Palo Pinto General Hospital
Dental Plan
Quick Reference Guide

A UnitedHealthcare Company

Dental Benefits

Deductibles Per Plan Year	Individual	Family
• Combined Basic Services and Major Services	$50	$150
Maximums	**Individual**	
• Plan Year Benefit Maximum Includes Preventive and Diagnostic Services, Basic Services and Major Services	$1,200	
• Lifetime Orthodontic Maximum	$1,000	
Dependent Children Only		
Participation Percentage	**The Plan Pays**	
• Preventive and Diagnostic Services (Deductible Waived)	100%	
• Basic Services	80%	
• Major Services	50%	
• Orthodontic Services (Deductible Waived)	50%	

WAITING PERIOD:	
Preventive Services	None
Basic Restorative Services (Fillings)	6 months
Basic – All Other Services	12 months
Major Services	24 months
Orthodontic Treatment	24 months

UMR Customer Service: 1-866-868-7406 www.umr.com
Submit Claims to: UMR P.O. Box 30541 Salt Lake City, UT 84130-0541

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.

Palo Pinto General Hospital
Vision Plan
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Vision Care Benefits

SUMMARY OF BENEFITS	PPO PROVIDER (In-Network) Tier 1	PPO PROVIDER (In-Network) Tier 2	NON-PPO PROVIDER (Out-of-Network)
Vision Care Benefits: Paid By Plan After Deductible	80%	80%	60%
Exams: Co-Pay Per Specialist Visit	$30	$50	N/A
• Combined Maximum Exams Per Calendar Year	1 Exam	1 Exam	1 Exam
Lenses, Frames And Contacts:			
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)	100% (Deductible Waived)
• Combined Maximum Benefit Per Calendar Year	$150	$150	$150
All Other Covered Expenses: Paid By Plan After Deductible	80%	80%	60%

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