

# Dental Plans

- No change to the dental plan benefits – Same Plans
- Dental Benefits are on a Plan Year accumulation period, so those accumulators will begin on 4/1 and end on 3/31 each year

UnitedHealthcare Dental Plan Summaries				
Benefit Description	Standard (Low Option) Plan		Maximum (High Option) Plan	
	In-Network	Out-Of-Network	In-Network	Out-of-Network
	Dental Plan Pays	Dental Plan Pays	Dental Plan Pays	Dental Plan Pays
<b>Preventive Services</b> Diagnostic/Preventive; Cleaning, X-rays, Exams, Sealants, Space Maintainers and Fluoride (under age 16 only)	100% Deductible Does Not apply	100% of Reasonable and Customary Charge Deductible Does not Apply	100% Deductible Does Not apply	100% of Reasonable and Customary Charge Deductible Does not Apply
<b>Annual Plan Year Deductible</b> Applies to all Services Except Preventive	\$25 per person/\$75 family maximum		\$25 per person/\$75 family maximum	
<b>Annual Plan Year Maximum Benefit</b>	\$1,000 per person		\$1,500 per person	
<b>Basic Services</b> Surgical/restorative, Fillings, Root Canal, Gum Treatment, Simple Extractions	60% after deductible	60% of Reasonable and Customary Charge, after deductible	80% after deductible	80% of Reasonable and Customary Charge, after deductible
<b>Major Services</b> Prosthetics, Crowns, Bridges, Dentures, Inlays, Onlays, Partial Dentures	40% after deductible	40% of Reasonable and Customary Charge after deductible	50% after deductible	50% of Reasonable and Customary Charge after deductible
<b>Orthodontia (braces)</b>	Not Covered		50% to lifetime maximum of \$2,000 per child under age 19	