



## UNITEDHEALTHCARE DENTAL COVERAGE

### HIGHLIGHTS - \$50 DEDUCTIBLE DENTAL

The table below provides an overview of the Annual Deductible, Annual Maximum Benefit and Lifetime Maximum Benefits. For more details, refer to the Dental Summary. The Dental Summary provides more detailed information regarding items such as exclusions and limitations, claims and appeals procedures, and coordination of benefits.

Coverage Features	Network	Non-Network
Annual Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$50	Not Applicable
Annual Maximum Benefit <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$2,500	Not Applicable
Lifetime Maximum Benefit for Orthodontic Services	\$2,000 per Covered Person	

Benefit Description & Limitation	Percentage of Eligible Expenses Payable:	
	Network	Non-Network*
*You must also pay the amount of the Dentist's fee, if any, which is greater than the Eligible Expense.		
<b>DIAGNOSTIC SERVICES</b>		
<b>Periodic Oral Evaluation</b>  Limited to any combination of 4 regular exams and problem focused exams per calendar year. Any exams in excess of 4 will not be covered.	100%	100%
<b>Comprehensive Oral Evaluation</b>  Limited to any combination of 4 regular exams and problem focused exams per calendar year. Any exams in excess of 4 will not be covered.  Not Covered if done in conjunction with other exams.	100%	100%
<b>Limited or Detailed Oral Evaluation – Problem Focused</b>  Limited to any combination of 4 regular exams and problem focused exams per calendar year. Any exams in excess of 4 will not be covered.	100%	100%



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<b>Comprehensive Periodontal Evaluation - New or Established Patient</b>  Limited to any combination of 4 regular exams and problem focused exams per calendar year. Any exams in excess of 4 will not be covered.	100%	100%
<b>Adjunctive Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</b>  Limited to 1 per calendar year.	100%	100%
<b>Complete Series or Panorex Radiographs</b>  Limited to 1 set per calendar year.	100%	100%
<b>Intraoral - Complete Series (including Bitewings)</b>  Limited to 1 set per calendar year. Vertical bitewings cannot be billed in conjunction with a complete series.	100%	100%
<b>Bitewing Radiographs (including Intraoral Bitewing Radiographs)</b>  Limited to 1 series of films per calendar year	100%	100%
<b>Oral/Facial Photographic Images</b>  Limited to 1 time per consecutive 36 months.	100%	100%
<b>PREVENTIVE SERVICES</b>		
<b>Dental Prophylaxis Cleanings</b>  Limited to any combination of 4 prophylaxis or periodontal maintenance or scaling treatments per calendar year.	100%	100%
<b>Fluoride Treatments</b>  Limited to 2 times per calendar year. No age limit.	100%	100%



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<b>Sealants</b> Limited to once per tooth for permanent molars per calendar year. No age limit.	100%	100%
<b>Periodontal Maintenance</b> Limited to any combination of 4 prophylaxis or periodontal maintenance treatments per calendar year.	100%	100%
<b>Therapeutic Scaling</b> Therapeutic scaling is performed after evaluation and diagnosis of generalized gingivitis to remove all deposits and allow tissue healing. Therapeutic scaling counts toward your total of 4 preventive services per calendar year with prophylaxis and periodontal maintenance.	100%	100%
<b>MINOR DIAGNOSTIC SERVICES</b>		
<b>Bacteriologic Cultures</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Viral Cultures</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Diagnostic Casts</b> Limited to 1 time per consecutive 24 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Individual Periapical Radiographs</b> Intraoral Periapical Radiographs are limited to a total of 13 single films per calendar year.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Intraoral Occlusal Film</b> Limited to 2 per consecutive 6 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Extraoral Radiographs</b> Limited to 2 films per plan year.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Histopathologic Exam</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
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<b>Pulp Vitality Tests</b> Limited to 1 charge per visit, regardless of how many teeth are tested.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Laboratory Processing of Microbial Specimen</b> To include culture and sensitivity studies, preparation and transmission of written reports.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Cone Beam Imaging Capture and Interpretation</b> Limited to once per 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Collection and Preparation of Genetic Sample Material for Laboratory Analysis and Report</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Genetic Test for Susceptibility to Diseases - Specimen Analysis</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>MINOR RESTORATIVE SERVICES</b>		
<b>Amalgam Restorations Fillings</b> Multiple restorations on one surface will be treated as a single filling.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Composite Resin Restorations Fillings</b> Composite Resin Restorations - Anterior Multiple restorations on one surface will be treated as a single filling.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Sedative Filling</b> Covered as a separate benefit only if no other service, other than x-rays and exam, were done on the same tooth during the visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
*You must also pay the amount of the Dentist's fee, if any, which is greater than the Eligible Expense.		
<p><b>Re-Cement Bridges</b></p> <p>Re-cement Inlays/Onlays, Crowns, Bridges and Post and Core</p> <p>Re-cements of inlays, onlays, post and cores and crowns are limited to 1 time per consecutive 12 months.</p> <p>Re-cements of bridges are limited to 1 time per consecutive 6 months.</p> <p>Limited to those performed more than 12 months after the initial insertion.</p>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<p><b>Repairs to Full Dentures, Partial Dentures, Bridges</b></p> <p>Limited to those done more than 6 months after the initial insertion, and limited to 1 per consecutive 6 months. Reattachment of tooth fragment, incisal edge or cusp is limited to 1 per consecutive 6 months.</p>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>ENDODONTICS</b>		
<p><b>Apexification</b></p> <p>Limited to 1 time per tooth per lifetime.</p>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<p><b>Apicoectomy and Retrograde filling</b></p> <p>Limited to 1 time per tooth per lifetime.</p>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<p><b>Hemisection</b></p> <p>Limited to 1 time per tooth per lifetime.</p>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<p><b>Root Canal Therapy</b></p> <p>Limited to 1 time per tooth per lifetime. Dentist who performed the original root canal should not be reimbursed for the retreatment for the first 12 months. Retreatment of Root Canals is limited to 1 time per lifetime.</p>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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<b>Retreatment of Previous Root Canal Therapy</b>  Limited to 1 time per lifetime.  Dentist who performed the original root canal should not be reimbursed for the retreatment for the first 12 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Root Resection/Amputation</b>  Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Therapeutic Pulpotomy</b>  Limited to 1 time per primary or secondary tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Pulpal Therapy (Resorbable filling) - Anterior or Posterior, Primary Tooth (excluding final restoration)</b>  Limited to 1 time per tooth per lifetime. Covered for anterior or posterior teeth only.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Pulp Caps - Direct/Indirect – excluding final restoration</b>  Not covered if utilized solely as a liner or base underneath a restoration. Covered for all ages and all teeth.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Pulpal Debridement, Primary and Permanent Teeth</b>  Limited to 1 time per tooth per lifetime. This procedure is not to be used when endodontic services are done on same date of service.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>PERIODONTICS</b>		
<b>Crown Lengthening</b>  Limited to 1 per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Gingivectomy/Gingivoplasty</b>  Limited to 1-3 teeth per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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<b>Anatomical Crown Exposure</b> Limited to 1 per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Gingival Flap Procedure</b> Limited to 1-3 teeth per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Osseous Graft</b> Limited to 1 per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Guided Tissue Regeneration</b> Limited to 1 per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Soft Tissue Surgery</b> Limited to 1 per quadrant or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Osseous Surgery</b> Limited to 1-3 teeth per quadrant per or site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Soft Tissue Graft Procedures</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Full Mouth Debridement</b> Limited to once per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Provisional Splinting</b> Limited to 1 per consecutive 36 months and cannot be used to restore vertical dimension or as part of full mouth rehabilitation, should not include use of laboratory based crowns and/or fixed partial dentures (bridges).  Exclusion of laboratory based crowns or bridges for the purposes of provisional splinting.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
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<b>Scaling and Root Planing</b> Limited to 1 time per quadrant per calendar year.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Localized Delivery of Antimicrobial</b> Limited to 3 sites per quadrant or 12 sites per 24 consecutive months with any treatment in the Periodontal series.  Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>SPACE MAINTAINERS</b>		
<b>Space Maintainers</b> Covered when needed to preserve space resulting from premature loss of primary teeth. Limited to persons under the age of 16 years and once per calendar year.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Re-Cement Space Maintainers</b> Covered when needed to preserve space resulting from premature loss of primary teeth. Limited to persons under the age of 16 years and once per calendar year.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Removal of Space Maintainers</b> Limited to persons under the age of 16 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Distal Shoe Space Maintainer - Fixed – Unilateral</b> Covered when needed to preserve space resulting from premature loss of primary teeth. Limited to persons under the age of 16 years and once per calendar year.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>ORAL SURGERY</b>		
<b>Alveoloplasty</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Biopsy</b> Limited to 1 biopsy per site per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible





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<b>Frenectomy/Frenuloplasty</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Incision and Drainage</b> Limited to 1 per site per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Removal of a Benign Cyst/Lesions</b> Limited to 1 per site per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Removal of Torus</b> Limited to 1 per site per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Root Removal</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Simple Extraction</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Surgical Extraction of Erupted Teeth or Roots</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Surgical Extraction of Impacted Teeth</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Surgical Access, Surgical Exposure, or Immobilization of Unerupted Teeth</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Sinus augmentation - Sinus augmentation with bone or bone substitutes via a lateral open approach</b> (Used in conjunction with Implants.) Limited to 1 per site (tooth) every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Sinus augmentation via a vertical approach.</b> (Used in conjunction with Implants.)	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Primary Closure of a Sinus Perforation</b> Limited to 1 per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Placement of Device to Facilitate Eruption of Impacted Tooth</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
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<b>Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report</b> Limited to 1 time per tooth per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Vestibuloplasty</b> Limited to 1 time per site per consecutive 60 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Bone Replacement Graft for Ridge Preservation - per site</b> Limited to 1 per site per lifetime Not Covered if done in conjunction with other bone graft replacement procedures.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Excision of Hyperplastic Tissue or Pericoronal Gingiva</b> Limited to 1 per site per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Appliance Removal (not by dentist who placed appliance) includes removal of arch bar</b> Limited to once per appliance per lifetime	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Tooth Reimplantation and/or Transplantation Services</b> Limited to 1 per site per lifetime.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Oroantral Fistula Closure</b> Limited to 1 per site per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Removal of Exostosis</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Sialolithotomy</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Closure of Salivary Fistula</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
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<b>Suture of Small Wounds</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Radical Resection of Mandible and Bone Graft</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>ADJUNCTIVE SERVICES</b>		
<b>Analgesia</b>  Covered when necessary in conjunction with a covered surgical procedure. In addition, allow coverage without a surgical procedure for children up to age 10 or persons with a disability. Can also be used in conjunction with Implant services.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Desensitizing Medicament</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Local Anesthesia</b>  Not Covered in conjunction with operative or surgical procedure.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>General Anesthesia and Intravenous Sedation</b>  Covered when necessary in conjunction with a covered surgical procedure. In addition, allow coverage without a surgical procedure for children up to age 10 or persons with a disability. Can also be used in conjunction with Implant services.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Therapeutic Drug Injection, by report/Other Drugs and/or Medicaments, by report</b>  Limited to 1 per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Occlusal Adjustment</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Occlusal Guards</b>  Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
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<b>Occlusal Guard Reline and Repair</b> Limited to relining and repair performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Occlusion Analysis - Mounted Case</b> Limited to 1 time per consecutive 60 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Palliative Treatment</b> Covered as a separate benefit only if no other services, other than exam and radiographs, were done on the same tooth during the visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Consultation (diagnostic service provided by dentists or physician other than practitioner providing treatment.)</b> Limited to 4 per consecutive 12 months. Not Covered if done with exams or professional visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Professional Visit Hours</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>MAJOR RESTORATIVE SERVICES</b>		
<b>Coping</b> Limited to 1 tooth every 5 years. Not Covered if done at the same time as a crown on same tooth.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Crowns – Retainers/Abutments</b> Limited to 1 per tooth every 5 years. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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	Network	Non-Network*
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<b>Crowns – Restorations</b> Limited to 1 per tooth every 5 years. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Temporary Crowns – Restorations</b> Limited to 1 per tooth every 5 years. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Inlays/Onlays – Retainers/Abutments</b> Limited to 1 per tooth every 5 years. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Inlays/Onlays – Restorations</b> Limited to 1 per tooth every 5 years. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Gold Foil Restorations</b> Multiple restorations on one surface will be treated as a single filling. Limited to 1 per tooth every five years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Pontics</b> Limited to 1 time every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Retainer-Cast Metal for Resin Bonded Fixed Prosthesis</b> Limited to 1 time every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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<b>Pin Retention</b> Limited to 2 pins per tooth; not covered in addition to cast restoration.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Post and Cores</b> Limited to one per tooth every 5 years. Covered only for teeth that have had root canal therapy.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Stainless Steel Crowns</b> Limited to 1 per tooth every 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Labial Veneers</b> Limited to 1 per tooth every 5 years. Allow if there is a restorative reason for the veneer.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Stress Breaker</b>	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>TMD (commonly known as TMJ)</b>		
<b>Temporomandibular Joint Diagnostic</b> Limited to 1 film per joint, total of 2 films per consecutive 12 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Tomographic Survey</b> Limited to 1 film per joint, per consecutive 12 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Manipulation Under Anesthesia</b> Limited to 1 per visit.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Occlusal Orthotic Device, by report</b> Limited to 1 time every consecutive 24 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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<b>Unspecified TMD Therapy, by report</b> Limited to 1 per visit. Cannot be billed in conjunction with other TMD procedures.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>FIXED PROSTHETICS</b>		
<b>Fixed Partial Dentures (Bridges)</b> Limited to 1 time every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>REMOVABLE PROSTHETICS</b>		
<b>Full Dentures</b> Limited to 1 time every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Partial Dentures</b> Limited to 1 time every 5 years. No additional allowances for precision or semi-precision attachments.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Relining Dentures and Rebasing Dentures</b> Limited to relining/rebasing performed within 6 months after the initial insertion.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Tissue Conditioning - Maxillary or Mandibular</b> Limited to 1 time per consecutive 12 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>IMPLANTS</b>		
<b>Implant Placement</b> Limited to 1 per tooth every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Implant Supported Prosthetics</b> Limited to 1 per tooth every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible



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<b>Implant Maintenance Procedures, including removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis</b>  Limited to 1 per consecutive 12 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Repair Implant Supported Prosthesis, by report</b>  Limited to 1 per consecutive 6 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Abutment Supported Crown (titanium) or Retainer Crown for FPD – titanium</b>  Limited to 1 per tooth every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Repair Implant Abutment, by report</b>  Limited to 1 per consecutive 6 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Implant Removal, by report</b>  Limited to 1 per tooth every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Radiographic/Surgical Implant Index, by report</b>  Limited to 1 per tooth every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Scaling and Debridement</b> - In the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.  Limited to 1 per consecutive 36 months.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
<b>Provisional Implant Crown</b>  Limited to 1 per tooth every 5 years.	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible





Benefit Description & Limitation	Percentage of Eligible Expenses Payable:	
	Network	Non-Network*
<b>ORTHODONTICS</b>		
<b>Orthodontic Services</b> Services or supplies furnished by a Dentist to a Covered adult or child in order to diagnose or correct misalignment of the teeth or the bite.	50%	50%
<b>Appliance Therapy, Fixed or Removable</b> Limited to 1 time per consecutive 60 months. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.	50%	50%
<b>Cephalometric Film</b> Limited to 1 per consecutive 12 months. Can only be billed for orthodontics.	50%	50%

**HOW THE COVERAGE WORKS - \$50 DEDUCTIBLE DENTAL**

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**Network and Non-Network Benefits**

As a participant, you have the freedom to choose the Dentist you prefer each time you need to receive Covered Dental Services. The choices you make affect the amounts you pay, as well as the level of Benefits you receive and any benefit limitations that may apply.

