

# UHC PPO Plans

## UHC PPO Standard

### Standard PPO Plan – PIN31

The Standard Plan is a low-cost option, which allows you and each of your covered family members to use a provider of your choice; however, you'll receive a higher level of coverage when you choose a participating network provider. The Standard Plan includes a copay schedule that applies to the various in-network dental procedures. You do NOT have to satisfy an annual calendar year deductible if you seek services from an in-network dental provider. If you use an out-of-network provider fees are subject to Maximum Allowable Charges (MAC).

Benefit	In-Network	Out-of-Network
Individual Annual Deductible	\$0	\$50
Family Annual Deductible	\$0	\$150 (applies to Classes I, II and III)
Maximum (the sum of all Network and Non-network benefits will not exceed the Annual Maximum)	\$1,500 per person per calendar year	\$1,500 per person per calendar year
Lifetime Orthodontic Maximum	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime
Waiting Period	None	
Diagnostic and Preventive Services	In-Network** Miami-Dade County (Area 2)	Out-of-Network***
	EMPLOYEE PAYS	PLAN PAYS
Periodic Exam	\$0	90% of MAC
Radiographs ( bitewings)	\$0	90% of MAC
Prophylaxis (Cleaning)	\$15	90% of MAC
Fluoride Treatment	\$0	90% of MAC
Basic Services		
Amalgam - 2 Surfaces	\$45	60% of MAC
Sealants	\$10	60% of MAC
Space Maintainers - Unilateral	\$100	60% of MAC
Periodontics- Maintenance	\$35	60% of MAC
Major Services		
General Anesthesia	\$120	30% of MAC
Simple Extractions	\$45	30% of MAC
Oral Surgery - Surgical Removal of Erupted tooth	\$90	30% of MAC
Endodontics		30% of MAC
Anterior Root Canal	\$265	
Bicuspid Root Canal	\$315	
Molar Root Canal	\$425	
Crowns/Onlays* - Metal Porcelain	\$390	30% of MAC

\*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*Miami-Dade County (Area 2) consist of zip codes that begin with digits 330-332, 338, 341-342 and 349. If you do not reside in a zip code that begins with these digits, please contact UnitedHealthcare Member Services at 1.877.816.3596 for more accurate in-network schedule of benefits copay.

\*\*\*The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# UHC PPO Plans

## UHC PPO Standard

Benefits Continued	In-Network	Out-of-Network
<b>Major Services Continued</b>		
Inlays	\$295	30% of MAC
Periodontic-Scaling and Root Planing (per quadrant)	\$75	30% of MAC
Complete Dentures	\$485	30% of MAC
Partial Dentures – Resin Base	\$375	30% of MAC
Fixed Partial Dentures Pontics (Bridges)*	\$375	30% of MAC
<b>Orthodontic Services</b>		
Diagnose or correct misalignment of teeth or bite (Adult and Child)	\$2,100	50% of MAC

\*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*Miami-Dade County (Area 2) consist of zip codes that begin with digits 330-332, 338, 341-342 and 349. If you do not reside in a zip code that begins with these digits, please contact UnitedHealthcare Member Services at 1.877.816.3596 for more accurate in-network schedule of benefits copy.

\*\*\*The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

