



A dental plan to smile about

welcometouhc.com/dentalppo

Toll-Free **1-888-679-8925**

Habla Español? Podemos ayudar.

Kivi Bros. Trucking

Dental Network: National Options PPO30

**United
Healthcare**

Helping you save money and keep your teeth and gums healthier

You have choices

When you choose a dentist from the plan's large national network, you may receive discounted rates only available to members.

- Save when you use a provider in our network
- You don't need a referral to see a specialist
- Preventive care is covered 100% in our network
- Get coverage on hundreds of services

Visit welcometouhc.com/dentalppo to find network providers and learn more.

More help to stay healthier

Oral cancer screenings

With our dental plan, adults get oral cancer screenings as part of the preventive care benefit.

Extra care during pregnancy

We cover extra dental visits during pregnancy and the first 3 months after birth.*



Your teeth affect your health

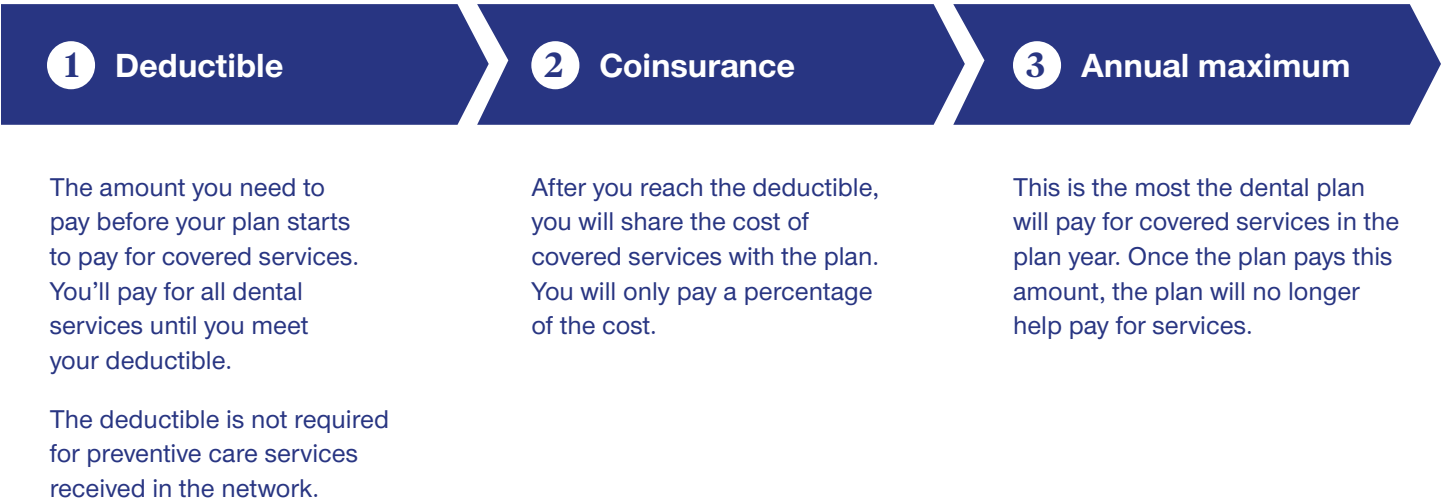
Gum disease is a painless disease that causes bacteria and toxins to enter your blood, which may also be connected to:¹

- ✓ Diabetes
- ✓ Heart disease
- ✓ Pregnancy complications
- ✓ Respiratory conditions
- ✓ Rheumatoid arthritis



Paying for dental care

Review your dental plan documents to view specific coverage and cost details.



