FY22 Dental Rates- UnitedHealthcare

Prepaid DHMO

	FY 21 Rates	FY 22 Rates
Employee Only	$11.98	$11.14
Employee & Adult	$19.26	$17.91
Employee & Child	$19.26	$17.91
Employee & Adult & Child	$25.84	$24.03
Employee & Children	$25.84	$24.03
Employee & Family	$30.22	$28.10

Freedom Basic PPO

	FY 21 Rates	FY 22 Rates
Employee Only	$23.21	$22.51
Employee & Adult	$44.14	$42.82
Employee & Child	$44.14	$42.82
Employee & Adult & Child	$72.70	$70.52
Employee & Children	$72.70	$70.52
Employee & Family	$93.65	$93.65

Freedom Preferred PPO

	FY 21 Rates	FY 22 Rates
Employee Only	$36.29	$35.20
Employee & Adult	$72.54	$70.36
Employee & Child	$72.54	$70.36
Employee & Adult & Child	$113.50	$110.10
Employee & Children	$113.50	$110.10
Employee & Family	$149.79	$145.30

Preventive Only Plan

	FY 22 Rates
Employee Only	$12.53
Employee & Adult	$25.06
Employee & Child	$25.06
Employee & Adult & Child	$34.68
Employee & Children	$34.68
Employee & Family	$50.16