UnitedHealthcare

What sets us apart

Large national network: Choice and cost-saving incentives to seek network care through our expansive national network of dentists and specialists

Ongoing quality measurement: We support standards recommended by the National Association of Dental Plans for measuring, maintaining and improving dental health care

Administrative ease: Consolidated billing, eligibility and enrollment through a single account team

Flexible plan designs: Tailored solutions to match your clients' needs

Leading-edge technology systems: Built-in claims auditing and highly automated claims adjudication help ensure accurate and timely payment

Superior customer service: Access benefit and claim information 24 hours a day, seven days a week at **myuhcdental.com**. We also have a toll-free customer service line staffed by dental representatives

Have you heard about our Packaged Savings® program?

Through our Packaged Savings® program, you can bundle our comprehensive medical plans with specialty products - dental, life, disability and vision. Your savings through Packaged Savings are based upon medical enrollment and the number of active lines of specialty coverage you have with UnitedHealthcare. The more you bundle, the more you can save. Plus, the administrative credits are available as long as your eligible benefits remain in-force.

California - Flex DHMO

For groups with effective dates January 1, 2025 - March 31, 2025

Contact your UnitedHealthcare Account Representative for information about Packaged Savings® as well as our other specialty benefits products including vision, life and disability.

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.

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UnitedHealthcare®

UnitedHealthcare — Dental Products

Flex DHMO Plans

California - Flex DHMO

For groups 2-50 lives with effective dates
January 1, 2025 — March 31, 2025

Code	Type	Procedure	D1052	D1053	D1061	D1062	D1063
D1110	Diagnostic / Preventive	Office Visit Fee - Per Visit	$0	$0	$0	$0	$0
D0120		Periodic oral examination	$0	$0	$0	$0	$0
D0210		Radiographs – complete series (bitewings included)	$0	$0	$0	$0	$0
D1351		Sealant – per tooth (under 18 only)	$0	$0	$0	$0	$0
D2140	Restorative	Amalgam - one surface, permanent	$20	$10	$30	$20	$10
D2330		Resin – anterior, one surface	$20	$10	$30	$20	$10
D2751	Crowns	Crown, porcelain with metal non-molar	$185	$110	$275	$185	$110
D2791		Crown, full cast metal	$185	$110	$275	$185	$110
D3310	Endodontics	Root canal - anterior	$80	$40	$120	$80	$40
D3330		Root canal - molar	$185	$100	$350	$185	$100
D4341	Periodontics	Periodontal scaling and root planing	$50	$40	$65	$50	$40
D5110	Dentures (Prosthodontics)	Complete denture - maxillary	$280	$170	$420	$280	$170
D5211		Partial denture - resin base	$80	$45	$120	$80	$45
D7140	Oral Surgery	Extraction - erupted tooth or exposed root	$20	$10	$30	$20	$10
D7230		Removal of impacted tooth - partially bony	$110	$55	$165	$110	$55
	Orthodontic	Adult/child 24 months of treatment	$2,250	$1,500	$2,250	$2,250	$1,500

Rates ($)	Voluntary	Voluntary	Contributory	Contributory	Contributory
Prime Code	**D1052 / CA220**	**D1053 / CA230**	**D1061 / CA210**	**D1062 / CA220**	**D1063 / CA230**
EE Only	$14.32	$19.67	$8.76	$13.63	$18.72
EE + Spouse	$26.63	$36.58	$16.29	$25.35	$34.82
EE + Child	$24.34	$33.43	$14.89	$23.17	$31.82
EE + Family	$38.37	$52.70	$23.47	$36.53	$50.16

This illustration includes California DHMO plans only. This is a sample listing of copayments for common procedures, for a complete listing of all procedures and copayments please refer to the schedule of benefits. Please contact your local sales representative to request additional Passive Dental plans, Incentive Dental plans, Indemnity Dental plans, plans with 85% and 90% UCR payment basis, and dual option packages that may be available in your market. You can find additional information about our dental plans at myuhcdental.com.

- Rates are guaranteed for 12 months. Rates generated by UnitedHealthcare's rating systems may differ from this illustration.

A minimum participation of 2 enrolled employees is required for all plans.

HMO/PPO Dual Option available at 5 eligible employees, 3 enrolled.

- All plans include:
  - All options include Orthodontia benefits.

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