



Interstate Advanced Materials Dental Plan Options

	United Healthcare Dental PPO 1500 (High Plan)		United Healthcare Dental PPO 1500 (Low Plan)	
Individual Annual Deductible	\$50	\$50	\$50	\$50
Family Annual Deductible	\$150	\$150	\$150	\$150
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year	\$1,000 per person per Calendar Year	\$1,000 per person per Calendar Year
New enrollee's waiting period	None		None	
COVERED SERVICES *	In-Network	Out-of-Network	In-Network	Out-of-Network
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	100%	100%
Radiographs	100%	100%	100%	100%
Lab and Other Diagnostic Tests	100%	100%	100%	100%
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	100%	100%
Fluoride Treatment (Preventive) Sealants	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
BASIC SERVICES				
Restorations, Amalgams or Composite (Anterior & Posterior)	80%	80%	80%	80%
Emergency Treatment/General Services Simple Extractions	80%	80%	80%	80%
Oral Surgery (incl. surgical extractions) Periodontics	80%	80%	80%	80%
Endodontics	80%	80%	80%	80%
MAJOR SERVICES				
Inlays/Onlays/Crowns	50%	50%	50%	50%
Dentures and Removable Prosthetics Fixed Partial Dentures (Bridges)	50%	50%	50%	50%