

Dental Indemnity Comparison Chart

	Delta Dental Indemnity Options				UnitedHealthcare Indemnity Options			
	Delta Dental PPO Standard		Delta Dental PPO High		UHC PPO Standard		UHC PPO High	
Benefits	PPO Providers	Premier or Non-Contracted Providers	PPO Providers	Premier or Non-Contracted Providers	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Annual Calendar Year Deductible	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II and III only	\$50 / person \$150 / family Classes II and III only	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II and III only	\$50 / person \$150 / family Classes II and III only
Annual Calendar Year Maximum (Per Person)	\$1,000.00		\$2,000.00		\$1,000.00		\$2,000.00	
Exam	You Pay	You Pay	You Pay	You Pay	You Pay (Area 2)	You Pay	You Pay	You Pay ²
Limited Oral Evaluation - problem focused	\$5.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$5.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Comprehensive Oral Evaluation	\$5.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$5.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
X-Rays								
Intraoral - Complete Series, including bitewings	\$0.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$0.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Intraoral - Periapical first film	\$9.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$8.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C
Intraoral - Periapical each additional film	\$3.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$3.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C
Bitewings - two films	\$0.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$0.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Bitewings - four films	\$0.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$0.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Panoramic	\$0.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$0.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Preventive Services								
Prophylaxis - adult cleaning	\$15.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$15.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Prophylaxis - child cleaning	\$15.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$15.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Fluoride - child	\$0.00	10% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$0.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Sealant - per tooth	\$15.00	40% of PPO fee**	0% of PPO fee*	10% of Premier Fee or 10% at 90th MPA**	\$10.00	10% of MAC	0% of MAC ¹	10% of 90th percentile of R&C
Silver Fillings								
Amalgam, 1 Surface, primary or permanent	\$35.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$35.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C
Amalgam, 2 surfaces, primary or permanent	\$45.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$45.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C

*In-Network: Member pays balance of PPO fees, after plan pays.

** Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the 90th percentile for non-Delta Dental dentists.

¹ The network percentage of benefits is based on discounted fees negotiated with the provider.

² R&C refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or the usual charge of most dentists in the same geographic area for the same or similar services as determined by UnitedHealthcare.

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

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	Delta Dental Indemnity Options				UnitedHealthcare Indemnity Options			
	Delta Dental PPO Standard		Delta Dental PPO High		UHC PPO Standard		UHC PPO High	
Benefits	PPO Providers	Premier or Non-Contracted Providers	PPO Providers	Premier or Non-Contracted Providers	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
White Fillings, Front Teeth								
Anterior Composite, 1 surface	\$40.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$35.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C
Anterior Composite, 2 surfaces	\$50.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$45.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C
Onlays and Crowns								
Crown, All Porcelain	\$475.00	70% of PPO fee**	50% of PPO fee*	60% of Premier Fee or 10% at 90th MPA**	\$390.00	70% of MAC	50% of MAC ¹	60% of 90th percentile of R&C
Core Build Up	\$85.00	70% of PPO fee**	50% of PPO fee*	60% of Premier Fee or 10% at 90th MPA**	\$70.00	70% of MAC	50% of MAC ¹	60% of 90th percentile of R&C
Periodontal Care (For Gums)								
Periodontal Therapy, 4+ teeth/quadrant	\$85.00	70% of PPO fee**	50% of PPO fee*	60% of Premier Fee or 10% at 90th MPA**	\$75.00	70% of MAC	50% of MAC ¹	60% of 90th percentile of R&C
Periodontal Maintenance	\$40.00	40% of PPO fee**	20% of PPO fee*	30% of Premier Fee or 10% at 90th MPA**	\$35.00	40% of MAC	20% of MAC ¹	30% of 90th percentile of R&C
Extractions								
Extraction, erupted tooth or exposed root	\$50.00	70% of PPO fee**	50% of PPO fee*	60% of Premier Fee or 10% at 90th MPA**	\$45.00	40% of MAC	50% of MAC ¹	60% of 90th percentile of R&C
Surgical removal of erupted teeth	\$105.00	70% of PPO fee**	50% of PPO fee*	60% of Premier Fee or 10% at 90th MPA**	\$90.00	70% of MAC	50% of MAC ¹	60% of 90th percentile of R&C
Orthodontia Care								
Comprehensive orthodontic treatment of adolescent dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small>	ORTHODONTIA CARE IS NOT COVERED BY THIS PLAN		50% of PPO fee**	50% of Premier Fee or 10% at 90th MPA**	ORTHODONTIA CARE IS NOT COVERED BY THIS PLAN		50% of MAC ¹	50% of 90th percentile of R&C
Comprehensive orthodontic treatment of adult dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small>			50% of PPO fee*	50% of Premier Fee or 10% at 90th MPA**			50% of MAC ¹	50% of 90th percentile of R&C
Pre-orthodontic treatment visit <small>(consult/records/exam)</small>			50% of PPO fee**	50% of Premier Fee or 10% at 90th MPA**			50% of MAC ¹	50% of 90th percentile of R&C
Orthodontic Retention <small>(removal of appliances, construction and placement of retainer(s))</small>			50% of PPO fee**	50% of Premier Fee or 10% at 90th MPA**			50% of MAC ¹	50% of 90th percentile of R&C
Unspecified Orthodontic Procedure - By Report			50% of PPO fee**	50% of Premier Fee or 10% at 90th MPA**			50% of MAC ¹	50% of 90th percentile of R&C
Lifetime Maximum Benefit Per Person			\$2,000	\$2,000			\$2,000	\$2,000

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