of-Network Family Deductible: $75

In-Network Annual Maximum: $1,500 per person per calendar year

Out-of-Network Annual Maximum: $1,500 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: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

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: 50%

Out-of-Network Implants: 50%

In-Network Orthodontia: 50%

Out-of-Network Orthodontia: 50%

Orthodontia Lifetime Maximum: $1,200 per person per Lifetime

Orthodontia Maximum Age: Child OnlyUp to Age 19

Out of Network Explanation: 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.

Waiting Period for Major Services: No waiting period

Plan Year: 2025-2026

Network Type: PPO

Network Name: Voluntary National Options PPO

Member Website: myuhc.com

Customer Service Phone Number: