



Exclusive Network Plan (DHMO Alternative) Covered dental services

	Non-orthodontics		Orthodontics	
	Network	Non-network	Network	Non-network
Individual annual deductible	No Deductible	Not Applicable	Not Applicable	No Coverage
Family annual deductible	No Deductible	Not Applicable	Not Applicable	No Coverage
Maximum (the sum of all network and non-network benefits will not exceed annual maximum)	No Annual Maximum	Not Applicable	Copay Applies	No Coverage
Annual deductible applies to preventive and diagnostic services	N/A			
Annual deductible applies to orthodontic services	N/A			
Orthodontic eligibility requirement	Adult and children			

Covered services	Network plan pays	Non-network plan pays	Benefit guidelines
Diagnostic services			
Periodic oral evaluation	\$0 Copay	N/A	See certificate of coverage for all exclusions and limitations
Radiographs	\$0 - \$150 Copay	N/A	
Preventive services			
Prophylaxis (cleaning)	\$0 - \$15 Copay	N/A	See certificate of coverage for all exclusions and limitations
Fluoride treatment (preventive)	\$0 - \$5 Copay	N/A	
Sealants	\$0 Copay	N/A	
Space maintainers	\$0 - \$10 Copay	N/A	
Basic services			
Restorations, amalgams or composite (anterior and posterior)	\$0-\$120 Copay	N/A	See certificate of coverage for all exclusions and limitations
Emergency treatment/general services	\$0 Copay	N/A	
Extractions	\$10 - \$270 Copay	N/A	
Oral surgery (incl. surgical extractions)	\$10 - \$800 Copay	N/A	
Periodontics	\$0 - \$502 Copay	N/A	
Endodontics	\$10 - \$535 Copay	N/A	

Covered services	Network plan pays	Non-network plan pays	Benefit guidelines
Major services			
Inlays/onlays/crowns	\$10 – \$350 Copay	N/A	See certificate of coverage for all exclusions and limitations
Dentures and removable prosthetics	\$8 – \$240 Copay	N/A	
Fixed partial dentures (bridges)	\$35 – \$225 Copay	N/A	
Implants	\$36 – \$3800 Copay	N/A	
Orthodontic services			
Comprehensive Orthodontic Treatment Adult/Children	\$1,000 – \$1,950 Copay	N/A	

SPECIALTY SERVICES

- a) This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized.
- b) Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at a participating General Dentist's usual and customary fee less 25%.
- c) The Network General Dentist you select may not perform all procedures listed. The Co-payment shown applies to Network General Dentist.
- d) Should the services of a Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may obtain prior written authorization and receive specialty treatment by an approved NSD at the listed Co-payments.
- e) Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
- f) Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at myuhc.com.

Have more questions?

Visit myuhc.com or call 1-866-660-7181, TTY 711

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