South California

UnitedHealthcare - Dental Rate Card

For Groups 2-9 Eligible Lives with Effective Dates

01/01/2025 - 03/31/2025

Preferred Portfolio

This Preferred Portfolio includes a limited selection of the dental plans that UnitedHealthcare Specialty Benefits offers in these markets. Please contact your local sales representative to request additional details and options.

Some industry classifications may require a rating adjustment to the base rates below. See back page for details.

For more detailed information on dental plan benefits benefit summaries are available for download at Unitedeservices.com.

Zone 1 Zip Codes: 930, 931, 934

Zone 2 Zip Codes: 922, 923, 924, 925

Zone 3 Zip Codes: 919, 920, 921

Zone 4 Zip Codes: 900, 901, 902, 903, 904, 905, 906, 907, 908, 910, 911, 912, 913, 914, 915, 916, 917, 918

Zone 5 Zip Codes: 926, 927, 928

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
A7976	No	*Contributory*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
5A445	No	*Voluntary*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
A8016	No	*Contributory*	100%	80%	50%	50%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0
P3437	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P4883	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P5425	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P7088	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P7308	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0

Zone 1

	2-4 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$35.41	$70.83	$74.37	$114.98
5A445	$35.82	$71.64	$75.22	$116.29
A8016	$29.05	$58.10	$64.29	$98.04
P3437	$42.18	$84.37	$87.23	$135.42
P4883	$57.11	$114.21	$118.10	$183.34
P5425	$42.67	$85.33	$88.23	$136.97
P7088	$57.76	$115.52	$119.45	$185.43
P7308	$34.61	$34.61	$34.61	$34.61

Zone 2

	2-4 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$31.99	$63.98	$67.18	$103.86
5A445	$32.35	$64.71	$67.95	$105.05
A8016	$26.24	$52.49	$58.07	$88.56
P3437	$38.10	$76.21	$78.80	$122.33
P4883	$48.18	$96.37	$99.64	$154.69
P5425	$38.54	$77.08	$79.70	$123.73
P7088	$48.73	$97.47	$100.78	$156.45
P7308	$31.26	$62.52	$68.07	$104.24

Zone 3

	2-4 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$34.62	$69.23	$72.69	$112.39
5A445	$35.01	$70.02	$73.52	$113.67
A8016	$28.40	$56.79	$62.84	$95.83
P3437	$41.23	$82.46	$85.27	$132.37
P4883	$57.17	$114.34	$118.23	$183.54
P5425	$41.70	$83.41	$86.24	$133.88
P7088	$57.83	$115.65	$119.58	$185.64
P7308	$33.83	$67.65	$73.66	$112.79

Zone 4

	2-4 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$33.00	$66.00	$69.30	$107.15
5A445	$33.38	$66.76	$70.10	$108.37
A8016	$27.07	$54.15	$59.91	$91.36
P3437	$39.31	$78.62	$81.29	$126.20
P4883	$58.31	$116.63	$120.59	$187.21
P5425	$39.76	$79.52	$82.22	$127.64
P7088	$58.98	$117.96	$121.97	$189.35
P7308	$32.25	$32.25	$32.25	$32.25

Zone 5

	2-4 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$34.29	$68.57	$72.00	$111.31
5A445	$34.68	$69.35	$72.82	$112.59
A8016	$28.13	$56.25	$62.24	$94.92
P3437	$40.84	$81.68	$84.45	$131.11
P4883	$58.46	$116.92	$120.90	$187.68
P5425	$41.31	$82.61	$85.42	$132.61
P7088	$59.13	$118.26	$122.28	$189.82
P7308	$33.50	$67.01	$72.95	$111.72

CMM = Consumer MaxMultiplier®

Specific Procedures within Endodontic, Periodontic, and Oral Surgery benefits may pay at varying coinsurance levels. For detailed benefit information, please contact your sales representative to obtain a benefits summary for your plan(s).

