

UnitedHealthcare Dental Proposal



Company Name: **Rusty's Weigh Scales & Service**

Our plans come with extras

- Extended benefits during pregnancy
- Oral cancer screenings for all adults that covers light contrast screenings and brush biopsies
- Access to an extensive national network of dentists and the freedom to visit non-network dentists
- Low participation requirement for voluntary coverage of a minimum of 2 enrolling employees

Effective Date: **1/1/2024**
 Total Eligible EEs: **53**
 Situs State / SIC: **TX (79403) / 3596- Scales and balances, e**
 Commissions / Rate Guarantee: **Standard / 12 Months¹**

Quote Options Plan Code	Enrollment	Dental 5X497		
Plan Type		Passive PPO		
		In / Out		
Individual Deductible (In/Out)		\$50 / \$50		
Family Deductible (In/Out)		\$150 / \$150		
Annual Plan Maximum		\$1500 / \$1500		
Preventive Services		100% / 100%		
Basic Dental Services		80% / 80%		
Endodontics		50% / 50%		
Periodontics		50% / 50%		
Oral Surgery		50% / 50%		
Major Services		50% / 50%		
Orthodontia Eligibility		Child Only / Child Only		
Orthodontia Coinsurance		50% / 50%		
Orthodontia Lifetime Maximum		1500 / 1500		
Waiting Period for Major Services		0 Months		
UCR		90%		
Network Name		Options PPO 30		
Consumer Max Multiplier Included		Yes		
Preventive Max Multiplier Included		No		
Implants Included		Yes		
Contribution Type		Voluntary		
Dental Estimated Monthly Premium				
Employee Only		\$24.32		
Employee & Spouse		\$48.63		
Employee & Child(ren)		\$65.93		
Employee & Family		\$95.80		
Estimated Monthly Premium**				

Total Estimated Annual Premium (including fees and credits)

- Rates are guaranteed for 12 months but may be modified to align with any existing UnitedHealthcare product renewal dates, if applicable.
- For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.
- Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.
- The Employer Contribution for Voluntary dental plans may range from 0%- 49%.
- Dental plans are available with both a Annual Deductible and a Lifetime Deductible, please refer to your Dental Benefit Summary to determine if your plan offering has a lifetime or annual deductible. Lifetime Deductible are met once per lifetime per eligible individual, with no family maximum.
- UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.
- Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.
- Product availability may vary based upon group size and prior dental coverage.
- The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR), or Maximum Allowable Charges (MAC) which are applicable for the same service that would have been rendered by a network provider. OON reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR, or a Fee Schedule. "A" plans can vary by MAC, 70th percentile of UCR, or a Fee Schedule.
- For, Indemnity, PPO and INO plans, the employer must meet minimum contribution and eligible employee participation requirements.
 - Contributory/Employer-Paid dental plans: (Employer Contribution) - 50% or more of the employee rate. At least 75% participation of eligible employees who do not waive coverage, and not to fall below 50% of the total eligible employees (must have at least 2 enrolled employees for plans without ortho and 5 eligible, 3 or more enrolled for plans with ortho).
 - Voluntary dental plan: Employer may contribute 0 to 49% of the total premium. 0% participation of eligible employee, 2 or more employees enrolled; for plans with Orthodontia, 5 eligible, 3 or more employees enrolled.
- The Core Network is made up of providers who provide our strongest discounts. Core plan codes are distinguished by an "N".
- Proposed rates are valid to the Effective Date or 90 days from the Quote Date, whichever is sooner.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, UnitedHealthcare of Kentucky, located in Lexington, Kentucky, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO. EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.