

# Welcome to your dental plan.

With the UnitedHealthcare Dental PPO Plan, you have one of the largest dental networks in the country, the freedom to see any specialist without a referral and a lot more.

## Dental benefits that give you freedom and choice.

With this plan, you can see any dentist you want, anywhere across the country. When you choose a dentist who is part of your plan's large national network, you may receive discounted rates only available to members.



### Preventive care.

As long as you see a network dentist, your plan pays for all or most of your preventive dental care, including routine checkups, cleanings and annual oral cancer screens for adults. You can get 2 cleanings in a 12-month period—one every 6 months. Some plans cover more cleanings for an additional copay.

Preventive visits are important because your dentist can catch problems early when they're easier to treat. Good oral health helps protect your teeth and gums and is also linked to your overall health.



### Fillings, crowns and more.

The plan also covers fillings and may cover procedures, such as crowns and bridges. Some plans only cover silver fillings for back teeth. If you choose white fillings, you may need to pay the difference.

#### **Cosmetic procedures are not covered.**

Your plan doesn't cover services, such as teeth whitening, that are done only to improve the look of your teeth.



### Extra dental visits when you're pregnant.

Increased bacteria levels in a pregnant woman's mouth can lead to tooth decay. Your plan covers extra visits for cleanings and gum treatments when you're pregnant, as recommended by your dentist. Ask your dentist to submit a claim to the address on your ID card. Be sure to include the name of your OB/GYN and your pregnancy due date.

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# Make the most of your dental plan.



## Find a network dentist.

You have 2 options to help you in your search:

- 1 Log in to [myuhc.com](https://myuhc.com)® and use the Find a Dentist tool to search by name, facility or location to see a list of dentists in your network.
- OR**
- 2 Call the number on your ID card.

If a network dental provider is not available within a reasonable distance of where you live or work, you may be referred to an out-of-network dental provider and still receive services at the network rate. Please use [myuhc.com](https://myuhc.com) to see your official dental plan documents for all of the details about your plan coverage or call the number on the back of your ID card.



## Use your dental ID card.

All members receive an ID card. Your card only lists the name of the person who signed up for the plan, but everyone covered by your plan should use the card. Be sure to bring it with you each time you see the dentist.

Print your ID card anytime at [myuhc.com](https://myuhc.com).



## Estimate your costs.

Use the dental cost calculator on [myuhc.com](https://myuhc.com) to calculate your out-of-pocket costs ahead of time.

1. Select **Coverage & Benefits**.
2. Select **Dental**.
3. Select **Dental Cost Calculator**.

## How your plan works.

### Deductible.

For services other than preventive care, you may have to pay a deductible—a set dollar amount—before your coverage kicks in.

### Cost sharing.

Your dental plan benefits begin as soon as you meet the deductible. After that, you and your plan will share the costs of the services you receive. (This is known as coinsurance, the percentage of costs you pay for covered dental care after you've paid your deductible.)

### Annual maximum.

Your plan pays for services up to a set dollar amount, called an annual maximum. Preventive services, including routine dental checkups, may count toward your annual maximum. If you reach the maximum amount, you'll need to pay the entire cost of any additional dental care you receive that year. Find your annual maximum on [myuhc.com](https://myuhc.com) or call the number on your ID card.

### Pre-treatment estimates.

If you're planning to have a procedure that may cost more than \$500, ask your dentist to send UnitedHealthcare X-rays and notes about your condition. We will review the treatment to make sure it's medically necessary. (The plan doesn't cover unnecessary procedures.) After the review, your dentist will receive an estimate of what the plan will pay and what your out-of-pocket costs will be.

### Out-of-network services.

If you use a dentist outside the network, you may need to pay the difference between what the plan covers and what your dentist charges for the services. Plus, you may need to submit your own claims.

### Submit claims online.

You can easily submit claims on [myuhc.com](https://myuhc.com). It only takes a few minutes, helps reduce errors and helps you get reimbursed faster.



### Need help?

Log in to [myuhc.com](https://myuhc.com) or call **1-800-445-9090**, TTY **711**, Monday–Friday, 7 a.m.–10 p.m. CT.



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We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意: 如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請致電: 1-800-445-9090, TTY 711.

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