

			
	UHC Premier Elite (Indemnity)		
Individual:	\$40.77 /mo		
Individual +1:	\$81.54/mo		
Family:	\$117.90/mo		
	ENROLL NOW		
Deductible:	\$50 Annual		
Max. Annual Benefit:	\$1,200.00		
Cleaning:	Plan Pays: 100% Waiting Period: 0 Months		
X-ray:	Plan Pays: 100% Waiting Period: 0 Months		
Filling:	Plan Pays: 80% Waiting Period: 6 Months		
Root Canal:	Plan Pays: 50% Waiting Period: 12 Months		
Crown:	Plan Pays: 50% Waiting Period: 12 Months		
Oral Surgery:	Plan Pays: 50% Waiting Period: 12 Months		
Extractions:	Plan Pays: 50% Waiting Period: 12 Months		
Dentures Bridges:	Plan Pays: 50% Waiting Period: 12 Months		
Implants:	No		
Orthodontia:	No		
Vision Benefit:	No		
Plan Highlights:	Quotes based on ages 25-59. Family rate based on 1 dependent.		
Application Fee:	0.00		
Effective Date:	06/08/2025		
Dentist Search:	 Dentist Search		
Plan Brochure:	 View Plan Brochure		

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