Carrier Name: UnitedHealthcare

Plan Name: 0P836

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: 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: 50%

Out-of-Network Fillings: 50%

In-Network Simple Extractions: 50%

Out-of-Network Simple Extractions: 50%

In-Network Root Canal:

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease:

Out-of-Network Periodontal Gum Disease:

In-Network Oral Surgery:

Out-of-Network Oral Surgery:

In-Network Crowns:

Out-of-Network Crowns:

In-Network Dentures:

Out-of-Network Dentures:

In-Network Bridges:

Out-of-Network Bridges:

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: Options PPO

Member Website:

Customer Service Phone Number: