

# UnitedHealthcare - Dental Rate Card

For Groups 2-9 Eligible Lives with Effective Dates

1/1/2018 - 1/31/2018

## 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 [Unitedservices.com](http://Unitedservices.com).

Zone 1 Zip Codes: 080, 081  
 Zone 2 Zip Codes: 082, 083, 084  
 Zone 3 Zip Codes: 085, 086

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out) <sup>1</sup>	Annual Max \$	Ded \$ (Ind/Fam)	Ortho Max \$	OON Reimburse/Network	Waiting Period (months)
A7984	No	Contributory	100%/80%	80%/60%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
P7977	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	85th/Options PPO 30	0
P9944	Yes	Contributory	100%	80%	50%	50%	1,000	50/150	N/A	80th/Options PPO 30	0
P3366	Yes	Voluntary	100%	80%	50%	80%	1,000	50/150	N/A	MAC/Options PPO 20	12
PIN52	Yes	Contributory	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
A7976	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
LIN02	No	Voluntary	100%	0%	0%	0%	Unlimited	0/0	N/A	MAC/Options PPO 15	0

### Zone 1

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$31.54	\$63.07	\$63.40	\$99.18	\$25.98	\$51.97	\$52.25	\$81.73
P7977	\$47.23	\$94.47	\$95.62	\$149.31	\$38.92	\$77.85	\$78.80	\$123.04
P9944	\$40.66	\$81.32	\$82.31	\$128.53	\$33.51	\$67.01	\$67.83	\$105.91
P3366	\$34.38	\$68.76	\$68.59	\$107.54	\$28.34	\$56.66	\$56.53	\$88.61
PIN52	\$24.43	\$48.87	\$48.66	\$76.33	\$20.13	\$40.27	\$40.09	\$62.90
A7976	\$35.90	\$71.80	\$72.56	\$113.35	\$29.58	\$59.16	\$59.80	\$93.41
LIN02	\$9.38	\$18.24	\$23.66	\$34.42	\$7.73	\$15.03	\$19.50	\$28.37

\* CMM = Consume MaxMultiplier®

<sup>1</sup> 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.

### Zone 2

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$31.06	\$62.11	\$62.40	\$97.64	\$25.59	\$51.19	\$51.42	\$80.46
P7977	\$49.67	\$99.33	\$100.55	\$157.00	\$40.93	\$81.86	\$82.86	\$129.38
P9944	\$42.71	\$85.40	\$86.45	\$134.98	\$35.19	\$70.37	\$71.24	\$111.24
P3366	\$33.21	\$66.43	\$66.25	\$103.87	\$27.37	\$54.74	\$54.60	\$85.60
PIN52	\$24.28	\$48.57	\$48.36	\$75.86	\$20.01	\$40.03	\$39.85	\$62.51
A7976	\$34.68	\$69.36	\$70.10	\$109.50	\$28.58	\$57.16	\$57.77	\$90.24
LIN02	\$10.03	\$19.54	\$25.36	\$36.91	\$8.27	\$16.10	\$20.90	\$30.42

### Zone 3

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$35.93	\$71.85	\$72.29	\$113.07	\$29.60	\$59.20	\$59.58	\$93.18
P7977	\$55.04	\$110.07	\$111.42	\$173.98	\$45.36	\$90.70	\$91.82	\$143.37
P9944	\$47.82	\$95.63	\$96.80	\$151.15	\$39.40	\$78.81	\$79.78	\$124.56
P3366	\$38.46	\$76.90	\$76.71	\$120.26	\$31.69	\$63.37	\$63.21	\$99.10
PIN52	\$27.37	\$54.75	\$54.51	\$85.49	\$22.55	\$45.11	\$44.92	\$70.46
A7976	\$39.75	\$79.50	\$80.35	\$125.51	\$32.76	\$65.51	\$66.21	\$103.43
LIN02	\$11.49	\$22.39	\$29.06	\$42.29	\$9.47	\$18.45	\$23.94	\$34.85

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1/1/2018 - 1/31/2018

## Preferred Portfolio

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**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 [Unitedservices.com](http://Unitedservices.com).

Zone 4 Zip Codes: 078  
 Zone 5 Zip Codes: 071, 072, 079  
 Zone 6 Zip Codes: 070, 073, 074, 075, 076

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out) <sup>1</sup>	Annual Max \$	Ded \$ (Ind/Fam)	Ortho Max \$	OON Reimburse/Network	Waiting Period (months)
A7984	No	Contributory	100%/80%	80%/60%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
P7977	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	85th/Options PPO 30	0
P9944	Yes	Contributory	100%	80%	50%	50%	1,000	50/150	N/A	80th/Options PPO 30	0
P3366	Yes	Voluntary	100%	80%	50%	80%	1,000	50/150	N/A	MAC/Options PPO 20	12
PIN52	Yes	Contributory	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
A7976	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
LIN02	No	Voluntary	100%	0%	0%	0%	Unlimited	0/0	N/A	MAC/Options PPO 15	0

### Zone 4

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$43.20	\$86.41	\$86.83	\$135.85	\$35.60	\$71.20	\$71.56	\$111.95
P7977	\$64.10	\$128.21	\$129.78	\$202.65	\$52.82	\$105.66	\$106.95	\$166.99
P9944	\$56.91	\$113.80	\$115.21	\$179.88	\$46.89	\$93.78	\$94.93	\$148.23
P3366	\$48.11	\$96.23	\$95.98	\$150.47	\$39.65	\$79.29	\$79.10	\$124.00
PIN52	\$33.81	\$67.60	\$67.30	\$105.57	\$27.85	\$55.71	\$55.47	\$87.00
A7976	\$48.69	\$97.39	\$98.43	\$153.75	\$40.13	\$80.25	\$81.11	\$126.70
LIN02	\$14.97	\$29.29	\$38.04	\$55.43	\$12.34	\$24.14	\$31.35	\$45.68

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<sup>1</sup> 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.

### Zone 5

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$33.64	\$67.27	\$67.32	\$105.44	\$27.71	\$55.44	\$55.47	\$86.89
P7977	\$65.12	\$130.24	\$131.84	\$205.85	\$53.66	\$107.32	\$108.64	\$169.63
P9944	\$56.67	\$113.35	\$114.73	\$179.16	\$46.70	\$93.41	\$94.55	\$147.64
P3366	\$37.80	\$75.62	\$75.42	\$118.25	\$31.16	\$62.31	\$62.15	\$97.45
PIN52	\$27.57	\$55.14	\$54.90	\$86.12	\$22.72	\$45.44	\$45.24	\$70.97
A7976	\$38.96	\$77.92	\$78.75	\$123.01	\$32.10	\$64.21	\$64.90	\$101.37
LIN02	\$16.79	\$32.88	\$42.72	\$62.27	\$13.84	\$27.10	\$35.20	\$51.31

### Zone 6

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$39.90	\$79.78	\$79.78	\$125.00	\$32.88	\$65.75	\$65.75	\$103.01
P7977	\$69.30	\$138.62	\$140.32	\$219.09	\$57.11	\$114.23	\$115.63	\$180.54
P9944	\$60.53	\$121.07	\$122.55	\$191.35	\$49.89	\$99.76	\$100.99	\$157.68
P3366	\$45.30	\$90.60	\$90.37	\$141.68	\$37.33	\$74.66	\$74.47	\$116.75
PIN52	\$32.59	\$65.18	\$64.90	\$101.80	\$26.86	\$53.72	\$53.48	\$83.89
A7976	\$46.53	\$93.05	\$94.05	\$146.91	\$38.34	\$76.68	\$77.50	\$121.06
LIN02	\$15.61	\$30.52	\$39.63	\$57.74	\$12.86	\$25.15	\$32.66	\$47.58

# UnitedHealthcare - Dental Rate Card

For Groups 2-9 Eligible Lives with Effective Dates

1/1/2018 - 1/31/2018

Zone 7 Zip Codes: 077, 087, 088, 089

## 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.**

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Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out) <sup>1</sup>	Annual Max \$	Ded \$ (Ind/Fam)	Ortho Max \$	OON Reimburse/Network	Waiting Period (months)
<b>A7984</b>	No	Contributory	100%/80%	80%/60%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
<b>P7977</b>	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	85th/Options PPO 30	0
<b>P9944</b>	Yes	Contributory	100%	80%	50%	50%	1,000	50/150	N/A	80th/Options PPO 30	0
<b>P3366</b>	Yes	Voluntary	100%	80%	50%	80%	1,000	50/150	N/A	MAC/Options PPO 20	12
<b>PIN52</b>	Yes	Contributory	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
<b>A7976</b>	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
<b>LIN02</b>	No	Voluntary	100%	0%	0%	0%	Unlimited	0/0	N/A	MAC/Options PPO 15	0

## Zone 7

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch(ren)	Family	EE Only	EE & SP	EE & Ch(ren)	Family
A7984	\$43.12	\$86.25	\$86.39	\$135.28	\$35.54	\$71.07	\$71.19	\$111.48
P7977	\$69.86	\$139.72	\$141.43	\$220.84	\$57.57	\$115.14	\$116.55	\$181.98
P9944	\$60.49	\$120.98	\$122.47	\$191.23	\$49.85	\$99.70	\$100.92	\$157.58
P3366	\$48.16	\$96.31	\$96.07	\$150.61	\$39.68	\$79.37	\$79.17	\$124.12
PIN52	\$34.49	\$68.99	\$68.68	\$107.73	\$28.42	\$56.85	\$56.60	\$88.78
A7976	\$49.92	\$99.84	\$100.91	\$157.63	\$41.14	\$82.28	\$83.15	\$129.89
LIN02	\$16.72	\$32.72	\$42.51	\$61.94	\$13.78	\$26.96	\$35.03	\$51.05

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# UnitedHealthcare - Dental Rate Card

For Groups 10-50 Eligible Lives with Effective Dates

1/1/2018 - 1/31/2018

## Preferred Portfolio

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**Zone 1 Zip Codes: 080, 081**

**Zone 2 Zip Codes: 082, 083, 084**

**Zone 3 Zip Codes: 085, 086**

**Zone 4 Zip Codes: 078**

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
A7984	No	Contributory	100%/80%	80%/60%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
P9944	Yes	Contributory	100%	80%	50%	50%	1,000	50/150	N/A	80th/Options PPO 30	0
1P014	Yes	Voluntary	100%	80%	50%	80%	1,500	50/150	1500	80th/Options PPO 30	0
P7977	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	85th/Options PPO 30	0
PIN52	Yes	Contributory	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0

### Zone 1

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	\$27.99	\$55.98	\$56.58	\$88.37	\$25.14	\$50.28	\$50.82	\$79.38	\$24.99	\$49.99	\$50.52	\$78.92
A7984	\$24.59	\$49.17	\$49.43	\$77.33	\$22.09	\$44.17	\$44.40	\$69.46	\$21.96	\$43.91	\$44.14	\$69.05
P9944	\$31.69	\$63.40	\$64.18	\$100.21	\$28.48	\$56.94	\$57.64	\$90.01	\$28.31	\$56.62	\$57.31	\$89.48
1P014	\$44.94	\$89.88	\$100.74	\$153.12	\$40.36	\$80.72	\$90.49	\$137.54	\$40.13	\$80.26	\$89.97	\$136.74
P7977	\$36.83	\$73.65	\$74.56	\$116.41	\$33.08	\$66.16	\$66.97	\$104.57	\$32.88	\$65.77	\$66.58	\$103.96
PIN52	\$19.05	\$38.10	\$37.93	\$59.50	\$17.11	\$34.22	\$34.08	\$53.45	\$17.01	\$34.03	\$33.88	\$53.14

### Zone 2

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	\$27.04	\$54.08	\$54.65	\$85.37	\$24.29	\$48.57	\$49.09	\$76.69	\$24.15	\$48.29	\$48.81	\$76.24
A7984	\$24.22	\$48.43	\$48.65	\$76.13	\$21.75	\$43.51	\$43.70	\$68.38	\$21.62	\$43.25	\$43.45	\$67.98
P9944	\$33.29	\$66.59	\$67.40	\$105.24	\$29.91	\$59.81	\$60.54	\$94.53	\$29.73	\$59.46	\$60.19	\$93.99
1P014	\$47.20	\$94.39	\$105.25	\$160.18	\$42.39	\$84.79	\$94.54	\$143.89	\$42.15	\$84.30	\$94.00	\$143.05
P7977	\$38.73	\$77.45	\$78.40	\$122.41	\$34.78	\$69.56	\$70.42	\$109.95	\$34.58	\$69.16	\$70.01	\$109.32
PIN52	\$18.93	\$37.87	\$37.70	\$59.14	\$17.01	\$34.02	\$33.87	\$53.12	\$16.91	\$33.82	\$33.68	\$52.81

### Zone 3

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	\$30.99	\$61.98	\$62.64	\$97.85	\$27.84	\$55.67	\$56.27	\$87.90	\$27.68	\$55.35	\$55.94	\$87.39
A7984	\$28.01	\$56.01	\$56.36	\$88.15	\$25.16	\$50.32	\$50.63	\$79.18	\$25.02	\$50.02	\$50.33	\$78.72
P9944	\$37.28	\$74.56	\$75.48	\$117.85	\$33.49	\$66.98	\$67.80	\$105.86	\$33.29	\$66.59	\$67.41	\$105.24
1P014	\$52.32	\$104.64	\$117.02	\$177.96	\$47.00	\$94.00	\$105.12	\$159.86	\$46.72	\$93.45	\$104.50	\$158.93
P7977	\$42.91	\$85.82	\$86.87	\$135.64	\$38.55	\$77.09	\$78.04	\$121.84	\$38.32	\$76.64	\$77.58	\$121.13
PIN52	\$21.34	\$42.68	\$42.49	\$66.66	\$19.17	\$38.34	\$38.18	\$59.87	\$19.06	\$38.12	\$37.95	\$59.53

### 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	\$37.96	\$75.93	\$76.74	\$119.88	\$34.10	\$68.20	\$68.93	\$107.68	\$33.90	\$67.81	\$68.53	\$107.05
A7984	\$33.68	\$67.37	\$67.70	\$105.92	\$30.25	\$60.52	\$60.81	\$95.15	\$30.08	\$60.16	\$60.46	\$94.59
P9944	\$44.37	\$88.73	\$89.82	\$140.24	\$39.85	\$79.70	\$80.68	\$125.98	\$39.62	\$79.25	\$80.21	\$125.24
1P014	\$60.96	\$121.93	\$135.60	\$206.52	\$54.76	\$109.53	\$121.80	\$185.51	\$54.44	\$108.88	\$121.10	\$184.43
P7977	\$49.98	\$99.96	\$101.18	\$158.00	\$44.89	\$89.79	\$90.89	\$141.92	\$44.63	\$89.27	\$90.37	\$141.10
PIN52	\$26.36	\$52.70	\$52.48	\$82.31	\$23.67	\$47.35	\$47.14	\$73.94	\$23.54	\$47.07	\$46.86	\$73.51

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"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 fillings for back teeth and dental implants.

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**Zone 6 Zip Codes: 070, 073, 074, 075, 076**  
**Zone 7 Zip Codes: 077, 087, 088, 089**

Plan	CMM*	Voluntary or Contributory	Preventive (In/Out)	Basic (In/Out)	Major (In/Out)	Endo, Perio, Oral Surgery (In/Out) <sup>1</sup>	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
A7984	No	Contributory	100%/80%	80%/60%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
P9944	Yes	Contributory	100%	80%	50%	50%	1,000	50/150	N/A	80th/Options PPO 30	0
1P014	Yes	Voluntary	100%	80%	50%	80%	1,500	50/150	1500	80th/Options PPO 30	0
P7977	No	Contributory	100%	80%	50%	50%	1,500	50/150	N/A	85th/Options PPO 30	0
PIN52	Yes	Contributory	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0

### 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	\$30.37	\$60.75	\$61.40	\$95.91	\$27.28	\$54.57	\$55.15	\$86.15	\$27.13	\$54.25	\$54.83	\$85.65
A7984	\$26.23	\$52.44	\$52.49	\$82.21	\$23.56	\$47.11	\$47.14	\$73.84	\$23.42	\$46.83	\$46.87	\$73.41
P9944	\$44.18	\$88.37	\$89.46	\$139.68	\$39.69	\$79.38	\$80.35	\$125.47	\$39.46	\$78.92	\$79.89	\$124.74
1P014	\$61.81	\$123.62	\$138.29	\$210.30	\$55.52	\$111.04	\$124.22	\$188.90	\$55.20	\$110.40	\$123.50	\$187.80
P7977	\$50.77	\$101.54	\$102.78	\$160.49	\$45.61	\$91.21	\$92.33	\$144.16	\$45.34	\$90.68	\$91.79	\$143.32
PIN52	\$21.49	\$42.99	\$42.81	\$67.15	\$19.31	\$38.61	\$38.45	\$60.31	\$19.20	\$38.39	\$38.22	\$59.96