Tap into your benefits on myuhc.com® or the UnitedHealthcare® app



Search for a network dentist or clinic



Access your digital dental plan ID card



Estimate dental costs



View claims and more

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201

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 toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios 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。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyang identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

اللب قصاصات فبرعلا قاطب يل ع جردمل ياناجمل فستالم اقرب لاصتال يجرى لكل احاتم قيناجمل فيوغلل قدعاسجلما تاداخ ناف، قيبرعلا شحتت ترك اذا: ميبنت

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

ديريگب سامت هدش دوق امش يي اسانش تراك يور مك يناناگار نفلت رامش اب افطل، يشاب يم امش رايتخا رد نااگار روط هب ينابز دادما تاداخ، تسما (Farsi) سراف امش نابز رگا: مچوت

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुलक उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សំដៅនូវ ភាសាដើមឥតគិតថ្លៃ គឺមានសំដៅអ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្នើសុំសេវាបំណុលសម្រាប់អ្នក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DIÍ BAA' ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nít'i'izi bee nééhozinígíí bine'déq' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Learn more

Call **1-888-679-8925** Habla Español? Podemos ayudar. | Visit welcometouhc.com/dentalppo

**United
Healthcare**

*This service is not available in all states.

† American Dental Association. Mouth Healthy Gum Disease. © 2017 American Dental Association, Web.

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 your employer, broker or the company.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

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 Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

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Dental Plans
Dental Wellness



Discover the connection between good oral health and better overall health.

Dental wellness.

Taking care of your oral health with regular dental visits plays a key role in your overall well-being. When you see a network dentist, your plan covers preventive dental care.

50% of U.S. adults over 30 have gum disease.¹

Take advantage of your dental plan to help keep your gums in check.



Wellness benefits are covered at 100 percent when you see a network dentist. Benefits include:

Two routine checkups in a 12-month period—one every 6 months.

- Includes cleanings.
- Some plans cover more cleanings for an additional copay.

Annual oral cancer screenings for covered adults (age 18 and older).

Screenings may include:

- Light contrast screening: A test that uses light to help your dentist find healthy and unhealthy tissue.
- Brush biopsy: A tissue sample taken from a suspicious area.

Extra cleanings and gum treatments for expectant mothers—as recommended by your dentist.*

The coverage includes:

- Dental cleanings while you're pregnant and 3 months following delivery.
- Deep scaling (non-surgical gum treatment).
- Gum maintenance.

Ask your dentist to include the name of your obstetrician and your due date on your dental claim. Share this letter with your dental office to inform them of this benefit. We'll handle the rest.



How oral health can affect pregnancy.

Gum disease in pregnant women may be linked to complications like pre-term births and low birth weights.²



Adopting good oral health habits when young helps prevent issues when older.

Help your kids start good habits early.

- When your child's teeth first appear, brush them twice daily with a soft toothbrush or wipe with soft gauze or a washcloth.
- Make first dental appointment at age 1.
- At age 3, add a pea-sized dab of fluoride toothpaste and continue to brush their teeth twice a day.
- Floss when teeth start touching.
- Limit sugary snacks and drinks.
- Provide meals from the 5 basic food groups.
- Take your child to the dentist regularly and ask about sealants and fluoride supplements.

Regular screenings can help reduce risk of:

Diabetes

Diabetics have a weakened immune system, which may make it harder to keep bacteria from causing gum disease and raising blood glucose levels.

Heart disease

Gum disease allows bacteria to get into your bloodstream and puts you at risk for heart attack and stroke.

Respiratory conditions

Gum disease bacteria can be inhaled into your lungs, and increase your risk of pneumonia and infections.

Rheumatoid arthritis

Gum disease can increase the severity of arthritis.

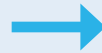
Discover the
**mouth-body
connection.**



Your mouth reflects
your overall health.



Your dentist can detect
signs of disease.



Infections in your mouth
can affect your entire body.



Know the warning signs.

Gum disease is a painless condition many people don't realize they have until it's already done significant damage. When your gums become infected, bacteria and toxins enter your bloodstream, which may worsen other health conditions. If you experience any of the following, see your dentist immediately.

- Red, swollen or tender gums.
- Gums that bleed when you brush.
- Bad breath.
- Loose teeth.
- Changes in how teeth fit together.

#1

chronic infectious disease to affect children is tooth decay.³

1 in 5

cases of total tooth loss are linked to diabetes.⁴

4x

higher risk of stroke for people with severe gum disease.⁵

Learn more about our dental plan and benefits.



View your dental plan benefits and cost tools at myuhc.com®.



Get more wellness tips. Find out more about dental wellness at uhc.com/dental-health.



* Not available in the state of Washington.

¹ Eke P, Dye BA, Wei L, Thornton-Evans GO, Genco RJ. Prevalence of periodontitis in adults in the United States: 2009 and 2010. J Dent Res 2012; 91(10):914-920. Published online August 30, 2012.

² https://www.perio.org/consumer/AAP_EFP_Pregnancy.

³ Children's Oral Health," U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, <http://www.cdc.gov/OralHealth/topics/child.htm>, page last modified: January 7, 2011.

⁴ The American Dental Association. "Diabetes."

⁵ Grau, Armin J. et al. "Periodontal Disease as a Risk Factor for Ischemic Stroke." Stroke. 2004. <http://stroke.ahajournals.org/content/35/2/496.full>.

The information provided is for educational purposes only. If you have a UnitedHealthcare Dental plan, please refer to your certificate of coverage for a full description of benefits.

Policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please see your official dental plan documents.

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 Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a standalone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX.

The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware.

Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

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DENTAL

Take steps to protect your teeth.

As a UnitedHealthcare plan member, your benefits include, a confidential outreach program, sponsored by your employer, that may encourage you to see a dentist.

You may receive a call about your dental care.

If you're pregnant — or if you have a chronic illness like diabetes or kidney disease — you may receive an automated phone call or mailer about visiting your dentist. With this program, all calls from UnitedHealthcare are *completely confidential*. We will never share your name with your employer.



Oral health can affect your overall health.

Diabetes

People with diabetes may be at risk for gum disease. Left untreated, gum disease can make it harder to control your blood sugar and may cause tooth loss. If you have diabetes, it's more important than ever to take care of your mouth.^{1,2}

Kidney disease

Studies have found a link between kidney disease and gum disease. Over time, kidney disease can weaken your bones and cause tooth loss. If you have kidney disease, ask your dentist about steps you can take to protect your teeth.³

Log in to **myuhc.com**® to see your dental plan documents and complete coverage details.



Take time for dental care when you're pregnant.

Increased bacteria levels in a pregnant woman's mouth can lead to tooth decay. That's why dental care is important when you're pregnant. Your dentist can help you improve the health of your mouth, find problems with your teeth and gums, and develop a treatment plan that's right for you.⁴

Need help?



Visit myuhc.com.

Log in to find personal details about your plan.



Call toll-free.

Call customer care anytime you have a question at **1-800-445-9090**, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CT.



Connect with us.

Twitter®: @myUHC
Facebook® and YouTube®:
UnitedHealthcare

Make the most of your dental plan.

As a member, you can see your plan details, check your claims and learn about oral health on **myuhc.com**.



Find a network dentist.

Finding a network dentist is easy. You have two options:

1. Log in to **myuhc.com** and use the **Find a Dentist** tool to search by name, facility or location. You'll see a list of dentists who are part of your network.
2. Call the customer care 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 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.

Need help?

Log in to **myuhc.com** or call **1-800-445-9090**, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CT.

¹ National Institute of Dental and Craniofacial Research, "Diabetes: Dental Tips," <https://www.nidcr.nih.gov/oralhealth/Topics/Diabetes/DiabetesDentalTips.htm>, NIH Publication No. 16-2946, June 2016, no copyright.

² Journal of Clinical Periodontology, "Diabetes and periodontal diseases: consensus report of the Joint EFP/AAP Workshop on Periodontitis and Systemic Diseases," <http://onlinelibrary.wiley.com/doi/10.1111/jcpe.12077/full>, Volume 40, Issue s14, April 2013, © 2013 European Federation of Periodontology and American Academy of Periodontology.

³ Journal of Clinical Periodontology, "Association between periodontitis and mortality in stages 3–5 chronic kidney disease: NHANES III and linked mortality study," <http://onlinelibrary.wiley.com/doi/10.1111/jcpe.12502/full>, Volume 43, Issue 2, February 2016, © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

⁴ Journal of Midwifery and Women's Health, "Dental Care in Pregnancy," <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12108/full>, Volume 59, No. 1, January/February 2014, © 2014 by the American College of Nurse-Midwives.

