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# INSURANCE INSIDER

SEPTEMBER 2020

**You could save  
\$\$\$ on our Dental  
Insurance Plans.**



## BENEFITS

- \$5,000 Orthodontic Benefit
  - Annual Benefit maximum of \$5,000 (Premium Plan)
  - Preventive care is covered 100% in our network
  - Domestic partners are covered
  - Year-round coverage
  - The plan has a national network of 100,000+ dentists
  - There's no need to get referrals to see a specialist
- No waiting periods
  - You can use your Health Care Flexible Spending Account to pay for eligible dental expenses
  - Two of the plan options (Premium & Core) cover Major Services (such as Bridges, Dentures and Crowns)
  - Extra dental visits during pregnancy and the first three months following delivery

# Dental Plan Monthly Member Premiums

	PREMIUM	CORE	BASIC
Member	\$53.59	\$28.33	\$22.53
Member and one child	\$106.82	\$54.84	\$43.61
Member and spouse	\$107.50	\$57.13	\$45.44
Member and children	\$139.41	\$69.84	\$55.56
Member and family	\$198.22	\$97.79	\$77.79

# SEANC Dental Plans

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

Plan Name	PREMIUM	CORE	BASIC
<b>Annual Benefit Maximum</b>	\$5,000	In-\$1,500 Out-\$1,250	\$1,250
<b>Orthodontia Lifetime Maximum</b>	\$5,000	\$0 Not Covered	\$0 Not Covered
<b>Annual Deductible</b> <small>Before the plan pays, you'll pay the deductible.</small>	\$50 (M) \$150 (Family)	\$25 (M) \$75 (Family)	\$25 (M) \$75 (Family)
<b>Waiting Period</b>	None		
<b>Preventative and Diagnostic Services</b>			
Preventative and Diagnostic Co-Insurance	<b>100%</b>	<b>In-100% Out-80%</b>	<b>100%</b>
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.		
<b>Basic Services</b>			
Basic Co-Insurance	<b>80%</b>	<b>In-80% Out-60%</b>	<b>70%</b>
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)	2 times per consecutive 12 months.		
<b>Major Services</b>			
Major Co-Insurance	<b>50%</b>	<b>In-50% Out-20%</b>	<b>0% Not Covered</b>
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		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
<b>Orthodontia (dependent children only)</b>			
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.





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