2020 Plan Year

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: $50 per person, up to $150

- Does not apply to Preventive and Diagnostic services.

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

Please Note: This information is only a product highlight. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions are subject to change at any time. For more information, please visit myuhc.com.