



Abel HR Dental Plans

PLAN #	UHC Incentive PPO	UHC Passive PPO	UHC Passive PPO 3k	Flagship Delta Dental	DeltaCare USA
Description	\$1000 Maximum	\$1500 Maximum	\$3000 Maximum	NJ only	DeltaCare National DMO
In Network Benefits					
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	No Charge	Fee schedule
Preventive (Type A)	100%	100%	100%	No Charge	Fee schedule
Basic (Type B)	50%	70%	80%	No Charge	Fee schedule
Major (Type C)	50%	50%	50%	No Charge	Fee schedule
Max Annual Benefit	\$1,000	\$1,500	\$3,000	No Charge	Fee schedule
Orthodontia (Lifetime Max/Only for dependents under 25)	50% to a Max of \$1000.00	50% to a Max of \$1000.00	50% to a Max of \$1500.00 Adult & Child	No Charge	Fee schedule
Out of Network Benefits					
Deductible	\$100/\$300	\$50/\$150	\$50/\$150	NO OON	NO OON
Preventive (Type A)	80%	100%	100%	NO OON	NO OON
Basic (Type B)	30%	70%	80%	NO OON	NO OON
Major (Type C)	30%	50%	50%	NO OON	NO OON
Max Annual Benefit	\$1,000	\$1,500	\$3,000	NO OON	NO OON
Orthodontia (Lifetime Max/Only for Depend under 19)	50% to a Max of \$1000.00	50% to a Max of \$1000.00	50% to a Max of \$1500.00 Adult & Child	NO OON	NO OON