

UnitedHealthcare Dental

Preferred Portfolio

New York - Managed Select Plans

For groups 2-50 lives with effective dates
October 1, 2020 - December 31, 2020

Procedure Code	Type	Procedure	Plan S100B	Plan S200B	Plan S500B	Plan S700B	Plan S800B
D0120	Diagnostic / Preventive	Periodic oral examination	\$0	\$0	\$0	\$0	\$0
D0210		Radiographs – complete series (bitewings included)	\$0	\$0	\$0	\$0	\$0
D1351		Sealant – per tooth (under 18 only)	\$0	\$0	\$0	\$0	\$0
D2140	Restorative	Amalgam - one surface, permanent	\$0	\$0	\$0	\$0	\$16
D2330		Resin – anterior, one surface	\$0	\$20	\$25	\$30	\$37
D2751	Crowns	Crown, porcelain with metal non-molar	\$195	\$195	\$240	\$245	\$290
D2791		Crown, full cast metal	\$195	\$195	\$220	\$245	\$290
D3310	Endodontics	Root canal - anterior	\$100	\$100	\$100	\$110	\$240
D3330		Root canal - molar	\$210	\$210	\$225	\$245	\$350
D4341	Periodontics	Periodontal scaling and root planing	\$36	\$36	\$45	\$50	\$80
D5110	Dentures (Prosthodontics)	Complete denture - maxillary	\$210	\$210	\$260	\$325	\$502
D5211		Partial denture - resin base	\$210	\$210	\$260	\$400	\$407
D7140	Oral Surgery	Extraction - erupted tooth or exposed root	\$10	\$10	\$10	\$20	\$35
D7230		Removal of impacted tooth - partially bony	\$55	\$55	\$60	\$65	\$107
D8090/D8080	Orthodontic	Adult/child 24 months of treatment	\$1,950/\$1,850	\$1,950/\$1,850	\$2,150/\$2,050	\$2,350/\$2,250	\$2,875/\$2,775

Specialty services for S Plans:

Benefits of the Dental Plan other than emergency care are available only when you receive covered services from a participating general dentist. Benefits for covered specialty may be received in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization and receive specialty treatment by an approved participating specialist at the listed copayment. Please call the number on the back of your dental insurance ID card for assistance with authorization. Members have access to the National Select Managed Care Network.

- No waiting periods
- No claim forms to submit
- No primary dentist selection required
- Defined cost on nearly 464 codes
- Cosmetic procedures (teeth whitening, bonding, and veneers) are included
- 25% discount on all procedure codes not listed
- Implants are covered
- Rates are guaranteed for 12 months
- Commissions are paid according to UnitedHealthcare Dental's standard scale

See next page for rates in available markets.

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare Dental®, Inc. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare Dental®, Inc. and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare Dental® 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 Dental®, Inc., and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

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New York - Managed Select Plans

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Zone A - Counties: Bronx, Kings, New York, Queens, Richmond, Westchester

Rates (\$)	Plan S100B		Plan S200B		Plan S500B		Plan S700B		Plan S800B	
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Plan Code	SNY06	SNY07	SNY08	SNY09	SNY10	SNY11	SNY14	SNY15	SNY00	SNY02
EE Only	\$17.61	\$19.88	\$16.60	\$18.71	\$16.21	\$18.24	\$15.86	\$17.85	\$15.07	\$16.92
EE + Spouse	\$30.78	\$34.75	\$29.01	\$32.70	\$28.33	\$31.88	\$27.72	\$31.20	\$26.34	\$29.57
EE + Child	\$38.13	\$43.05	\$35.94	\$40.50	\$35.10	\$39.49	\$34.33	\$38.66	\$32.63	\$36.63
EE + Family	\$48.39	\$54.63	\$45.61	\$51.40	\$44.55	\$50.12	\$43.57	\$49.06	\$41.41	\$46.49

Zone B - Counties: Nassau, Suffolk

Rates (\$)	Plan S100B		Plan S200B		Plan S500B		Plan S700B		Plan S800B	
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Plan Code	SNY06	SNY07	SNY08	SNY09	SNY10	SNY11	SNY14	SNY15	SNY00	SNY02
EE Only	\$17.61	\$19.88	\$16.60	\$18.71	\$16.21	\$18.24	\$15.86	\$17.85	\$15.07	\$16.92
EE + Spouse	\$30.78	\$34.75	\$29.01	\$32.70	\$28.33	\$31.88	\$27.72	\$31.20	\$26.34	\$29.57
EE + Child	\$38.13	\$43.05	\$35.94	\$40.50	\$35.10	\$39.49	\$34.33	\$38.66	\$32.63	\$36.63
EE + Family	\$48.39	\$54.63	\$45.61	\$51.40	\$44.55	\$50.12	\$43.57	\$49.06	\$41.41	\$46.49

