


# UnitedHealthcare Dental Simplified 2.0 – California Small Business (1-100)



 California brokers can choose from our top plans or build custom plans using our flexible portfolio. All plans standardly offer valuable features and savings opportunities for employers and members.

## 2019 Top DPPO Dental Plans

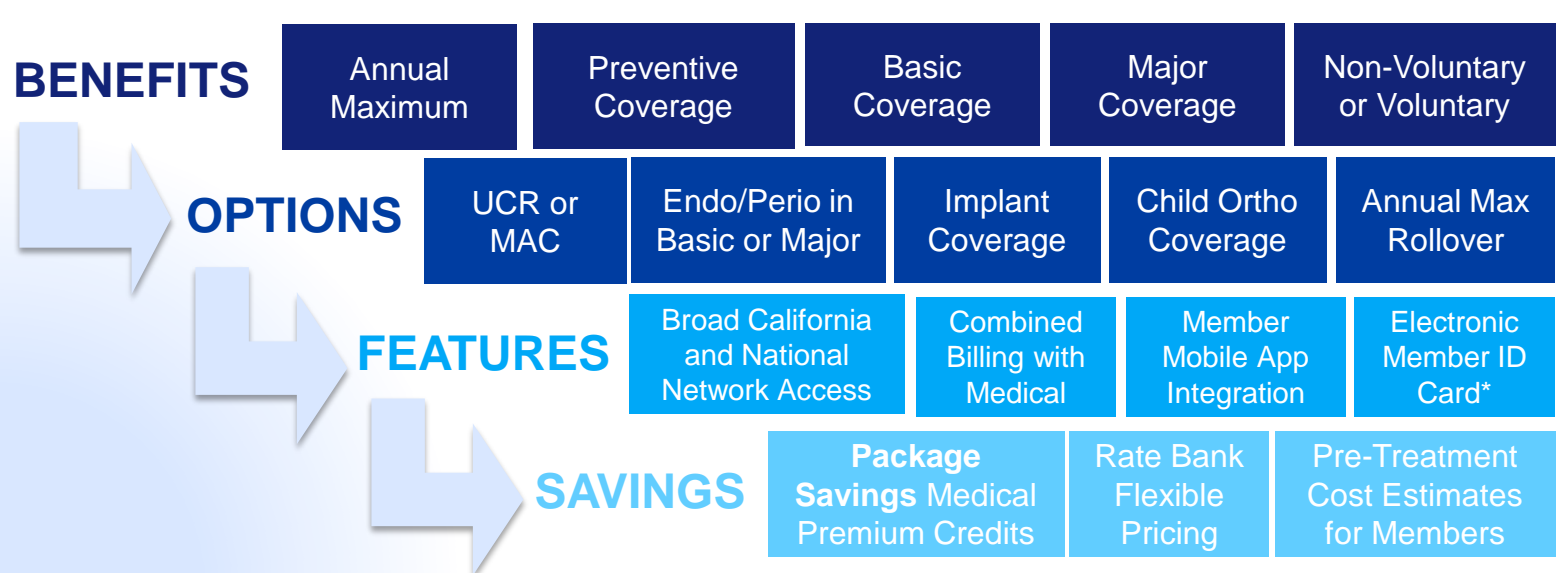
Plans are shown by metallic tiers\*, to simplify matching dental benefit levels with comparable medical benefit levels.

*\*Metallic tiers are illustrative only*

		PLATINUM				GOLD				SILVER				BRONZE	
Plan Code		P4887	P4886	P8998	1P646	1X744	1X752	1X754	1P750	P0079	P4883	P3437	P5425	A7976	A8012
Annual Max		\$2,000	\$2000	\$2000	\$2000	\$5000	\$5000	\$5,000	\$5,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Preventive		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Endo/Perio		Basic	Basic	Basic	Basic	Perio	Perio	Perio	Perio	Basic	Basic	Basic	Basic	Major	Major
Ortho		Yes	No	No	No	Yes	No	No	No	Yes	No	No	No	No	No
Implants		No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No
UCR/MAC		UCR 90	UCR 90	MAC	MAC	UCR 90	UCR 90	MAC	MAC	UCR 90	UCR 90	MAC	MAC	MAC	MAC
Voluntary		No	No	No	Yes	No	No	No	Yes	No	No	No	Yes	No	Yes
Eligible		10	10	10	10	10	10	10	10	5	2	2	5	2	2

## Build Custom Dental Plans

Customize the dental benefits and plan options for each group and don't forget to take advantage of the valuable features and savings opportunities we provide. For more information please contact your Account Executive.



