Benefit Highlights

Enhanced Plan

Eligibility: Any active employee employed at 75% effort per pay period (avg. 30 hours/week) or greater; and appointed for a duration of at least one semester or 120 days or greater.

Network: PPO 20

Annual Deductible: $0

Annual Maximum: $1,500 per covered person. Includes a rollover feature.

Orthodontia: $1,500 per lifetime per covered person.

Coverage:
- Preventive Services—100% of maximum allowance (does not apply to Annual Max)
- Basic Services—80% of maximum allowance
- Major Services—50% of maximum allowance

*Maximum allowance refers to the amount determined by UnitedHealthcare and participating providers.

For services received from non-participating providers, you will be liable for any difference between the dentist’s charge and your covered benefits.

Premiums:
- Employee Only: $38.06
- Employee + Spouse: $74.50
- Employee + Child(ren): $90.56
- Family: $126.94

For more information or to Locate a Provider, please visit myuhc.com