

Dental Indemnity Comparison Chart

	Delta Dental Indemnity Options				UnitedHealthcare Indemnity Options			
	Delta Dental PPO Standard		Delta Dental PPO High		UHC PPO Standard		UHC PPO High	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Annual Calendar Year Deductible	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II and III only	\$50 / person \$150 / family Classes I, II and III only	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II & III only	\$50 / person \$150 / family Classes I, II and III only
Annual Calendar Year Maximum (Per Person)	\$1,500.00		\$1,500.00		\$1,500.00		\$1,500.00	
Exam	You Pay	You Pay	You Pay	You Pay	You Pay (Area 2)	You Pay	You Pay	You Pay²
Limited Oral Evaluation - problem focused	\$5.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$5.00	10% of MAC	0% of MAC ¹	0% of MAC
Comprehensive Oral Evaluation	\$5.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$5.00	10% of MAC	0% of MAC ¹	0% of MAC
X-Rays								
Intraoral - Complete Series, including bitewings	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Intraoral - Periapical first film	\$9.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$8.00	40% of MAC	20% of MAC ¹	20% of MAC
Intraoral - Periapical each additional film	\$3.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$3.00	40% of MAC	20% of MAC ¹	20% of MAC
Bitewings - two films	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Bitewings - four films	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Panoramic	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Preventive Services								
Prophylaxis - adult cleaning	\$15.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$15.00	10% of MAC	0% of MAC ¹	0% of MAC
Prophylaxis - child cleaning	\$15.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$15.00	10% of MAC	0% of MAC ¹	0% of MAC
Fluoride - child	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC ¹	0% of MAC
Sealant - per tooth	\$15.00	40% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$10.00	40% of MAC	0% of MAC ¹	0% of MAC
Silver Fillings								
Amalgam, 1 Surface, primary or permanent	\$35.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$35.00	40% of MAC	20% of MAC ¹	20% of MAC
Amalgam, 2 surfaces, primary or permanent	\$45.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$45.00	40% of MAC	20% of MAC ¹	20% of MAC
White Fillings, Front Teeth								
Anterior Composite, 1 surface	\$40.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$35.00	40% of MAC	20% of MAC ¹	20% of MAC
Anterior Composite, 2 surfaces	\$50.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$45.00	40% of MAC	20% of MAC ¹	20% of MAC

*In-Network: Member pays balance of PPO fees, after plan pays.

** Out-of-Network: Member pays balance of PPO fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.

¹ The network percentage of benefits is based on discounted fees negotiated with the provider.

² MAC = The percentage of benefits is based on the schedule of maximum allowable charges. Maximum allowable charges are the limitation on billed charges in the geographic area in which the expenses are incurred.

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



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Benefits Continued	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Onlays and Crowns								
Crown, All Porcelain	\$475.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$390.00	70% of MAC	50% of MAC ¹	50% of MAC
Core Build Up	\$85.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$70.00	70% of MAC	50% of MAC ¹	50% of MAC
Periodontal Care (For Gums)								
Periodontal Therapy, 4+ teeth/quadrant	\$85.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$75.00	70% of MAC	50% of MAC ¹	50% of MAC
Periodontal Maintenance	\$40.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$35.00	40% of MAC	20% of MAC ¹	20% of MAC
Extractions								
Extraction, erupted tooth or exposed root	\$50.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$45.00	70% of MAC	50% of MAC ¹	50% of MAC
Surgical removal of erupted teeth	\$105.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$90.00	70% of MAC	50% of MAC ¹	50% of MAC
Orthodontia Care								
Comprehensive orthodontic treatment of adolescent dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small>	\$2,100.00	50% of PPO fee**	50% of PPO fee**	50% of PPO fee**	\$2,100.00	50% of MAC	50% of MAC ¹	50% of MAC
Comprehensive orthodontic treatment of adult dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small>		50% of PPO fee**	50% of PPO fee*	50% of PPO fee**		50% of MAC	50% of MAC ¹	50% of MAC
Pre-orthodontic treatment visit <small>(consult/records/exam)</small>		50% of PPO fee**	50% of PPO fee**	50% of PPO fee**		50% of MAC	50% of MAC ¹	50% of MAC
Orthodontic Retention <small>(removal of appliances, construction and placement of retainer(s))</small>		50% of PPO fee**	50% of PPO fee**	50% of PPO fee**		50% of MAC	50% of MAC ¹	50% of MAC
Unspecified Orthodontic Procedure - By Report		50% of PPO fee**	50% of PPO fee**	50% of PPO fee**		50% of MAC	50% of MAC ¹	50% of MAC
Lifetime Maximum Benefit Per Person		\$1,500	\$1,500	\$1,500		\$1,500	\$1,500	\$1,500

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