

DENTAL INSURANCE

UNITED HEALTHCARE



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BENEFITS SUMMARY

	DHMO EXCLUSIVE NETWORK PLAN	DENTAL PPO
Annual Deductible(Individual/Family)	N/A	\$50 / \$150
Annual Benefit Maximum	N/A	\$2,500
Out-of-Network is MAC or UCR?	N / A	MAC (Maximum Allowable Charge)

IN-NETWORK

IN-NETWORK & OUT-OF-NETWORK

PREVENTIVE SERVICES-DEDUCTIBLE WAIVED

Oral Evaluations		
Prophylaxis: Cleanings		
Fluoride Treatment (child only)		
Bitewing X-rays, Full Mouth X-rays	\$0	100% No deductible
Sealants		
Space Maintainers		

BASIC SERVICES

Amalgam Restorations (Silver Fillings)	\$0	100%
Simple Extractions	\$10	Deductible applies

MAJOR SERVICES

Periodontal Scaling	\$36	
Dentures	\$210+	60% Deductible applies
Crown	\$195+	

ORTHODONTIA SERVICES

Diagnostics and Treatments (age limit: 30)	Child: \$1,850+ Adult: \$1,950+	50% to \$1,000 Lifetime (Dependents under age 19 only)
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EMPLOYEE BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$6.28	\$15.06
Employee + Spouse	\$10.99	\$30.12
Employee + Child(ren)	\$13.61	\$42.64
Employee + Family	\$17.27	\$58.55

This information summarizes the Sonny's Enterprises, LLC Dental benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.