"A" Plans promote affordability through class shifting of higher cost procedures utilized by less members while retaining routine procedures at traditional levels. As a result, coinsurance levels may differ between various endo, perio, and oral surgery procedures. For more details, speak to your representative and to request a detailed benefit summary.

UnitedHealthcare®

South California

UnitedHealthcare - Dental Rate Card

For Groups 2-9 Eligible Lives with Effective Dates

01/01/2025 - 03/31/2025

Preferred Portfolio

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Zone 2 Zip Codes: 922, 923, 924, 925

Zone 3 Zip Codes: 919, 920, 921

Zone 4 Zip Codes: 900, 901, 902, 903, 904, 905, 906, 907, 908, 910, 911, 912, 913, 914, 915, 916, 917, 918

Zone 5 Zip Codes: 926, 927, 928

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
A7976	No	*Contributory*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
5A445	No	*Voluntary*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
A8016	No	*Contributory*	100%	80%	50%	50%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0
P3437	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P4883	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P5425	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P7088	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P7308	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0

Zone 1

	5-9 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$35.41	$70.83	$74.37	$114.98
5A445	$35.82	$71.64	$75.22	$116.29
A8016	$29.05	$58.10	$64.29	$98.04
P3437	$42.18	$84.37	$87.23	$135.42
P4883	$57.11	$114.21	$118.10	$183.34
P5425	$42.67	$85.33	$88.23	$136.97
P7088	$57.76	$115.52	$119.45	$185.43
P7308	$34.61	$69.21	$75.36	$115.39

Zone 2

	5-9 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$31.99	$63.98	$67.18	$103.86
5A445	$32.35	$64.71	$67.95	$105.05
A8016	$26.24	$52.49	$58.07	$88.56
P3437	$38.10	$76.21	$78.80	$122.33
P4883	$48.18	$96.37	$99.64	$154.69
P5425	$38.54	$77.08	$79.70	$123.73
P7088	$48.73	$97.47	$100.78	$156.45
P7308	$31.26	$62.52	$68.07	$104.24

Zone 3

	5-9 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$34.62	$69.23	$72.69	$112.39
5A445	$35.01	$70.02	$73.52	$113.67
A8016	$28.40	$56.79	$62.84	$95.83
P3437	$41.23	$82.46	$85.27	$132.37
P4883	$57.17	$114.34	$118.23	$183.54
P5425	$41.70	$83.41	$86.24	$133.88
P7088	$57.83	$115.65	$119.58	$185.64
P7308	$33.83	$67.65	$73.66	$112.79

Zone 4

	5-9 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$33.00	$66.00	$69.30	$107.15
5A445	$33.38	$66.76	$70.10	$108.37
A8016	$27.07	$54.15	$59.91	$91.36
P3437	$39.31	$78.62	$81.29	$126.20
P4883	$58.31	$116.63	$120.59	$187.21
P5425	$39.76	$79.52	$82.22	$127.64
P7088	$58.98	$117.96	$121.97	$189.35
P7308	$32.25	$64.50	$70.22	$107.53

Zone 5

	5-9 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
A7976	$34.29	$68.57	$72.00	$111.31
5A445	$34.68	$69.35	$72.82	$112.59
A8016	$28.13	$56.25	$62.24	$94.92
P3437	$40.84	$81.68	$84.45	$131.11
P4883	$58.46	$116.92	$120.90	$187.68
P5425	$41.31	$82.61	$85.42	$132.61
P7088	$59.13	$118.26	$122.28	$189.82
P7308	$33.50	$67.01	$72.95	$111.72

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Zone 3 Zip Codes: 919, 920, 921

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Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
1X754	No	*Contributory*	100%	80%	50%	50%	5,000	$50 / $150	N/A	MAC / Options PPO 20	0
P4886	Yes	*Contributory*	100%	80%	50%	80%	2,000	$50 / $150	N/A	90th / Options PPO 30	0
P7089	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	1,500	90th / Options PPO 30	0
X3416	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	1,000	85th / Options PPO 30	0
X4884	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	1,500	90th / Options PPO 30	0
X4887	Yes	*Contributory*	100%	80%	50%	80%	2,000	$50 / $150	2,000	90th / Options PPO 30	0

Zone 1

Plan	5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family
1X754	$42.33	$84.66	$83.48	$131.30
P4886	$59.39	$118.77	$122.81	$190.65
P7089	$59.49	$118.98	$138.73	$208.79
X3416	$49.74	$99.47	$117.15	$175.88
X4884	$61.62	$123.24	$141.49	$213.76
X4887	$64.08	$128.15	$152.15	$227.97

Zone 2

Plan	5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family
1X754	$38.24	$76.47	$75.41	$118.60
P4886	$50.11	$100.21	$103.62	$160.86
P7089	$50.20	$100.39	$119.00	$178.37
X3416	$42.16	$84.31	$100.56	$150.50
X4884	$51.99	$103.98	$121.36	$182.60
X4887	$54.06	$108.13	$131.05	$195.38

Zone 3

Plan	5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family
1X754	$41.38	$82.75	$81.60	$128.34
P4886	$59.45	$118.91	$122.95	$190.86
P7089	$59.56	$119.12	$139.68	$209.92
X3416	$49.74	$99.47	$117.70	$176.49
X4884	$61.69	$123.38	$142.45	$214.91
X4887	$64.15	$128.30	$153.41	$229.46

Zone 4

Plan	5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family
1X754	$39.45	$78.89	$77.79	$122.35
P4886	$60.64	$121.28	$125.40	$194.67
P7089	$60.75	$121.50	$142.38	$214.02
X3416	$50.53	$101.07	$119.57	$179.31
X4884	$62.92	$125.84	$145.21	$219.11
X4887	$65.43	$130.86	$156.36	$233.91

Zone 5

Plan	5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family
1X754	$40.98	$81.96	$80.82	$127.11
P4886	$60.79	$121.58	$125.72	$195.17
P7089	$60.90	$121.80	$142.93	$214.77
X3416	$50.75	$101.51	$120.20	$180.21
X4884	$63.08	$126.16	$145.77	$219.87
X4887	$65.59	$131.19	$157.01	$234.79

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South California

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01/01/2025 - 03/31/2025

Preferred Portfolio

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Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
A7976	No	*Contributory*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
5A445	No	*Voluntary*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
A8016	No	*Contributory*	100%	80%	50%	50%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0
P3437	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P4883	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P5425	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P7088	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P7308	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0

Zone 1

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7976	$32.74	$65.49	$68.77	$106.31	$29.58	$59.16	$62.12	$96.05	$29.58	$59.16	$62.12	$96.05
5A445	$33.12	$66.24	$69.55	$107.53	$29.92	$59.84	$62.83	$97.14	$29.92	$59.84	$62.83	$97.14
A8016	$26.86	$53.73	$59.44	$90.65	$24.27	$48.54	$53.70	$81.90	$24.27	$48.54	$53.70	$81.90
P3437	$39.00	$78.01	$80.66	$125.22	$35.24	$70.47	$72.87	$113.12	$35.24	$70.47	$72.87	$113.12
P4883	$52.80	$105.61	$109.20	$169.52	$47.70	$95.41	$98.65	$153.15	$47.70	$95.41	$98.65	$153.15
P5425	$39.45	$78.90	$81.58	$126.65	$35.64	$71.28	$73.70	$114.42	$35.64	$71.28	$73.70	$114.42
P7088	$53.41	$106.81	$110.44	$171.45	$48.25	$96.50	$99.78	$154.89	$48.25	$96.50	$99.78	$154.89
P7308	$32.00	$64.00	$69.68	$106.70	$28.91	$57.81	$62.95	$96.39	$28.91	$57.81	$62.95	$96.39

Zone 2

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7976	$29.58	$59.16	$62.12	$96.03	$24.41	$48.82	$51.27	$79.26	$24.41	$48.82	$51.27	$79.26
5A445	$29.92	$59.83	$62.83	$97.13	$24.69	$49.38	$51.85	$80.16	$24.69	$49.38	$51.85	$80.16
A8016	$24.27	$48.53	$53.70	$81.89	$20.03	$40.05	$44.32	$67.58	$20.03	$40.05	$44.32	$67.58
P3437	$35.23	$70.46	$72.86	$113.11	$29.08	$58.16	$60.13	$93.35	$29.08	$58.16	$60.13	$93.35
P4883	$44.55	$89.10	$92.13	$143.03	$36.77	$73.54	$76.04	$118.05	$36.77	$73.54	$76.04	$118.05
P5425	$35.63	$71.27	$73.69	$114.40	$29.41	$58.82	$60.82	$94.42	$29.41	$58.82	$60.82	$94.42
P7088	$45.06	$90.12	$93.18	$144.66	$37.19	$74.38	$76.91	$119.39	$37.19	$74.38	$76.91	$119.39
P7308	$28.90	$57.81	$62.94	$96.38	$23.85	$47.71	$51.94	$79.54	$23.85	$47.71	$51.94	$79.54

Zone 3

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7976	$32.01	$64.01	$67.21	$103.92	$28.15	$56.29	$59.11	$91.38	$28.15	$56.29	$59.11	$91.38
5A445	$32.37	$64.74	$67.98	$105.10	$28.47	$56.93	$59.78	$92.42	$28.47	$56.93	$59.78	$92.42
A8016	$26.26	$52.51	$58.10	$88.61	$23.09	$46.18	$51.09	$77.92	$23.09	$46.18	$51.09	$77.92
P3437	$38.12	$76.25	$78.84	$122.39	$33.53	$67.05	$69.33	$107.63	$33.53	$67.05	$69.33	$107.63
P4883	$52.86	$105.73	$109.32	$169.71	$46.49	$92.97	$96.13	$149.24	$46.49	$92.97	$96.13	$149.24
P5425	$38.56	$77.12	$79.74	$123.79	$33.91	$67.82	$70.12	$108.86	$33.91	$67.82	$70.12	$108.86
P7088	$53.47	$106.93	$110.57	$171.65	$47.02	$94.03	$97.23	$150.94	$47.02	$94.03	$97.23	$150.94
P7308	$31.28	$62.55	$68.10	$104.29	$27.50	$55.01	$59.89	$91.71	$27.50	$55.01	$59.89	$91.71

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1 Specific Procedures within Endodontic, Periodontic, and Oral Surgery benefits may pay at varying coinsurance levels. For detailed benefit information, please contact your sales representative to obtain a benefits summary for your plan(s).

"A" Plans promote affordability through class shifting of higher cost procedures utilized by less members while retaining routine procedures at traditional levels. As a result, coinsurance levels may differ between various endo, perio, and oral surgery procedures. For more details, speak to your representative and to request a detailed benefit summary.

Additional plan enhancements may be available. Please contact your UHC Specialty Benefits representative for availability and pricing on the following enhancements.

- FlexAppeal Max Multiplier: encourages preventive care by paying for those claims without deducting them from the annual maximum.
- FlexAppeal Enhanced: offers 3 major benefits -- any combination of 4 routine or periodontal cleanings, white filings for back teeth and dental implants.

UnitedHealthcare®

South California

UnitedHealthcare - Dental Rate Card

For Groups 10-50 Eligible Lives with Effective Dates

01/01/2025 - 03/31/2025

Preferred Portfolio

This Preferred Portfolio includes a limited selection of the dental plans that UnitedHealthcare Specialty Benefits offers in these markets. Please contact your local sales representative to request additional details and options.

