

Retiree Dental Plan Benefit Highlight

ConocoPhillips Retiree Dental 2025

Type of Plan: Passive Dental PPO

Customer Service Department: 1-800-996-7563 Web Page

Address: www.myuhc.com

Dental Plan Description

	Monthly Premium
Low Plan with Dental Implants	\$46.47

Low Plan Features with Implants — P4621

	In-Network	Out-of-Network
General Plan Information		
Annual Deductible	\$100	\$100
Annual Deductible/Family	None	None
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,000	\$1,000
Reasonable & Customary Percentile	N/A	85th
Diagnostic and Preventive Services		
Diagnostic and Preventive	100% no deductible	100% no deductible
Oral Exams	100% no deductible	100% no deductible
Bitewing X-rays	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Full Mouth X-rays	100% no deductible; limit 1 time per consecutive 36 months	100% no deductible; limit 1 time per consecutive 36 months
Cleaning and Scaling	50% after deductible; limit 1 time per quadrant per consecutive 24 months	50% after deductible; limit 1 time per quadrant per consecutive 24 months
Prophylaxis Treatment	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Space Maintainers	Not covered	Not covered
Fluoride Treatments	Not covered	Not covered
Basic Services		
Basic	50% after deductible	50% after deductible
Sealants	Not covered	Not covered

Low Plan Features with Implants (cont.)

	In-Network	Out-of-Network
Oral Surgery: Extractions and Other Surgical Procedures	50% after deductible	50% after deductible
Fillings – Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only
Endodontic Treatment	50% after deductible	50% after deductible
Periodontic Treatment	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Re-linings and Re-basings of Existing Removable Dentures	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	50% after deductible; limited to those done more than 12 months after the initial insertion.	50% after deductible; limited to those done more than 12 months after the initial insertion.
Major Services		
Major	50% after deductible	50% after deductible
Crowns, Jackets and Cast Restoration Benefits	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.
Prosthetic Benefits (Fixed Bridges, Partial/ Complete Dentures)	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.
Implants	50% after deductible; limit 1 per 60 months (alternate benefits may be applied)	50% after deductible; limit 1 per 60 months (alternate benefits may be applied)
Orthodontia		
Orthodontia	Not covered	Not covered

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Dental Plan Description

	Monthly Premium
Low Plan without Dental Implants	\$42.75

Low Plan Features without Implants — P5992

	In-Network	Out-of-Network
General Plan Information		
Annual Deductible	\$100	\$100
Annual Deductible/Family	None	None
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,000	\$1,000
Reasonable & Customary Percentile	N/A	85th
Diagnostic and Preventive Services		
Diagnostic and Preventive	100% no deductible	100% no deductible
Oral Exams	100% no deductible	100% no deductible
Bitewing X-rays	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Full Mouth X-rays	100% no deductible; limit 1 time per consecutive 36 months	100% no deductible; limit 1 time per consecutive 36 months
Cleaning and Scaling	50% after deductible; limit 1 time per quadrant per consecutive 24 months	50% after deductible; limit 1 time per quadrant per consecutive 24 months
Prophylaxis Treatment	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Space Maintainers	Not covered	Not covered
Fluoride Treatments	Not covered	Not covered
Basic Services		
Basic	50% after deductible	50% after deductible
Sealants	Not covered	Not covered
Oral Surgery: Extractions and Other Surgical Procedures	50% after deductible	50% after deductible

Low Plan Features without Implants (cont.)

	In-Network	Out-of-Network
Fillings – Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only
Endodontic Treatment	50% after deductible	50% after deductible
Periodontic Treatment	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Re-linings and Re-basings of Existing Removable Dentures	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	50% after deductible; limited to those done more than 12 months after the initial insertion.	50% after deductible; limited to those done more than 12 months after the initial insertion.
Major Services		
Major	50% after deductible	50% after deductible
Crowns, Jackets and Cast Restoration Benefits	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.
Prosthodontic Benefits (Fixed Bridges, Partial/ Complete Dentures)	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.
Implants	Not covered	Not covered
Orthodontia		
Orthodontia	Not covered	Not covered



UnitedHealthcare Dental Options PPO Plan

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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