

Welcome

to your PPO dental plan

We're happy that you have decided to become a UnitedHealthcare dental member. We will do everything we can to make your experience a positive one.

Take a few minutes to review this information, and remember that we're here to help if you have questions. Simply call Customer Care at the number on your ID card.

How does my plan work?

With this plan, you are free to see any dentist across the country, but we encourage you to choose a dentist who is part of our network. Network dentists agree to discount their services for our members. And choosing a network dentist is easy thanks to our large national network.

If you need to see a specialist, we encourage you to work with your primary care dentist who understands your needs. However, you are not required to get a referral.

There are two ways to find a network dentist. Visit myuhc.com and use the Find a Dentist tool or give us a call at the number on your ID card.

What is covered by my plan?

Preventive care—Your plan covers preventive services, such as routine exams and cleanings, at little or no cost to you as long as you see a dentist who is part of our network. If you receive your preventive services from a dentist who is not part of the network, you will likely be billed for the difference between what the plan pays and what your dentist charges for the service.

Your plan covers two preventive visits in 12 consecutive months.

Extra services if you're pregnant

If you are pregnant, your plan covers extra visits for cleanings and gum treatments as recommended by your dentist. Take advantage of this benefit because during pregnancy women can have increased levels of bacteria in the mouth which can lead to tooth decay. Ask your dentist to submit a paper claim to the claims address on your ID card, including the name of your obstetrician and your pregnancy due date, and we'll take care of the rest.

Other types of care—Your dental 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.

Seven things to know:

1. You can see any dentist in or outside of our large national network.
2. You can save money if you see a dentist who is part of the network.
3. You don't need a referral to see a specialist.
4. Preventive services are covered at little or no cost to you.
5. Getting an estimate for dental services that may cost more than \$500 is a good idea.
6. There's a website just for you—myuhc.com.
7. Call us at the number on your ID card anytime you have a question.





Online tools you'll find helpful:

Find a Dentist: The easiest way to find a network dentist is to log in to **myuhc.com**. That way, you'll only see your plan's network.

If you decide not to log in, you can still use the online Find a Dentist tool, but you'll have to select your network from a list of networks, which is an added step.

Dental Cost Calculator: This **myuhc.com** tool will help you understand the amount you will need to pay out of pocket.



Your ID card:

- You can print your ID card from **myuhc.com**.
- If you are a new member, you will be issued a card. If you are not, continue to use the one you have.
- Your ID card only lists the name of the person who signed up for the plan, but all of those covered by your plan should use this card.
- Bring your dental ID card with you each time you see the dentist.

Deductibles

For services other than preventive care, you may have to pay a set amount called a deductible before your coverage begins paying for these services.

Sharing the costs

Once any necessary deductible is met, your benefits begin. You and your dental plan will share the costs of the services you receive. The percentage your dental plan pays is called coinsurance.

Annual maximum

Your plan will pay for services up to a set amount, called an annual maximum. It's important to know that preventive services, such as your routine dental checkups, may count toward your annual maximum. Once you meet your annual maximum, you are responsible for all the costs for any additional dental care you may need.

Cosmetic procedures

Also remember that some services, such as teeth whitening, that are done to improve the look of your teeth may not be covered by your plan

Pre-treatment estimate

If you're having a procedure that may cost more than \$500, we recommend that you ask your dentist to send us x-rays and notes about your dental condition. We will review the recommended treatment to make sure that the procedure is considered medically necessary. If it is not, the procedure will not be covered. After we review the information, we will give your dentist an estimate of what we will pay for the procedure, so you know how much you will need to pay.

Questions?

If you have questions about your benefits, visit **myuhc.com** or call Customer Care. Thank you again for choosing UnitedHealthcare. You're on your way to a healthy, beautiful smile!



This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or UnitedHealthcare Insurance Company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA.