UnitedHealthcare

Proposed Dental Rates for YMCA of Orange County

Effective Date: 01/01/2020

Dental Services	Incentive PPO NEW_9835368 CS0 UnitedHealthcare Insurance Company Primary Plan	
Legal Entity		
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)*	90%	80%
Emergency Treatment/General Services	90%	80%
Simple Extractions	90%	80%
Oral Surgery (incl. surgical extractions)	90%	80%
Periodontics	90%	80%
Endodontics	90%	80%
Major Services		
Inlays/Onlays/Crowns	60%	50%
Dentures and Removable Prosthetics	60%	50%
Fixed Partial Dentures (Bridges)	60%	50%
	0070	
	¢E0/¢1E0	¢75/¢005
Deductible	\$50/\$150	\$75/\$225 No
Deductible applies to Prev. & Diag.	No 1 500	
Annual Max	\$1,500	\$1,000
Waiting Period	None UCR 90th	
Out of Network Basis	Options PPO 30	
PPO Network	No	
CMM–Annual Roll-Over		NO
Den en de et Obildren Oce		100.06
Dependent Children Coverage	To Age 26	
Contract Basis	Fully Insured	
Benefit Period Basis	Calendar Year	
Exclusions and Limitations	Standard	