



# Group Dental Plans

A Better Way to Buy Healthcare



## Premier Dental Plans



# PREMIER GROUP DENTAL PLANS



BENEFITS	P-3345 UnitedHealthcare Dental Consumer MaxMultiplier - (Voluntary) Options PPO 2+ Employees		P-3432 UnitedHealthcare Dental Consumer MaxMultiplier Options PPO 2+ Employees	
	In-Network	Non-Network	In-Network	Non-Network
<b>Annual Deductible</b>				
- Individual	\$50	\$50	\$50	\$50
- Family Maximum	\$150	\$150	\$150	\$150
- Annual deductible applies to preventative and diagnostic services	No		No	
<b>Annual Maximum (Per calendar year)</b>	\$1,000/per Person		\$1,000/per Person	
<b>Waiting Period</b>	None		None	
<b>Preventative and Diagnostic Dental Services</b>	Benefit %		Benefit %	
	In-Network	Non-Network	In-Network	Non-Network
<ul style="list-style-type: none"> <li>- Periodic Oral Examinations</li> <li>- Bite-Wing X-rays</li> <li>- Complete Series or Panorex X-rays</li> <li>- Dental Prophylaxis (Cleanings)</li> <li>- Fluoride Treatments</li> <li>- Sealants</li> </ul>	100%	100%	100%	100%
<b>Basic Dental Services</b>	Benefit %		Benefit %	
	In-Network	Non-Network	In-Network	Non-Network
<ul style="list-style-type: none"> <li>- Space Maintainers</li> <li>- Palliative Treatment (Relief of Pain)</li> <li>- General Anesthesia</li> <li>- Amalgam Restorations (Fillings)</li> <li>- Composite Restorations (Fillings)</li> <li>- Simple Extraction</li> </ul>	80%	80%	80%	80%
<ul style="list-style-type: none"> <li>- Surgical Extraction Including Impacted Wisdom Teeth</li> <li>- Root Canal Treatment</li> <li>- Scaling and Root Planing</li> <li>- Periodontal Surgery</li> <li>- Periodontal Maintenance</li> </ul>	n/a	n/a	80%	80%
<b>Major Dental Services</b>	Benefit %		Benefit %	
	In-Network	Non-Network	In-Network	Non-Network
<ul style="list-style-type: none"> <li>- Crowns, Inlays, and Onlays</li> <li>- Fixed Bridges</li> <li>- Full Dentures</li> <li>- Partial Dentures</li> <li>- Recement Bridges, Crowns, Inlays</li> <li>- Relining and Rebasing Dentures</li> <li>- Repairs to Full Dentures, Partial Dentures or Bridges</li> </ul>	50%	50%	50%	50%
<ul style="list-style-type: none"> <li>- Surgical Extraction Including Impacted Wisdom Teeth</li> <li>- Root Canal Treatment</li> <li>- Scaling and Root Planing</li> <li>- Periodontal Surgery</li> <li>- Periodontal Maintenance</li> </ul>	50%	50%	n/a	n/a
<b>Orthodontic Services</b>	Benefit %		Benefit %	
	In-Network	Non-Network	In-Network	Non-Network
- Diagnose or correct misalignment of teeth or bite	n/a		n/a	
- Annual deductible applies to orthodontic services	n/a		n/a	
- Orthodontic eligibility requirements	n/a		n/a	

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. These benefit plans may not cover all of your dental care expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage that you will receive upon enrolling in the Plan. Terms that are capitalized in the Benefit Summary are defined in the Certificate of Coverage. The minimum group size for dental only groups is 5 subscribers. Groups with 2-4 subscribers are eligible for the dental coverage when the dental coverage is combined with medical coverage available under AAOA Healthcare. Groups under 5 subscribers are required to have common eligibility for medical and dental coverage. Dental coverage is underwritten by United Healthcare Insurance Company, 9900 Bren Rd E, Minnetonka, MN 55343

# PREMIER GROUP DENTAL PLANS



**AAOA HEALTHCARE**

P-3346 UnitedHealthcare Dental Consumer MaxMultiplier - (Voluntary) Options PPO 2+ Employees		P-3436 UnitedHealthcare Dental Consumer MaxMultiplier Options PPO 2+ Employees		P-3177 UnitedHealthcare Dental Options PPO 10+ Employees	
In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
\$50	\$50	\$50	\$50	\$50	\$50
\$150	\$150	\$150	\$150	\$150	\$150
No		No		No	
\$1,500/per Person		\$1,500/per Person		\$2,000/per Person	
None		None		None	
Benefit %		Benefit %		Benefit %	
In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
100%	100%	100%	100%	100%	100%
Benefit %		Benefit %		Benefit %	
In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
80%	80%	80%	80%	80%	80%
n/a	n/a	80%	80%	80%	80%
Benefit %		Benefit %		Benefit %	
In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
50%	50%	50%	50%	50%	50%
50%	50%	n/a	n/a	n/a	n/a
Benefit %		Benefit %		Benefit %	
n/a	n/a	n/a	n/a	50% In-Network and Non-Network \$2,000 per person lifetime benefit	
n/a	n/a	n/a	n/a	No	
n/a	n/a	n/a	n/a	Children under age 19	

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# Got Questions Need a Quote

Give us a call

**1.866.968.0545**

We'll be happy to answer  
your questions and provide  
a free no-obligation quote  
for your business.



**AAOA HEALTHCARE**

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