Zone C - Counties: Dutchess, Orange, Rockland

Rates (\$)	Plan S100B		Plan S200B		Plan S500B		Plan S700B		Plan S800B	
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Plan Code	SNY06	SNY07	SNY08	SNY09	SNY10	SNY11	SNY14	SNY15	SNY00	SNY02
EE Only	\$17.61	\$19.88	\$16.60	\$18.71	\$16.21	\$18.24	\$15.86	\$17.85	\$15.07	\$16.92
EE + Spouse	\$30.78	\$34.75	\$29.01	\$32.70	\$28.33	\$31.88	\$27.72	\$31.20	\$26.34	\$29.57
EE + Child	\$38.13	\$43.05	\$35.94	\$40.50	\$35.10	\$39.49	\$34.33	\$38.66	\$32.63	\$36.63
EE + Family	\$48.39	\$54.63	\$45.61	\$51.40	\$44.55	\$50.12	\$43.57	\$49.06	\$41.41	\$46.49

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D1351		Sealant – per tooth (under 18 only)	\$0	\$0	\$0
D2140	Restorative	Amalgam - one surface, permanent	\$0	\$0	\$12
D2330		Resin – anterior, one surface	\$45	\$25	\$35
D2751	Crowns	Crown, porcelain with metal non-molar	\$420	\$240	\$290
D2791		Crown, full cast metal	\$420	\$220	\$290
D3310	Endodontics	Root canal - anterior	\$310	\$100	\$200
D3330		Root canal - molar	\$485	\$225	\$310
D4341	Periodontics	Periodontal scaling and root planing	\$80	\$45	\$70
D5110	Dentures (Prosthodontics)	Complete denture - maxillary	\$625	\$260	\$440
D5211		Partial denture - resin base	\$450	\$260	\$405
D7140	Oral Surgery	Extraction - erupted tooth or exposed root	\$75	\$10	\$30
D7230		Removal of impacted tooth - partially bony	\$140	\$60	\$90
D8090/D8080	Orthodontic	Adult/child 24 months of treatment	N/A	\$2,150/\$2,050	N/A

Specialty services for non-S Plans:

Benefits of the Dental Plan other than emergency care are available only when you receive covered services from a participating general dentist. Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, Prosthodontist or Pedodontist) be necessary, you may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee. Members have access to the National Select Managed Care Network.

- No waiting periods
- No claim forms to submit
- No primary dentist selection required
- Defined cost on nearly 464 codes
- Cosmetic procedures (teeth whitening, bonding, and veneers) are included
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Zone A - Counties: Bronx, Kings, New York, Queens, Richmond, Westchester

Rates (\$)	Plan 300B		Plan 500B		Plan 800B	
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Plan Code	SNY05	SNY04	SNY12	SNY13	SNY03	SNY01
EE Only	\$14.18	\$15.89	\$16.21	\$18.24	\$15.29	\$17.19
EE + Spouse	\$24.79	\$27.77	\$28.33	\$31.88	\$26.73	\$30.05
EE + Child	\$30.71	\$34.40	\$35.10	\$39.49	\$33.11	\$37.23
EE + Family	\$38.97	\$43.66	\$44.55	\$50.12	\$42.02	\$47.24

Zone B - Counties: Nassau, Suffolk

Rates (\$)	Plan 300B		Plan 500B		Plan 800B	
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Plan Code	SNY05	SNY04	SNY12	SNY13	SNY03	SNY01
EE Only	\$14.18	\$15.89	\$16.21	\$18.24	\$15.29	\$17.19
EE + Spouse	\$24.79	\$27.77	\$28.33	\$31.88	\$26.73	\$30.05
EE + Child	\$30.71	\$34.40	\$35.10	\$39.49	\$33.11	\$37.23
EE + Family	\$38.97	\$43.66	\$44.55	\$50.12	\$42.02	\$47.24

Zone C - Counties: Dutchess, Orange, Rockland

Rates (\$)	Plan 300B		Plan 500B		Plan 800B	
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Plan Code	SNY05	SNY04	SNY12	SNY13	SNY03	SNY01
EE Only	\$14.18	\$15.89	\$16.21	\$18.24	\$15.29	\$17.19
EE + Spouse	\$24.79	\$27.77	\$28.33	\$31.88	\$26.73	\$30.05
EE + Child	\$30.71	\$34.40	\$35.10	\$39.49	\$33.11	\$37.23
EE + Family	\$38.97	\$43.66	\$44.55	\$50.12	\$42.02	\$47.24

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