

Dental

Exclusive Network Dental Plan (ENDP)

HOW TO FIND AN IN-NETWORK PROVIDER (WHETHER REGISTERED ONLINE OR NOT)

<http://www.uhc.com>

1. Select Find a Doctor
2. Select Find a Dentist
3. Select Employer and Individual Plans
4. Search by your location to find a plan
5. Select your dental Plan: TX ENDP

THE DISTRICT IS PLEASED TO PROVIDE A DENTAL ENDP PLAN AS ANOTHER OPTION FOR ITS EMPLOYEES

With an ENDP plan, you choose a primary care dentist (PCD) to coordinate all of your needed dental services.

The ENDP plan provides a list of copays for all covered services. You can access this copay schedule by calling Member Services at 877.816.3596.

Benefit Plan	DHP
Plan Year Deductible	Not Applicable
Preventive Care (Cleanings, Exams, X-Ray)	Various copays
Basic Care (Endo, Perio, Oral Surgery)	Various copays
Major Care (Crowns, Bridges, Dentures)	Various copays
Orthodontics (Children to age 19)	Various copays
Calendar Year Out-of-Pocket Maximum	Unlimited

Payroll Contributions Per Paycheck	
Employee Only	\$6.53
Employee + Spouse	\$12.66
Employee + Child(ren)	\$13.69
Employee + Family	\$19.82

Dental

PPO

HOW TO FIND IN-NETWORK DENTIST (WHETHER REGISTERED ONLINE OR NOT)

www.uhc.com

1. Select **Find a Doctor**
2. Select **Find a Dentist**
3. Select **Employer and Individual Plans**
4. Search by your location to find a plan
5. Select your dental Plan: **National Options PPO 20**



THE DISTRICT IS PLEASED TO PROVIDE ITS EMPLOYEES WITH TWO DIFFERENT DENTAL PPO PLANS TO HELP MEET YOUR NEEDS

Both the Low Plan and High Plan provide services for in-network as well as out-of-network providers. Whether you use In-network or Out-of-Network dentists, the network percentage of benefits is based on the discounted fees negotiated with providers. If you choose to go out-of-network, you may be balance billed for amounts over the Maximum Allowable Amount. **Please note the percentages below reflect what the plan pays.**

Benefit Plan	Low Plan	High Plan
Network Access	PPO	PPO
Plan Year Deductible (Individual)	\$100	\$100
Plan Year Deductible (Family)	\$300	\$300
Annual Maximum	\$750	\$1,500
Preventive and Diagnostic Care (Routine Cleaning, Oral exam, Sealants, Lab and Other Diagnostic Tests, Radiographs)	100%	100%
Basic Services (Restorations, Endodontics, Periodontics, Simple Extractions, Surgical Extractions)	70%	80%
Major Services (Crowns, Inlays / Onlays, Dentures, Bridges)	40%	50%
Orthodontia Child (Up to age 19)	50% Lifetime Maximum: \$750	50% Lifetime Maximum: \$1,500
Out-of-Network Reimbursement	MAC*	MAC*

*Maximum Allowable Charge

Payroll Contributions Per Paycheck	DPPO Low	DPPO High
Employee Only	\$20.70	\$21.79
Employee + Spouse	\$41.39	\$43.58
Employee + Child(ren)	\$51.94	\$54.69
Employee + Family	\$75.95	\$79.97