

## Flexible plan options offer valuable features and savings opportunities.

Choose from our most popular plan designs.

	Passive PPO	Passive PPO	Passive PPO	Passive PPO	Passive PPO	Passive PPO
Preventive & Diagnostic	100%	100%	100%	100%	100%	100%
Fillings	80%	80%	80%	80%	80%	80%
Simple Extraction	80%	80%	80%	80%	80%	80%
Oral Surgery, Root Canal, Periodontal	50%	80%	50%	50%	80%	80%
Crown, Bridge, Dentures	50%	50%	50%	50%	50%	50%
Implants	50%	50%	50%	50%	50%	50%
Child Orthodontics	NA	NA	NA	50%	NA	50%
Deductible (not applicable to P & D)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1000	\$1500	\$1500	\$1500	\$2000	\$2000
Lifetime Ortho Max	NA	NA	NA	\$1500	NA	\$2000
Out of Network Payment Basis	UCR	MAC	UCR	UCR	UCR	UCR
Consumer MaxMultiplier	Yes	Yes	Yes	Yes	Yes	Yes
Minimum Group Size	2	2	2	5	2	5
Contributory / Voluntary Plan Code	5X458 5X459	5X456 5X457	5X460 5X461	5X462 5X463	5X464 5X465	5X466 5X467

See opposite page for rates. Rates applicable for effective dates of January 1, 2020 to December 31, 2020.

## Earn reward dollars for getting regular dental check-ups.

With your new **Consumer MaxMultiplier® Rollover benefit** you can carryover a portion of your unused benefit dollars from year to year and earn reward dollars for choosing a network dentist!



## Coverage options, defined.

Usual, Customary and Reasonable (UCR)  
vs. Maximum Allowable Charge (MAC):

### UCR

The non-network percentage of benefits is based on usual and customary fees that dentists charge in the area in which the expenses are incurred. Most dentist fees are accepted without balance billing.

### MAC

The non-network percentage of benefits is based on the PPO allowable amount of our most highly discounted network providers in the area. Out of network will experience balance billing.

**We will pay non-network providers directly so you don't have to pay out of pocket for the covered portion of your benefit plan.**

## Product and Underwriting Information

UW Guidelines for group 2 to 50:

- Rates are guaranteed for 12 months.
- Orthodontia available to groups of 5 or more eligible employees, with a minimum of 4 enrolled.
- Employer Funded Plans: Employer must contribute at least 50% of the employee rate. A minimum participation of at least 75% (including valid waivers) is required.
- Voluntary plans require a minimum of 2 enrolled for non-orthodontic plans, a minimum of 4 with orthodontics
- Child orthodontic coverage is up to age 19
- A minimum participation of 2 enrolled employees is required for all plans.
- Our PPO plans include combined network and non-network annual maximums. Deductibles and maximums are on a calendar year basis.
- Dependent children are covered up to age 26.

**Rates by group size (eligible) for zip codes 807, 811, 812, 813, 814, 815, 816 (DMA 6):**

Plan	2-4 Lives				5-9 Lives			
	EE Only	EE & SP	EE & Ch	Family	EE Only	EE & SP	EE & Ch	Family
5X456	\$32.87	\$65.75	\$49.20	\$84.25	\$27.81	\$55.62	\$41.62	\$71.27
5X457	\$34.76	\$69.52	\$52.02	\$89.08	\$29.40	\$58.81	\$44.01	\$75.36
5X458	\$42.67	\$85.34	\$64.47	\$110.04	\$36.10	\$72.20	\$54.54	\$93.09
5X459	\$45.12	\$90.24	\$68.16	\$116.35	\$38.17	\$76.33	\$57.66	\$98.43
5X460	\$54.56	\$109.12	\$81.66	\$139.83	\$46.16	\$92.31	\$69.08	\$118.29
5X461	\$57.69	\$115.38	\$86.34	\$147.85	\$48.80	\$97.60	\$73.04	\$125.07
5X464	\$57.83	\$115.66	\$86.55	\$148.21	\$48.92	\$97.84	\$73.22	\$125.38
5X465	\$61.14	\$122.29	\$91.51	\$156.70	\$51.73	\$103.45	\$77.41	\$132.56
5X462	N/A	N/A	N/A	N/A	\$47.54	\$95.08	\$80.24	\$132.15
5X463	N/A	N/A	N/A	N/A	\$50.27	\$100.53	\$84.32	\$139.13
5X466	N/A	N/A	N/A	N/A	\$50.39	\$100.78	\$87.54	\$142.88
5X467	N/A	N/A	N/A	N/A	\$53.28	\$106.55	\$91.86	\$150.28

Plan	10-20 Lives				21-24 Lives				25-50 Lives			
	EE Only	EE & SP	EE & Ch	Family	EE Only	EE & SP	EE & Ch	Family	EE Only	EE & SP	EE & Ch	Family
5X456	\$26.28	\$52.57	\$39.34	\$67.36	\$25.10	\$50.21	\$37.57	\$64.34	\$24.86	\$49.72	\$37.21	\$63.71
5X457	\$27.79	\$55.58	\$41.59	\$71.22	\$26.54	\$53.08	\$39.72	\$68.02	\$26.29	\$52.57	\$39.34	\$67.36
5X458	\$34.12	\$68.24	\$51.54	\$87.98	\$32.58	\$65.17	\$49.23	\$84.03	\$32.27	\$64.54	\$48.75	\$83.22
5X459	\$36.07	\$72.15	\$54.50	\$93.03	\$34.45	\$68.90	\$52.05	\$88.85	\$34.12	\$68.24	\$51.54	\$87.99
5X460	\$43.62	\$87.25	\$65.29	\$111.80	\$41.66	\$83.33	\$62.35	\$106.78	\$41.26	\$82.52	\$61.75	\$105.74
5X461	\$46.12	\$92.25	\$69.03	\$118.21	\$44.05	\$88.10	\$65.93	\$112.90	\$43.63	\$87.25	\$65.29	\$111.80
5X464	\$46.24	\$92.47	\$69.20	\$118.50	\$44.16	\$88.32	\$66.09	\$113.17	\$43.73	\$87.46	\$65.45	\$112.08
5X465	\$48.89	\$97.77	\$73.16	\$125.29	\$46.69	\$93.38	\$69.88	\$119.66	\$46.24	\$92.48	\$69.20	\$118.50
5X462	\$43.62	\$87.25	\$73.63	\$121.26	\$41.66	\$83.33	\$70.32	\$115.81	\$41.26	\$82.52	\$69.64	\$114.69
5X463	\$46.12	\$92.25	\$77.37	\$127.66	\$44.05	\$88.10	\$73.90	\$121.93	\$43.63	\$87.25	\$73.18	\$120.75
5X466	\$46.24	\$92.47	\$80.32	\$131.11	\$44.16	\$88.32	\$76.72	\$125.22	\$43.73	\$87.46	\$75.97	\$124.00
5X467	\$48.89	\$97.77	\$84.29	\$137.90	\$46.69	\$93.38	\$80.50	\$131.70	\$46.24	\$92.48	\$79.72	\$130.43



## Have questions?

To learn more about UnitedHealthcare Dental Plans, contact your Rocky Mountain Health Plans Group representative.

Fully Insured quotes: Dental 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 valid for the dates and group size noted once approved and accepted by UnitedHealthcare.

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. 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. Specialty benefits and programs may not be available in all states or for all group sizes.

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.