Effective 1/1/2019

# UnitedHealthcare Dental Simplified – California Small Business (1-100)

## 2019 Top DHMO Dental Plans

Plans are shown by metallic tiers\*, to simplify matching dental benefit levels with comparable medical benefit levels.

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Code	Type	Procedure	PLATINUM		GOLD		SILVER	
			D125C (Cont.)	D126C (Vol.)	D175C (Cont.)	D176C (Vol.)	D250C (Cont.)	D251C (Vol.)
D0999		Office Visit Fee - Per Visit	\$5	\$5	\$5	\$5	\$5	\$5
D0120	Diagnostic / Preventive	Periodic oral examination	\$0	\$0	\$0	\$0	\$0	\$0
D0210		Radiographs – complete series (bitewings included)	\$5	\$5	\$5	\$5	\$5	\$5
D1351		Sealant – per tooth (under 18 only)	\$5	\$5	\$5	\$5	\$8	\$8
D2140	Restorative	Restorative Amalgam - one surface, permanent	\$0	\$0	\$0	\$0	\$8	\$8
D2330		Resin – anterior, one surface	\$0	\$0	\$0	\$0	\$10	\$10
D2751	Crowns	Crowns Crown, porcelain with metal non-molar	\$125	\$125	\$175	\$175	\$250	\$250
D2791		Crown, full cast metal	\$125	\$125	\$175	\$175	\$250	\$250
D3310	Endodontics	Endodontics Root canal - anterior	\$45	\$45	\$75	\$75	\$125	\$125
D3330		Root canal - molar	\$115	\$115	\$275	\$275	\$325	\$325
D4341	Periodontics	Periodontics Periodontal scaling and root planing	\$25	\$25	\$40	\$40	\$55	\$55
D5110	Dentures (Prosthodontics)	Dentures (Prosthodontics) Complete denture - maxillary	\$150	\$150	\$225	\$225	\$350	\$350
D5211		Partial denture - resin base	\$115	\$115	\$275	\$275	\$325	\$325
D7140	Oral Surgery	Oral Surgery Extraction - erupted tooth or exposed root	\$0	\$0	\$0	\$0	\$10	\$10
D7230		Removal of impacted tooth - partially bony	\$50	\$50	\$75	\$75	\$85	\$85
n/a	Orthodontic	Orthodontic Adult/child 24 months of treatment	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895

## Have you heard about our Packaged Savings® program?

Through our Packaged Savings® program, you can bundle our comprehensive medical plans with specialty products - dental, life, disability and vision. Your savings through Packaged Savings are based upon medical enrollment and the number of active lines of specialty coverage you have with UnitedHealthcare. Plus, the administrative credits are available as long as your eligible benefits remain in-force.

### Product and Underwriting Information

#### DPPO UW Guidelines:

- Rates are guaranteed for 12 months.
- Orthodontia available to groups of 5 or more eligible employees, with a minimum of 4 enrollees.
- MAC: 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 (MAC = Maximum Allowable Charge).
- UCR: The non-network percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expense are incurred. (UCR = Usual Customary and Reasonable).
- For PPO plans, the network and non-network annual maximum are combined. Deductibles and maximums are assumed on a calendar year basis unless otherwise noted. Dependent children are covered up to age 26. Dual DPPO option is available on groups of 10 or more eligible employees as long as the combination is a logical high/low offering.
- Employer Funded Plans: Employer must contribute at least 50% of the employee rate. A minimum participation of at least 75% (50%, including valid waivers) is required.
- Voluntary plans for 2-9 size groups require a waiting period for major services. However, this waiting period may be waived with proof of prior coverage for major services. Voluntary plans without ortho are available down to 2 employees.
- A minimum participation of 2 enrolled employees is required for all plans.

#### DHMO UW Guidelines:

- Rates are guaranteed for 12 months.
- Employer Funded Plans: Employer must contribute at least 50% of the employee rate. A minimum participation of at least 75% (50%, including valid waivers) is required.
- Voluntary plans without ortho are available down to 2 employees.
- HMO/PPO Dual Option available at 5 eligible employees, 3 enrolled.