



Abel HR Dental Plans

PLAN NAME	UHC Incentive PPO	UHC Passive PPO	UHC Passive PPO 3k	Flagship Delta Dental
	\$1000 Maximum	\$1500 Maximum	\$3000 Maximum	NJ only

In Network Benefits

Deductible	\$50/\$150	\$50/\$150	\$50/\$150	No Charge
Preventive (Type A)	100%	100%	100%	No Charge
Basic (Type B)	50%	70%	80%	No Charge
Major (Type C)	50%	50%	50%	No Charge
Max Annual Benefit	\$1,000	\$1,500	\$3,000	No Charge
Orthodontia	50% to a Lifetime Max of \$1000.00 Child Only	50% to a Lifetime Max of \$1500.00 Child Only	50% to a Lifetime Max of \$1500.00 Adult & Child	No Charge

Out of Network Benefits

Deductible	\$100/\$300	\$50/\$150	\$50/\$150	N/A
Preventive (Type A)	80%	100%	100%	N/A
Basic (Type B)	30%	70%	80%	N/A
Major (Type C)	30%	50%	50%	N/A
Max Annual Benefit	\$1,000	\$1,500	\$3,000	N/A
Orthodontia	50% to a Max of \$1000.00 Child Only	50% to a Max of \$1500.00 Child only	50% to a Max of \$1500.00 Adult & Child	N/A

800-400-1968 • Fax: 609-860-0400 • AbelHR.com
 2 Corporate Drive, Cranbury, New Jersey 08512-3604
 New Rochelle, NY • Santa Ana, CA