### Benefit Highlights

#### Basic 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:** $50 per person, up to $150. Does not apply to Preventive and Diagnostic services.

**Annual Maximum:** $1,000 per covered person.

**Orthodontia:** Not covered under the Basic Plan.

**Coverage:**
- **Preventive Services**—100% of maximum allowance (does not apply to Annual Max)
- **Basic Services**—45% of maximum allowance
- **Major Services**—20% 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: $20.72
- Employee + Spouse: $38.92
- Employee + Child(ren): $53.78
- Family: $71.98

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