Some industry classifications may require a rating adjustment to the base rates below. See back page for details.

For more detailed information on dental plan benefits benefit summaries are available for download at Unitedeservices.com.

Zone 4 Zip Codes: 900, 901, 902, 903, 904, 905, 906, 907, 908, 910, 911, 912, 913, 914, 915, 916, 917, 918

Zone 5 Zip Codes: 926, 927, 928

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
A7976	No	*Contributory*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
5A445	No	*Voluntary*	100%	80%	50%	50%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
A8016	No	*Contributory*	100%	80%	50%	50%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0
P3437	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P4883	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P5425	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	MAC / Options PPO 20	0
P7088	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	N/A	90th / Options PPO 30	0
P7308	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	N/A	MAC / Options PPO 20	0

Zone 4

Plan	10-20 Lives				21-24 Lives				25-50 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7976	$30.51	$61.03	$64.08	$99.07	$27.89	$55.78	$58.57	$90.56	$27.89	$55.78	$58.57	$90.56
5A445	$30.86	$61.72	$64.81	$100.20	$28.21	$56.42	$59.24	$91.59	$28.21	$56.42	$59.24	$91.59
A8016	$25.03	$50.07	$55.39	$84.48	$22.88	$45.76	$50.63	$77.22	$22.88	$45.76	$50.63	$77.22
P3437	$36.35	$72.69	$75.16	$116.69	$33.22	$66.45	$68.71	$106.66	$33.22	$66.45	$68.71	$106.66
P4883	$53.92	$107.84	$111.50	$173.10	$49.29	$98.57	$101.92	$158.22	$49.29	$98.57	$101.92	$158.22
P5425	$36.76	$73.52	$76.02	$118.02	$33.60	$67.21	$69.49	$107.88	$33.60	$67.21	$69.49	$107.88
P7088	$54.53	$109.07	$112.77	$175.07	$49.85	$99.70	$103.08	$160.03	$49.85	$99.70	$103.08	$160.03
P7308	$29.82	$59.64	$64.93	$99.43	$27.26	$54.51	$59.35	$90.88	$27.26	$54.51	$59.35	$90.88

Zone 5

Plan	10-20 Lives				21-24 Lives				25-50 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7976	$31.70	$63.40	$66.57	$102.92	$28.98	$57.95	$60.85	$94.08	$28.98	$57.95	$60.85	$94.08
5A445	$32.06	$64.13	$67.33	$104.10	$29.31	$58.62	$61.55	$95.16	$29.31	$58.62	$61.55	$95.16
A8016	$26.01	$52.01	$57.55	$87.76	$23.77	$47.54	$52.60	$80.22	$23.77	$47.54	$52.60	$80.22
P3437	$37.76	$75.52	$78.09	$121.23	$34.52	$69.03	$71.38	$110.81	$34.52	$69.03	$71.38	$110.81
P4883	$54.05	$108.11	$111.78	$173.53	$49.41	$98.82	$102.18	$158.62	$49.41	$98.82	$102.18	$158.62
P5425	$38.19	$76.38	$78.98	$122.61	$34.91	$69.82	$72.19	$112.08	$34.91	$69.82	$72.19	$112.08
P7088	$54.67	$109.34	$113.06	$175.52	$49.97	$99.95	$103.34	$160.43	$49.97	$99.95	$103.34	$160.43
P7308	$30.98	$61.96	$67.46	$103.30	$28.32	$56.63	$61.66	$94.42	$28.32	$56.63	$61.66	$94.42

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- FlexAppeal Enhanced: offers 3 major benefits -- any combination of 4 routine or periodontal cleanings, white filings for back teeth and dental implants.

UnitedHealthcare®

South California

UnitedHealthcare - Dental Rate Card

For Groups 10-50 Eligible Lives with Effective Dates

01/01/2025 - 03/31/2025

Preferred Portfolio

This Preferred Portfolio includes a limited selection of the dental plans that UnitedHealthcare Specialty Benefits offers in these markets. Please contact your local sales representative to request additional details and options.

