

2021 Dental Plans
Tampa Firefighters' and Police Officers' Employees' Health Plan

United Healthcare	DHMO	Dental PPO Plan	
	IN NETWORK ONLY	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible			
Single/Family	Not applicable		\$50 / \$150
Calendar Year Maximum Benefit	Unlimited		Unlimited
Preventive & Diagnostic Services	You Pay	You Pay	You Pay
Oral Evaluations & Cleaning (2 per 12 months)	No Charge	0%	20%
Bite-Wing X-rays (1 per 12 months)	No Charge	0%	20%
Full Mouth X-rays (1 per 36 months)	No Charge	0%	20%
Fluoride - Child (2 x per 12 months, under 16 yrs old)	No Charge	0%	20%
Sealant - Child (1 per 1st & 2nd molar, under 16 yrs old)	No Charge	0%	20%
Space Maintainers (1 per 60 months, under 16 yrs old)	No Charge	0%	20%
Basic Services		after deductible	after deductible
Restorative - Fillings	\$40	0%	40%
Emergency Treatment / General Services	No Charge	0%	40%
Oral Surgery (including extractions)	\$10 - \$40	0%	40%
Major Services		after deductible	after deductible
Endodontics	\$40 - \$350	40%	50%
Periodontics	\$0 - \$100	40%	50%
Partial Inlays / Onlays / Veneers	\$195	40%	50%
Crowns	\$195	40%	50%
Dentures and Removable Prosthetics	\$210	40%	50%
Fixed Partial Dentures (Bridges)	\$210 - \$240	40%	50%
Orthodontic Services (Braces)			
Lifetime Maximum Benefit	Not applicable		\$2,000
Adolescent to age 19 - Braces	\$1,800		50%
Adult - Braces	\$2,400		Not covered