

SEANC Dental Plans

NEW! The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under all plans.

(M) = Member

(M+C) = Member + 1 Child

(M+S) = Member + Spouse

(M+CC) = Member + Child(ren)

(M+F) = Member + 1 Family

Plan Name	PREMIUM	CORE	BASIC
Monthly Premium Rates effective until 12/31/2020	\$53.59 (M) \$106.82 (M+C) \$107.50 (M+S) \$139.41 (M+CC) \$198.22 (M+F)	\$28.33 (M) \$54.84 (M+C) \$57.13 (M+S) \$69.84 (M+CC) \$97.79 (M+F)	\$22.53 (M) \$43.61 (M+C) \$45.44 (M+S) \$55.56 (M+CC) \$77.79 (M+F)
Annual Benefit Maximum	\$5,000	In-\$1,500 Out-\$1,250	\$1,250
Orthodontia Lifetime Maximum	\$5,000	\$0 Not Covered	\$0 Not Covered
Annual Deductible Before the plan pays, you'll pay the deductible.	\$50 (M) \$150 (Family)	\$25 (M) \$75 (Family)	\$25 (M) \$75 (Family)
Waiting Period	None		
Preventative and Diagnostic Services			
Preventative and Diagnostic Co-Insurance	100%	In-100% Out-80%	100%
Routine exam, teeth cleaning, fluoride treatments (up to age 16)	2 times per consecutive 12 months.		
Intraoral Radiographs (Full Mouth X-rays)	1 time per 36 months (complete series and Panorex)		
Bitewing and Extraoral X-rays (Adults and child(ren))	Bitewing: 1 series per calendar year. Extraoral: 2 films per calendar year.		
Basic Services			
Basic Co-Insurance	80%	In-80% Out-60%	70%
Simple extractions, fillings, therapeutic pulpotomy and palliative treatment	Covered		
Sealants (for dependent children to age 16)	Once per first or second permanent molar every 36 months.		
Space maintainers (for dependent children to age 16)	1 per consecutive 60 months.		
Periodontal maintenance (following active or adjunctive periodontal therapy)	2 times per consecutive 12 months.		
Major Services			
Major Co-Insurance	50%	In-50% Out-20%	0% Not Covered
Crowns, implants, inlays and onlays	1 time per tooth per consecutive 60 months. Crown replacements: 1 time per consecutive 60 months from initial or supplemental placement.		0% Not Covered
Bridges/Dentures	Full/partial dentures: 1 time per consecutive 60 months. Relining and rebasing dentures: 6 months after initial installation and 1 time per consecutive 12 months.		0% Not Covered
Denture Repairs and Adjustments	12 months after initial insertion, 1 time per 6 months.		0% Not Covered
Relines and Rebases Dentures	6 months after initial installation and 1 time per consecutive 12 months.		0% Not Covered
Endodontics, Oral Surgery	Covered.		0% Not Covered
Anesthesia	Covered as a basic service.		0% Not Covered
Periodontal Scaling and Root Planing	One time per quadrant per consecutive 24 months.		0% Not Covered
Periodontal Surgery	Once per quadrant or site every 36 months.		0% Not Covered
Root Canal Therapy	1 time per tooth per lifetime.		0% Not Covered
Occlusal Guards	Covered if prescribed to control habitual grinding.		0% Not Covered
Orthodontia (dependent children only)			
Orthodontia Co-Insurance	50% (child up to age 19)	0% Not Covered	0% Not Covered

Please refer to the UnitedHealthCare Dental Plan Certificate of Coverage for a detailed description of the plan benefits.

NOTE: The Core Plan is not available to residents in AL, LA, MS or TX.