



		United Healthcare Dental DPPO	
		PPO	Out-of-Network
<b>Plan Highlights</b>	Major Services covered You can visit In-Network and Out-of-Network providers (out-of-network providers can balance bill).  Orthodontia Coverage		
<b>Plan Year Deductible</b>	\$50 Individual \$150 Family		
<b>Annual Plan Year Maximum Benefit</b>	\$1,200		
		Amounts shown are the coinsurance amounts the plan pays	
<b>Preventive Care*</b> (such as cleanings, exams, X-rays)	100%	90% of allowed benefit	
<b>Regular Restorative Care</b> (such as fillings, root canals, and periodontics)	80% after deductible	70% of allowed benefit after deductible	
<b>Major Restorative Care</b> (such as crowns, dentures, and bridges)	50% after deductible	50% of allowed benefit after deductible	
<b>Orthodontia</b> Lifetime Max	50% no deductible \$1000 lifetime max		



*This booklet is intended to provide an overview of the benefits plans offered.. All specific plan provisions are described in the legal documents governing the plans. If there are any discrepancies between this booklet and the plan's legal documents, the legal documents will govern.*