You are eligible for the Network level of Benefits when you receive Covered Dental Services from Dentists who have contracted to provide those services.

Generally, when you receive Covered Dental Services from a Network Dentist, you pay less than you would if you receive the same care from a non-Network Dentist. Your level of Benefits will be the same if you visit a Network Dentist or non-Network Dentist. Because the total amount of Eligible Expenses may be less when you use a Network Dentist, the portion you pay will be less. Therefore, in most instances, your out-of-pocket expenses will be less if you use a Network Dentist.

If you choose to seek care outside the Network, the coverage generally pays Benefits at a lower level. You are required to pay the amount that exceeds the Eligible Expense. The amount in excess of the Eligible Expense could be significant, and this amount does not apply to the Out-of-Pocket Maximum. You may want to ask the non-Network Dentist about their billed charges before you receive care. Emergency services received at a non-Network Dentist are covered at the Network level.

**Looking for a Network Dentist?**

In addition to other helpful information, [www.myuhc.com](http://www.myuhc.com) contains a directory of Network health care professionals and facilities. While Network status may change from time to time, [www.myuhc.com](http://www.myuhc.com) has the most current source of Network information. Use [www.myuhc.com](http://www.myuhc.com) to search for Dentists available.



## *Network Dentists*

You may request a directory of Network Dentists free of charge. Keep in mind, a Dentist's Network status may change at any time. To verify a Dentist's current status or request a Dentist directory, you can call the toll-free number on your ID card or log onto [www.myuhc.com](http://www.myuhc.com).

Network Dentists are independent practitioners and are not employees of Valero or UnitedHealthcare.

## **Eligible Expenses**

Eligible Expenses are charges for Covered Dental Services that are provided while the coverage is in effect, determined according to the definition in the Glossary. For certain Covered Dental Services, the coverage will not pay these expenses until you have met your Annual Deductible. Valero has delegated to UnitedHealthcare the discretion and authority to decide whether a treatment or supply is a Covered Dental Service and how the Eligible Expenses will be determined and otherwise covered.

### **Don't Forget Your ID Card**

Remember to show your ID card every time you receive dental services from a Dentist. If you do not show your ID card, a Dentist has no way of knowing that you are enrolled.

## **Annual Deductible**

The Annual Deductible is the amount of Eligible Expenses you must pay each calendar year for Covered Dental Services before you are eligible to begin receiving Benefits. There is a combined Annual Deductible for Network and Non-Network Benefits. The amounts you pay toward your Annual Deductible accumulate over the course of the calendar year.

## **Annual Maximum Benefit**

The Annual Maximum Benefit is the maximum amount the coverage will pay each calendar year for Covered Dental Services. There is a combined Annual Maximum Benefit for Network Benefits and Non-Network Benefits.

## **Lifetime Maximum Benefit for Orthodontic Services**

The Lifetime Maximum Benefit is the most the coverage will pay for orthodontic services during the entire period you are enrolled in this coverage and any other dental coverages offered by Valero. There is a combined Network and non-Network Lifetime Maximum Benefit.

## **Coinsurance**

Coinsurance is the percentage of Eligible Expenses that you are responsible for paying. Coinsurance is a fixed percentage that applies to certain Covered Dental Services after you meet the Annual Deductible.

## **Schedule of Benefits**

Please refer to the Schedule of Benefits found at the end of the Dental Summary.



## ***AMENDMENT AND TERMINATION***

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The Company reserves the right to amend, in whole or in part, any provisions of the plan or the dental coverage offered thereunder, including the right to terminate altogether, at any time and for any reason, without regard to whether expenses have already been incurred by a participant or whether a course of treatment has been initiated. Participants should remember that any such amendment or termination could affect their future benefits and expectations from the plan. If the plan or dental coverage should end, benefits will be paid for eligible charges incurred before the termination.