

Benefit Levels and Rates for University System of Georgia

Effective August 1, 2015

Dental Services	Legal Entity	Voluntary Incentive PPO Custom P4935		UnitedHealthcare Insurance Company	
		In Network	Out of Network		
Periodic Oral Evaluation				100%	60%
Radiographs				100%	60%
Lab and Other Diagnostic Tests				100%	60%
Dental Prophylaxis (Cleaning)				100%	60%
Fluoride Treatment				100%	60%
Sealants				100%	60%
Space Maintainers				100%	60%
Restorations (Amalgams or Composite)				100%	60%
Emergency Treatment/General Services				0%	0%
Simple Extractions				0%	0%
Oral Surgery (incl. surgical extractions)				0%	0%
Periodontics				0%	0%
Endodontics				0%	0%
Inlays/Onlays/Crowns				0%	0%
Dentures and Removable Prosthetics				0%	0%
Fixed Partial Dentures (Bridges)				0%	0%
<b>Deductible</b>				\$0/\$0	\$0/\$0
<b>Deductible applies to Prev. &amp; Diag.</b>				No	No
<b>Plan Year Max</b>				\$500	\$500
<b>Waiting Period applies</b>				No	
<b>Out of Network Basis</b>				MAC	
<b>CMM-Plan Year Roll-Over</b>				No	
<b>Student</b>				\$200.12	
<b>Student + Spouse</b>				\$400.25	
<b>Student + Child(ren)</b>				\$490.62	
<b>Student + Family</b>				\$732.67	