### Zone 6

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	\$36.28	\$72.55	\$73.33	\$114.54	\$32.58	\$65.17	\$65.87	\$102.89	\$32.40	\$64.79	\$65.48	\$102.29
A7984	\$31.10	\$62.21	\$62.21	\$97.45	\$27.94	\$55.87	\$55.87	\$87.54	\$27.78	\$55.55	\$55.55	\$87.03
P9944	\$47.20	\$94.39	\$95.55	\$149.19	\$42.39	\$84.79	\$85.83	\$134.01	\$42.15	\$84.30	\$85.33	\$133.23
1P014	\$65.81	\$131.61	\$146.29	\$222.82	\$59.11	\$118.22	\$131.40	\$200.15	\$58.77	\$117.53	\$130.64	\$198.99
P7977	\$54.03	\$108.08	\$109.40	\$170.81	\$48.54	\$97.07	\$98.26	\$153.44	\$48.26	\$96.52	\$97.70	\$152.55
PIN52	\$25.41	\$50.82	\$50.60	\$79.37	\$22.82	\$45.64	\$45.45	\$71.29	\$22.69	\$45.38	\$45.19	\$70.88

### Zone 7

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	\$38.92	\$77.84	\$78.67	\$122.89	\$35.80	\$71.60	\$72.37	\$113.04	\$35.59	\$71.19	\$71.95	\$112.39
A7984	\$33.62	\$67.24	\$67.35	\$105.47	\$30.92	\$61.85	\$61.96	\$97.02	\$30.75	\$61.49	\$61.59	\$96.46
P9944	\$47.16	\$94.33	\$95.48	\$149.09	\$43.38	\$86.77	\$87.83	\$137.14	\$43.13	\$86.26	\$87.32	\$136.34
1P014	\$66.37	\$132.75	\$147.72	\$224.95	\$61.05	\$122.11	\$135.88	\$206.92	\$60.70	\$121.40	\$135.09	\$205.72
P7977	\$54.47	\$108.93	\$110.27	\$172.18	\$50.10	\$100.21	\$101.44	\$158.38	\$49.81	\$99.62	\$100.84	\$157.46
PIN52	\$26.90	\$53.78	\$53.55	\$84.00	\$24.74	\$49.48	\$49.26	\$77.26	\$24.59	\$49.19	\$48.97	\$76.82

\* CMM = Consume MaxMultiplier®

<sup>1</sup> 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 fillings for back teeth and dental implants.

# UnitedHealthcare - Dental Rate Card

For Groups 10-50 Eligible Lives with Effective Dates

1/1/2018 - 1/31/2018

## 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 [Unitedservices.com](http://Unitedservices.com).

**Zone 1 Zip Codes: 080, 081**

**Zone 2 Zip Codes: 082, 083, 084**

**Zone 3 Zip Codes: 085, 086**

**Zone 4 Zip Codes: 078**

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)
LIN02	No	Voluntary	100%	0%	0%	0%	Unlimited	0/0	N/A	MAC/Options PPO 15	0
P3366	Yes	Voluntary	100%	80%	50%	80%	1,000	50/150	N/A	MAC/Options PPO 20	12
P4260	No	Voluntary	100%	80%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
P5425	Yes	Voluntary	100%	80%	50%	80%	1,500	50/150	N/A	MAC/Options PPO 20	0
PIN53	Yes	Voluntary	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0

### Zone 1

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
LIN02	\$7.31	\$14.22	\$18.45	\$26.84	\$6.57	\$12.77	\$16.57	\$24.11	\$6.53	\$12.70	\$16.47	\$23.97
P3366	\$26.80	\$53.61	\$53.48	\$83.84	\$24.08	\$48.16	\$48.03	\$75.31	\$23.94	\$47.88	\$47.76	\$74.87
P4260	\$28.40	\$56.81	\$57.51	\$89.80	\$25.52	\$51.03	\$51.66	\$80.66	\$25.37	\$50.74	\$51.36	\$80.19
P5425	\$32.54	\$65.08	\$64.92	\$101.78	\$29.23	\$58.46	\$58.31	\$91.43	\$29.06	\$58.13	\$57.98	\$90.90
PIN53	\$20.39	\$40.77	\$40.59	\$63.67	\$18.31	\$36.62	\$36.47	\$57.20	\$18.20	\$36.41	\$36.25	\$56.86

### Zone 2

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
LIN02	\$7.82	\$15.24	\$19.77	\$28.78	\$7.03	\$13.69	\$17.76	\$25.85	\$6.98	\$13.61	\$17.66	\$25.70
P3366	\$25.89	\$51.79	\$51.66	\$80.98	\$23.26	\$46.52	\$46.40	\$72.74	\$23.13	\$46.25	\$46.14	\$72.33
P4260	\$27.44	\$54.88	\$55.56	\$86.74	\$24.65	\$49.30	\$49.90	\$77.92	\$24.51	\$49.01	\$49.62	\$77.47
P5425	\$31.43	\$62.87	\$62.71	\$98.32	\$28.23	\$56.48	\$56.33	\$88.31	\$28.08	\$56.14	\$56.00	\$87.80
PIN53	\$20.26	\$40.52	\$40.34	\$63.29	\$18.20	\$36.40	\$36.24	\$56.84	\$18.10	\$36.19	\$36.03	\$56.52

### Zone 3

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
LIN02	\$8.96	\$17.46	\$22.65	\$32.98	\$8.05	\$15.68	\$20.35	\$29.62	\$8.00	\$15.59	\$20.23	\$29.45
P3366	\$29.98	\$59.96	\$59.81	\$93.76	\$26.93	\$53.86	\$53.73	\$84.22	\$26.77	\$53.55	\$53.41	\$83.74
P4260	\$31.45	\$62.91	\$63.68	\$99.43	\$28.25	\$56.51	\$57.20	\$89.31	\$28.09	\$56.18	\$56.87	\$88.80
P5425	\$36.03	\$72.07	\$71.88	\$112.70	\$32.36	\$64.73	\$64.57	\$101.23	\$32.18	\$64.36	\$64.20	\$100.64
PIN53	\$22.83	\$45.67	\$45.47	\$71.32	\$20.52	\$41.02	\$40.85	\$64.07	\$20.39	\$40.78	\$40.60	\$63.70

### 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
LIN02	\$11.67	\$22.84	\$29.66	\$43.22	\$10.49	\$20.51	\$26.64	\$38.82	\$10.43	\$20.39	\$26.49	\$38.60
P3366	\$37.51	\$75.02	\$74.83	\$117.32	\$33.69	\$67.39	\$67.22	\$105.38	\$33.50	\$67.00	\$66.83	\$104.77
P4260	\$38.53	\$77.06	\$78.01	\$121.80	\$34.61	\$69.22	\$70.08	\$109.41	\$34.41	\$68.82	\$69.67	\$108.77
P5425	\$44.14	\$88.28	\$88.06	\$138.06	\$39.66	\$79.30	\$79.10	\$124.02	\$39.42	\$78.85	\$78.64	\$123.29
PIN53	\$28.20	\$56.40	\$56.15	\$88.08	\$25.33	\$50.66	\$50.43	\$79.12	\$25.18	\$50.37	\$50.15	\$78.66

\* CMM = Consume MaxMultiplier®

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).

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 fillings for back teeth and dental implants.



# UnitedHealthcare - Dental Rate Card

For Groups 10-50 Eligible Lives with Effective Dates

1/1/2018 - 1/31/2018

## 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 [Unitedservices.com](http://Unitedservices.com).

Zone 5 Zip Codes: 071, 072, 079

Zone 6 Zip Codes: 070, 073, 074, 075, 076

Zone 7 Zip Codes: 077, 087, 088, 089

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)
LIN02	No	Voluntary	100%	0%	0%	0%	Unlimited	0/0	N/A	MAC/Options PPO 15	0
P3366	Yes	Voluntary	100%	80%	50%	80%	1,000	50/150	N/A	MAC/Options PPO 20	12
P4260	No	Voluntary	100%	80%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0
P5425	Yes	Voluntary	100%	80%	50%	80%	1,500	50/150	N/A	MAC/Options PPO 20	0
PIN53	Yes	Voluntary	100%	50%	50%	50%	1,500	50/150	N/A	MAC/Options PPO 20	0

### 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
LIN02	\$13.09	\$25.64	\$33.31	\$48.55	\$11.76	\$23.03	\$29.92	\$43.61	\$6.66	\$13.01	\$16.89	\$24.60
P3366	\$29.48	\$58.95	\$58.80	\$92.19	\$26.48	\$52.95	\$52.82	\$82.82	\$26.33	\$52.65	\$52.52	\$82.33
P4260	\$30.83	\$61.65	\$62.41	\$97.45	\$27.69	\$55.38	\$56.06	\$87.53	\$27.53	\$55.06	\$55.73	\$87.02
P5425	\$35.31	\$70.63	\$70.45	\$110.45	\$31.72	\$63.44	\$63.29	\$99.21	\$31.54	\$63.07	\$62.91	\$98.64
PIN53	\$23.00	\$46.00	\$45.80	\$71.84	\$20.66	\$41.32	\$41.14	\$64.53	\$20.54	\$41.08	\$40.90	\$64.16

