Carrier Name: UnitedHealthcare

Plan Name: I1212

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible:

Out-of-Network Family Deductible:

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

Out-of-Network Annual Maximum:

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:

In-Network Exams: 100%

Out-of-Network Exams:

In-Network X-Rays: 100%

Out-of-Network X-Rays:

In-Network Sealants: 100%

Out-of-Network Sealants:

In-Network Fillings: 80%

Out-of-Network Fillings:

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions:

In-Network Root Canal: 50%

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease:

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery:

In-Network Crowns: 50%

Out-of-Network Crowns:

In-Network Dentures: 50%

Out-of-Network Dentures:

In-Network Bridges: 50%

Out-of-Network Bridges:

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: 50%

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum: $1,000 per person per Lifetime

Orthodontia Maximum Age: Child Only Up to Age 19

Out of Network Explanation:

Waiting Period for Major Services: No waiting period

Plan Year: 2019-2020

Network Type: Indemnity

Network Name:

Member Website: myuhc.com

Customer Service Phone Number: