

UnitedHealthcare Dental®

Welcome

Oral Health

Site Tour with Cost Calculator Demo

Locate Dentist

Nominate Dentist

Plan Info

Claims Info

Dental Education

Dental Health & Wellness

Member Login

Logout

Dental Benefit Summary

Product ID - D0000274

Dental Services	Plan Pays
DIAGNOSTIC	100%
PREVENTIVE	100%
MINOR RESTORATIVE	80%
ENDODONTICS	80%
PERIODONTICS	80%
ORAL SURGERY	80%
CROWNS/BRIDGES	50%
DENTURES	50%
ORTHO	50%
ADJUNCTIVE	80%

DEDUCTIBLE ANNUAL	Individual	\$50
	Family	\$150
LIMIT ANNUAL	Individual	\$1,000
LIMIT LIFETIME ORTHO	Individual	\$1,000

NB = No Benefit

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please use the [Treatment Cost Calculator](#) to obtain pricing and benefit information. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

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