### Zone 6

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
LIN02	\$12.17	\$23.79	\$30.90	\$45.02	\$10.93	\$21.37	\$27.76	\$40.44	\$10.87	\$21.25	\$27.59	\$40.20
P3366	\$35.32	\$70.63	\$70.46	\$110.46	\$31.72	\$63.45	\$63.29	\$99.22	\$31.54	\$63.08	\$62.92	\$98.65
P4260	\$36.82	\$73.63	\$74.53	\$116.38	\$33.07	\$66.14	\$66.95	\$104.53	\$32.88	\$65.75	\$66.56	\$103.93
P5425	\$42.18	\$84.35	\$84.14	\$131.90	\$37.89	\$75.77	\$75.57	\$118.48	\$37.67	\$75.33	\$75.13	\$117.79
PIN53	\$27.18	\$54.38	\$54.14	\$84.92	\$24.42	\$48.84	\$48.63	\$76.28	\$24.28	\$48.56	\$48.35	\$75.84

### Zone 7

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
LIN02	\$13.04	\$25.51	\$33.14	\$48.29	\$11.99	\$23.47	\$30.48	\$44.42	\$11.92	\$23.33	\$30.31	\$44.17
P3366	\$37.54	\$75.09	\$74.90	\$117.43	\$34.54	\$69.07	\$68.89	\$108.02	\$34.34	\$68.67	\$68.49	\$107.39
P4260	\$39.50	\$79.00	\$79.97	\$124.87	\$36.34	\$72.67	\$73.56	\$114.86	\$36.12	\$72.25	\$73.14	\$114.19
P5425	\$45.25	\$90.51	\$90.28	\$141.53	\$41.63	\$83.25	\$83.04	\$130.18	\$41.39	\$82.77	\$82.56	\$129.43
PIN53	\$28.77	\$57.55	\$57.30	\$89.88	\$26.47	\$52.94	\$52.70	\$82.67	\$26.32	\$52.63	\$52.40	\$82.19

\* CMM = Consume MaxMultiplier®

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).

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 - Dental Rate Card

For Groups 2-50 Eligible Lives with Effective Dates

1/1/2018 - 1/31/2018

## 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 10 or more eligible employees, with a minimum of 8 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 is incurred. (UCR = Usual Customary and Reasonable). Assumed contract situs in New Jersey .
- 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 employees 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 for 2-9 size groups require a waiting period for major services. However, this waiting period may be waived with proof of prior coverage for major services. **Voluntary plans without ortho are available down to 2 employees.**

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; 700-783; 800-971	0.95
Mining, Construction, Manufacturing	1000-1799; 2100-2499; 2600-2679; 3500-3599	0.90
Additional Manufacturing	2000-2099; 2500-2599; 2700-3499; 3600-3900; 3930-3999	0.95
Jewelry & Silverware Manufacturing	3910 - 3915	1.15
Transportation, Communication, Electric, Gas, & Sanitary Services	4000 - 4971	0.90
Building Materials, Hardware, Garden Supply, and Mobile Home Dealers	5200 - 5271	0.95
Automotive Dealers and Gasoline Service Stations	5500 - 5599	0.90
Eating and Drinking Places	5800 - 5816	0.90
Depository & Non-depository Institutions	6000-6163	1.05
Other Finance, Insurance, & Real Estate	6200-6799	1.15
Beauty Shops, Advertising, Jewelry Repair, & Health Services	7230-7241; 7310-7319; 7630-7631; 8000-8011; 8030-8069	1.10
Legal & Educational Services	8100 - 8299; 8700-8748	1.10
Membership Organizations	8600-8699	1.05
Public Administration & Other	9100 - 9721	0.90
Public Administration & Other - Nonclassifiable Establishments	9900-9999	1.05
All other (except as noted below)*		1.00

\* For Dental Offices (SIC 8020, 8021), please contact your UnitedHealthcare Sales representative

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.

