

UNITEDHEALTHCARE HIGH PPO MAC

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UnitedHealthcare dental plans will help you save money and help keep your teeth and gums healthy. The health of your mouth can affect your total health. That's why it's important to have a dental plan that covers preventive care, covers hundreds of services and encourages healthy dental habits.

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Rates are for new and renewing groups effective 4/1/2025 — 6/1/2025

PLAN RATES (MONTHLY)

Area of Coverage: Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland

| | |
|----------------------|----------|
| Employee | \$53.23 |
| Employee/Spouse (DP) | \$106.21 |
| Employee/Child(ren) | \$106.59 |
| Family (DP) | \$164.73 |

Area of Coverage: Nassau & Suffolk

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|----------------------|----------|
| Employee | \$53.23 |
| Employee/Spouse (DP) | \$106.21 |
| Employee/Child(ren) | \$106.59 |
| Family (DP) | \$164.73 |

Area of Coverage: Delaware, Ulster, Sullivan, Putnam, Dutchess & Orange

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|----------------------|----------|
| Employee | \$53.23 |
| Employee/Spouse (DP) | \$106.21 |
| Employee/Child(ren) | \$106.59 |
| Family (DP) | \$164.73 |

PLAN HIGHLIGHTS

- 100%/80%/60% In-Network, no specialist referrals, no waiting periods, 2 Cleanings per 12 months
- \$50/\$50 individual In/Out-of-Network; \$100/\$100 family In/Out-of-Network calendar deductible, preventive waiver
- 90%/80%/60% Out-of-Network
- \$2,000 annual maximum In-Network & Out-of-Network combined, rollover benefit, preventive max waiver
- Implant & orthodontic (children only) benefits

Dental coverage can only be elected by a group enrolling in HealthPass medical coverage.

Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

The following billing and administrative fees apply to the following products: Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$26.50