



Your Dental Benefits Welcome Guide



Let's get started.

Welcome. We're thrilled that you've decided to become a UnitedHealthcare dental member. We'll do everything we can to make your experience a positive one.



This guide will help you understand:

- How to use your plan
- What's covered
- How to get answers to your questions

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 the back of your ID card.

Your ID card

- If you are a new member, expect to receive your dental ID card within 10 days of when your employer enrolls your group. If this is not your first year as a UnitedHealthcare dental member, you may not get a new dental ID card. Simply continue to use the one you have.
- Your dental ID card will only list the name of the person who signed up for the dental plan (the subscriber).
- Bring your dental ID card with you each time you see the dentist.
- If you need more copies of your ID card, call Customer Care or order them on your member website, www.myuhcdental.com.

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 and help keep your teeth and gums healthy.
- 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 — www.myuhcdental.com.
- 7 Call us at the number on the back of your ID card any time you have a question.



How do I make the most of my PPO plan?

PPO stands for **Preferred Provider Organization**. With this plan, you are free to see any dentist across the country. However, we encourage our members to choose dentists who are part of our network. Network dentists agree to discount their services for our members by 20–30 percent on average. And choosing a network dentist is easy, thanks to our large national network.

If you receive services from a dentist who is not part of the network, you may be billed for the difference between the

average charges for your area (known as “usual and customary”) and what your dentist typically charges. That’s why staying in the network pays off.

Another advantage is that network dentists handle the claims paperwork for you. They bill us, and we pay them directly. Some non-network dentists require you to submit your own claims.

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. Simply remember to choose a specialist who is part of the network.

Some PPO plans pay a larger percent of the bill when you see a dentist who is part of the network. That’s another way you may be able to save. For more information, log in to www.myuhcdental.com and click on the **Plan Information** link on the left side of the page.



It’s easy to find a network dentist. Find out more on page 4.



Health Tip

The fine art of flossing

- With about 18 inches of floss, wind one end around a middle finger. Wind the same amount around the opposite middle finger.
- Keep the floss tight between each thumb and forefinger.
- Insert the floss between your teeth, curving the floss into a C so it reaches a larger surface area.
- Be gentle on your teeth. Rub the floss against your teeth. Don’t snap it.
- Don’t forget to floss all your teeth, including behind your back teeth.

What's covered by my plan?



Exams and cleanings

Your plan covers preventive services: routine exams, cleanings, oral cancer screenings for adults and sealants for children. Preventive services are covered 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 be billed for the difference between what we pay our network dentists and what your dentist typically charges.

Preventive care — at little or no cost to you.

Your plan covers two preventive visits in 12 consecutive months. If you have questions about whether a visit will be covered, give us a call.

If you are pregnant, you qualify for extra visits at no additional charge. Be sure to take advantage of this benefit. 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. Note that some plans only cover silver fillings for back teeth. If you choose white fillings, you may need to pay the difference. Check your plan information on your member website or call Customer Care to confirm how your plan works.

White or silver fillings?

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.

To see if your plan has a deductible, visit www.myuhcdental.com and click on **Plan Information**, or give us a call.



Once any necessary deductible is met, your benefits begin. You and your dental plan will share the costs of the services you receive. The percent your dental plan pays is called **coinsurance**. If your coinsurance is 80 percent for a service, for example, your dental plan pays 80 percent of the costs covered by your plan, and you pay 20 percent of the costs. Check your benefits on www.myuhcdental.com to learn what your coinsurance is, or give us a call.



Your plan will pay for services up to a set amount, called an **annual maximum**. You can find your annual maximum by viewing your plan information online or by calling Customer Care. Once you meet your annual maximum, you are responsible for all the costs for any additional dental care you may need.

Preventive visits may count toward your annual maximum. Check your plan document.

It's important to know that preventive services, such as your routine dental checkups, may count toward your annual maximum. Check your plan information on www.myuhcdental.com or call Customer Care.

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

Where to get answers beyond this guide.



How do I find a dentist in my network?

There are two easy ways to find a network dentist.

- 1 Visit your member website, www.myuhcdental.com, and use the **Dentist Locator** tool.

OR

- 2 Give us a call at the number on the back of your ID card.

Your dental member website has all kinds of helpful information about how to take care of your teeth and gums and how doing so may impact your overall health.



Dentist Locator Tool
at www.myuhcdental.com



Is a procedure covered? What will it cost?

If you're having a procedure that may cost more than \$500, we recommend 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, and you will have to pay for all of the costs, so this is an important step. 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.

See page 5 for details on using the online **Treatment Cost Calculator** to help you understand your out-of-pocket costs.



Cost Calculator
at www.myuhcdental.com



If I have questions, what do I do?

We want to make sure you understand your plan so you can enjoy the terrific benefits it provides.

You'll find your member website, **www.myuhcdental.com**, a great resource, but if you prefer, give us a call at the number on the back of your ID card. We're happy to help.

Thank you for choosing **UnitedHealthcare**. We look forward to helping you and your family enjoy healthy smiles!



Call Customer Care
at the number on your ID card



Online tools you'll find helpful:

Dentist Locator:

This tool will help you locate a dentist who is part of our network, so you can begin saving today. Remember, when you see a network dentist, you will typically save 20–30 percent on services.

The easiest way to find a network dentist is to log in to www.myuhcdental.com. That way, you'll only see your plan's network. You'll need to create a username and password to log in. Have your UnitedHealthcare dental ID card handy. You'll need the Subscriber ID number the first time you sign on. The Subscriber ID may be called "Member ID" on your card.

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

Treatment Cost Calculator:

On www.myuhcdental.com, you'll also find the Treatment Cost Calculator. This tool will help you understand the amount you will need to pay out of pocket.

Source4Women*:

On www.source4women.com, you'll find information on caring for your mouth, including a dental blog. There are helpful tips for the entire family.

Educational Materials:

Find out how to take care of your teeth and gums by viewing our oral health videos and other member education materials on www.myuhcdental.com.

Questions?

Check out www.myuhcdental.com or give us a call at the number on the back of your ID card.

Notes:



Scan the QR code to visit a special website with videos and other materials designed to help you understand your plan and improve your oral health, or visit www.uhctogether.com/Dental1



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