



Renewal Sold UAF for TOWN OF PROSPER

Issued on: October 31, 2025



United
Healthcare

Dental Services	Passive PPO 48P60 CS0	
Legal Entity	UnitedHealthcare Insurance Company (30100)	
	New Standard	
	In Network	Out of Network
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)*	80%	80%
Emergency Treatment/General Services	80%	80%
Simple Extractions	80%	80%
Oral Surgery (incl. surgical extractions)	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Major Services		
Inlays/Onlays/Crowns	50%	50%
Dentures and Removable Prosthetics	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%
Orthodontic Services		
Orthodontia	50%	50%
Orthodontia Eligibility	Adult & Child	
Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Deductible applies to Prev. & Diag.	No	No
Annual Max	\$2,000	\$2,000
Lifetime Ortho Max	\$2,000	\$2,000
Waiting Period	None	
Out of Network Basis	UCR 95th	
PPO Network	Options PPO 30	
CMM-Annual Roll-Over	No	
Assumed Enrollment and Rates	Current	Renewal
Employee	68 \$37.54	\$47.86
Employee + Spouse	11 \$88.04	\$112.24
Employee + Child(ren)	28 \$107.86	\$137.51
Employee + Family	33 \$158.41	\$201.96
	140	
Monthly Premium	\$11,768.77	\$15,004.08
Annual Premium	\$141,225.24	\$180,048.96
Renewal Action	27.5%	
Employer Contribution	Contributory	
Participation Requirements	75% of Eligible Employees	
Dependent Children Coverage	To Age 26	
Contract Basis	Fully Insured	
Benefit Period Basis	Calendar Year	
Exclusions and Limitations	Standard	
Broker Commissions	10%	
Rate Guarantee	12 Months	
Expiration Date	12/31/2026	
Group Policy #	00930326	

Dental Services	Passive PPO PP715 CS1	
Legal Entity	UnitedHealthcare Insurance Company (30100)	
	New Standard	
	In Network	Out of Network
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)*	80%	80%
Emergency Treatment/General Services	80%	80%
Simple Extractions	80%	80%
Major Services		
Oral Surgery (incl. surgical extractions)	50%	50%
Periodontics	50%	50%
Endodontics	50%	50%
Inlays/Onlays/Crowns	50%	50%
Dentures and Removable Prosthetics	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%
Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Deductible applies to Prev. & Diag.	No	No
Annual Max	\$1,500	\$1,500
Waiting Period	None	
Out of Network Basis	UCR 95th	
PPO Network	Options PPO 30	
CMM--Annual Roll-Over	No	
Assumed Enrollment and Rates		
Employee	103	\$38.38
Employee + Spouse	23	\$81.33
Employee + Child(ren)	32	\$92.42
Employee + Family	43	\$139.95
	201	
Monthly Premium		\$14,799.02
Annual Premium		\$177,588.24
Employer Contribution	Contributory	
Participation Requirements	75% of Eligible Employees	
Dependent Children Coverage	To Age 26	
Contract Basis	Fully Insured	
Benefit Period Basis	Calendar Year	
Exclusions and Limitations	Standard	
Broker Commissions	10%	
Rate Guarantee	12 Months	
Expiration Date	12/31/2026	
Group Policy #	00930326	

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Assumptions for TOWN OF PROSPER

Effective Date: 01/01/2026 | Policy Number: 00930326

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting.
- Assumed contract situs is Texas.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 9111.
- Rates may increase on renewal in accordance with the terms of the policy.

Dental Assumptions

This premium may include state and federal taxes and fees.

Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

Please contact your sales representative for more details on the network quoted in your proposal.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Quote is based on total group Average Contract Size (ACS) of 2.17

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

Digital ID cards will be available on-line, upon initial enrollment, for employees enrolled in PPO, INO and Indemnity plans. Plastic ID cards will be issued, upon initial enrollment, for employees enrolled in Direct Compensation, Select Managed Care and DHMO plans.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

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Disclaimers for TOWN OF PROSPER

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This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.