Some industry classifications may require a rating adjustment to the base rates below. See back page for details.

For more detailed information on dental plan benefits benefit summaries are available for download at Unitedeservices.com.

Zone 1 Zip Codes: 930, 931, 934

Zone 2 Zip Codes: 922, 923, 924, 925

Zone 3 Zip Codes: 919, 920, 921

Zone 4 Zip Codes: 900, 901, 902, 903, 904, 905, 906, 907, 908, 910, 911, 912, 913, 914, 915, 916, 917, 918

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
1X754	No	*Contributory*	100%	80%	50%	50%	5,000	$50 / $150	N/A	MAC / Options PPO 20	0
P4886	Yes	*Contributory*	100%	80%	50%	80%	2,000	$50 / $150	N/A	90th / Options PPO 30	0
P7089	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	1,500	90th / Options PPO 30	0
X3416	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	1,000	85th / Options PPO 30	0
X4884	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	1,500	90th / Options PPO 30	0
X4887	Yes	*Contributory*	100%	80%	50%	80%	2,000	$50 / $150	2,000	90th / Options PPO 30	0

Zone 1

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
1X754	$39.14	$78.28	$77.19	$121.40	$35.36	$70.72	$69.73	$109.68	$35.36	$70.72	$69.73	$109.68
P4886	$54.91	$109.82	$113.55	$176.28	$49.61	$99.21	$102.58	$159.25	$49.61	$99.21	$102.58	$159.25
P7089	$53.41	$106.81	$124.54	$187.43	$48.25	$96.50	$112.51	$169.33	$48.25	$96.50	$112.51	$169.33
X3416	$44.65	$89.30	$105.17	$157.88	$40.34	$80.67	$95.01	$142.64	$40.34	$80.67	$95.01	$142.64
X4884	$55.32	$110.63	$127.01	$191.89	$49.97	$99.95	$114.75	$173.36	$49.97	$99.95	$114.75	$173.36
X4887	$57.52	$115.04	$136.58	$204.65	$51.97	$103.93	$123.39	$184.88	$51.97	$103.93	$123.39	$184.88

Zone 2

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
1X754	$35.35	$70.71	$69.72	$109.66	$29.18	$58.36	$57.55	$90.51	$29.18	$58.36	$57.55	$90.51
P4886	$46.33	$92.66	$95.81	$148.73	$38.24	$76.47	$79.07	$122.75	$38.24	$76.47	$79.07	$122.75
P7089	$45.06	$90.12	$106.83	$160.12	$37.19	$74.38	$88.17	$132.15	$37.19	$74.38	$88.17	$132.15
X3416	$37.84	$75.68	$90.27	$135.11	$31.23	$62.46	$74.51	$111.51	$31.23	$62.46	$74.51	$111.51
X4884	$46.67	$93.34	$108.94	$163.92	$38.52	$77.04	$89.91	$135.29	$38.52	$77.04	$89.91	$135.29
X4887	$48.53	$97.07	$117.65	$175.40	$40.06	$80.11	$97.10	$144.76	$40.06	$80.11	$97.10	$144.76

Zone 3

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
1X754	$38.26	$76.51	$75.45	$118.66	$33.64	$67.28	$66.35	$104.35	$33.64	$67.28	$66.35	$104.35
P4886	$54.97	$109.94	$113.68	$176.48	$48.34	$96.68	$99.97	$155.19	$48.34	$96.68	$99.97	$155.19
P7089	$53.47	$106.93	$125.39	$188.44	$47.02	$94.03	$110.26	$165.71	$47.02	$94.03	$110.26	$165.71
X3416	$44.65	$89.30	$105.66	$158.44	$39.26	$78.53	$92.91	$139.33	$39.26	$78.53	$92.91	$139.33
X4884	$55.38	$110.76	$127.88	$192.92	$48.70	$97.40	$112.45	$169.65	$48.70	$97.40	$112.45	$169.65
X4887	$57.59	$115.17	$137.71	$205.98	$50.64	$101.28	$121.10	$181.14	$50.64	$101.28	$121.10	$181.14

Zone 4

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
1X754	$36.47	$72.95	$71.93	$113.13	$33.34	$66.68	$65.75	$103.41	$33.34	$66.68	$65.75	$103.41
P4886	$56.07	$112.14	$115.95	$180.00	$51.25	$102.50	$105.99	$164.53	$51.25	$102.50	$105.99	$164.53
P7089	$54.53	$109.07	$127.82	$192.12	$49.85	$99.70	$116.84	$175.61	$49.85	$99.70	$116.84	$175.61
X3416	$45.36	$90.73	$107.34	$160.96	$41.47	$82.93	$98.11	$147.13	$41.47	$82.93	$98.11	$147.13
X4884	$56.48	$112.97	$130.36	$196.69	$51.63	$103.26	$119.16	$179.79	$51.63	$103.26	$119.16	$179.79
X4887	$58.74	$117.47	$140.36	$209.98	$53.69	$107.38	$128.30	$191.94	$53.69	$107.38	$128.30	$191.94

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UnitedHealthcare®

UnitedHealthcare - Dental Rate Card

For Groups 10-50 Eligible Lives with Effective Dates

01/01/2025 - 03/31/2025

Zone 5 Zip Codes: 926, 927, 928

Preferred Portfolio

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Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out)1	Annual Max $	Ded $ (Ind/Fam)	Ortho Max $	OON Reimburse/Network	Waiting Period (months)
1X754	No	*Contributory*	100%	80%	50%	50%	5,000	$50 / $150	N/A	MAC / Options PPO 20	0
P4886	Yes	*Contributory*	100%	80%	50%	80%	2,000	$50 / $150	N/A	90th / Options PPO 30	0
P7089	Yes	*Voluntary*	100%	80%	50%	80%	1,500	$50 / $150	1,500	90th / Options PPO 30	0
X3416	Yes	*Contributory*	100%	80%	50%	80%	1,000	$50 / $150	1,000	85th / Options PPO 30	0
X4884	Yes	*Contributory*	100%	80%	50%	80%	1,500	$50 / $150	1,500	90th / Options PPO 30	0
X4887	Yes	*Contributory*	100%	80%	50%	80%	2,000	$50 / $150	2,000	90th / Options PPO 30	0

Zone 5

	10-20 Lives				21-24 Lives				25-50 Lives			
Plan	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**	**EE Only**	**EE & SP**	**EE & Ch(ren)**	**Family**
1X754	$37.89	$75.78	$74.73	$117.53	$34.64	$69.27	$68.31	$107.43	$34.64	$69.27	$68.31	$107.43
P4886	$56.21	$112.42	$116.24	$180.46	$51.38	$102.76	$106.25	$164.95	$51.38	$102.76	$106.25	$164.95
P7089	$54.67	$109.34	$128.31	$192.80	$49.97	$99.95	$117.28	$176.23	$49.97	$99.95	$117.28	$176.23
X3416	$45.56	$91.12	$107.90	$161.77	$41.65	$83.29	$98.63	$147.87	$41.65	$83.29	$98.63	$147.87
X4884	$56.63	$113.25	$130.86	$197.38	$51.76	$103.52	$119.61	$180.42	$51.76	$103.52	$119.61	$180.42
X4887	$58.88	$117.77	$140.95	$210.77	$53.82	$107.65	$128.84	$192.66	$53.82	$107.65	$128.84	$192.66

