



UnitedHealthcare Dental Plan 2025

Plan Code	Dental Plan - TQM Drivers P5425
Plan Type	Passive PPO
	In / Out
Individual Deductible (In/Out)	\$50 / \$50
Family Deductible (In/Out)	\$150 / \$150
Annual Plan Maximum	\$1500 / \$1500
Preventive Services	100% / 100%
Basic Dental Services	80% / 80%
Endodontics	80% / 80%
Periodontics	80% / 80%
Oral Surgery	80% / 80%
Major Services	50% / 50%
Orthodontia Eligibility	NA
Orthodontia Coinsurance	NA / NA
Orthodontia Lifetime Maximum	NA
Waiting Period for Major Services	0 Months
UCR	MAC
Network Name	Options PPO 20
Consumer Max Multiplier Included	Yes
Preventive Max Multiplier Inlcuded	No
Implants Included	No
Contribution Type	Voluntary