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UnitedHealthcare®

UnitedHealthcare - Dental Rate Card

For Groups 2-50 Eligible Lives with Effective Dates

01/01/2025 - 03/31/2025

Product and Underwriting Information

- Rates are guaranteed for 12 months. Rates generated by UnitedHealthcare's rating systems may differ from this illustration.
- Orthodontia benefit paid at 50% and available to groups of 5 or more eligible employees, with a minimum of 3 enrollees.
- MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider (MAC = Maximum Allowable Charge).
- UCR: The non-network percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expense are incurred. (UCR = Usual Customary and Reasonable). Assumed contract situs in Southern California .
- Rates assume a complete Carrier Replacement and standard Exclusions and Limitations. Rates listed above assume the plan design quoted. Rates may change, if plan design changes. Rates assume no change in legislation or regulation that affects the benefits payable, eligibility or contract.
- For PPO plans, the network and non-network annual maximum are combined. Deductibles and maximums are assumed on a calendar year basis unless otherwise noted. Dependent children are covered up to age 26. Dual option is available on groups of 10 or more eligible emlpoyees as long as the combination is a logical high/low offering.
- Employer Funded Plans: Employer must contribute at least 50% of the employee rate. A minimum participation of at least 75% (51%, including valid waivers) is required.
- Voluntary plans available down to 2 lives.
- Voluntary plans with Ortho or Implants available down to 5 lives.

UnitedHealthcare applies SIC factors to rate calculations for our 2 to 50 small group segment. This will aid in providing your client with the most favorable and competitive dental rate based on their industry classification. Quotes provided from United eServices will have the appropriate factors automatically embedded in them.

The information below will help you determine if a SIC factor applies to your client.
SIC codes not listed below are base rates (industry factor 1.0) and require no additional adjustments from the base rates on the preceding pages.

Industry Category	SIC Code	Industry Factor
Agriculture Production & Services	100-291; 700-729; 750-759; 800-971	0.95
Additional Agriculture Production & Services	740-742; 760-783	0.95
Mining	1000-1499	1.05
Construction	1500-1799	0.90
Manufacturing	2000-2099; 2500-2599; 2700-3499; 3600-3900; 3930-3999	0.95
Jewelry & Silverware Manufacturing	3910 - 3915	1.10
Transportation, Communication, Electric, Gas, & Sanitary Services	4000 - 4971	0.90
Wholesale Trade - Durable and Nondurable Goods	5000 - 5199	1.00
Building Materials, Hardware, Garden Supply, and Mobile Home Dealers	5200 - 5271	1.00
Automotive Dealers and Gasoline Service Stations	5500 - 5599	0.90
Eating and Drinking Places	5800 - 5816	0.90
Depository & Non-depository Institutions	6000 - 6163	1.10
Other Finance, Insurance, & Real Estate	6200 - 6799	1.05
Miscellaneous Services	7000-7221; 7250-7300; 7320-7629; 7640-7999	0.95
Beauty Shops, Advertising, Jewelry Repair, & Health Services	7230-7241; 7310-7319; 7630-7631; 8000-8011; 8030-8072	1.05
Legal & Educational Services	8100-8299; 8700-8748	1.05
Social Services, Museums/Gardens, Private Households, Services (NEC)	8300-8422; 8800-8811; 8900-8999	0.95
Membership Organizations	8600 - 8699	1.10
Public Administration & Other	9100 - 9721	0.95
All other (except as noted below)*		1.00

* Dental Offices (SIC 8020, 8021) are ineligible for quoting. Please contact your UnitedHealthcare sales representative for more information.

Your UnitedHealthcare Sales Representative will supply you with a very simple Microsoft Excel-based tool to apply the SIC factor (if applicable) to your group's final rates. The output from this tool should be included with a copy of the rate card used when submitting your group's enrollment materials for installation. Please contact your UnitedHealthcare Sales representative for more information.

Fully Insured quotes: The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

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, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX (11/15/2006) and associated COC form number DCOC.CER.06.

UHCSCA Sep-24

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