This product is not available in all states.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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.

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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 the company.

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UHC Dental Enrollment Kit 041923



Answers to your dental plan questions

1. Will I get a UnitedHealthcare dental ID card?

UnitedHealthcare now provides all dental ID cards electronically using the UHC phone app, or Members may print your ID card anytime at myuhc.com[®]. Employees who prefer a paper card will still be able to request one by calling member services at 1-866-414-1959.

2. How do I make an appointment?

Call your dentist to make an appointment. Let them know you have a UnitedHealthcare dental plan and show your ID card at your appointment.

3. How do I check on a claim?

Simply log in to myuhc.com. Or call the toll-free Customer Service number on your ID card.

4. Do I need to see a network dentist?

You'll save money by seeing a network dentist. If you see a dentist outside the network, your out-of-pocket costs will almost always be higher.

5. Does UnitedHealthcare pay out-of-network dentists directly?

UnitedHealthcare pays all dentists directly. We can't require out-of-network dentists to accept payments from us, but most do.

6. How can I find a network dentist?

You have 2 options for finding network dentists:

- ❶ Log in to myuhc.com and use the **Find a Dentist** tool. You'll see a list of dentists who are part of your network. (If you don't log in to the website, you can still use the search tool, but you will have to choose your network from the list. The name of your network is on your ID card.)
- ❷ Call the Customer Service 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. Please see your dental plan documents for plan coverage details.



Need help?

Visit myuhc.com. Log in for 24/7 access to details about your dental plan:

- Get tips on taking care of your teeth and gums
- Watch dental health videos
- Estimate treatment costs
- Search for dentists
- Print an ID card
- View your claims

7. Can I ask UnitedHealthcare to add my dentist to the network?

If you want your dentist to be part of the network, visit myuhc.com and fill out the provider nomination form. Or call Customer Service at the number on your ID card.

8. I started dental work when I had a different insurance plan. What happens now?

Your old plan should pay for any dental work that was started until it's finished. For example, if your dentist did prep work for a crown on Dec. 29 but didn't place the crown until after you switched to UnitedHealthcare on Jan. 1, your old dental plan will cover the charges for the whole procedure.

If the date you received care is before you switched to UnitedHealthcare, submit a claim to your old plan. (In some cases, depending on what your old plan covered, you may need to pay the bill.) UnitedHealthcare will handle new dental care you receive after Jan. 1.

**United
Healthcare**

9. What happens if I switch to UnitedHealthcare when I have braces?

If you switch dental plans when you have braces, your new UnitedHealthcare plan will pay for your care on a prorated basis. Your coverage will depend on the time left in your treatment plan and your benefit level.

The company does not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

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Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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Phone: Toll-free **1-800-368-1019**, **800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free number on your health plan ID card and press 0, **TTY 711**.

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. **TTY 711**

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 0。聽力語言殘障服務專線 711

Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. **TTY 711**

귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. **TTY 711**

May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. **TTY 711**

10. How do I submit a claim?

In most cases, your dentist will submit your claim for you.

If you need to submit a claim, send it to the address listed on your ID card.

Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажимайте 0. Линия TTY 711

لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخططك الصحية، واضغط على 0. الهاتف النصي (TTY) 711

Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. **TTY 711**

Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. **ATS 711**.

Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. **TTY 711**

Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usłudze tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. **TTY 711**

Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 0. **TTY 711**

ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、0を押してください。TTY専用番号は711です。

شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و ۰ را فشار دهید. **TTY 711**

Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti/TTY: 711

Learn more

Call Customer Service toll-free at the number on your ID card anytime you have a question. The automated system is available 24 hours a day, 7 days a week.

**United
Healthcare**

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 Texas use policy form number DPOL.06.TX and associated COC form number DCOG.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOG.CER.06.VA

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, contact UnitedHealthcare Insurance Company.

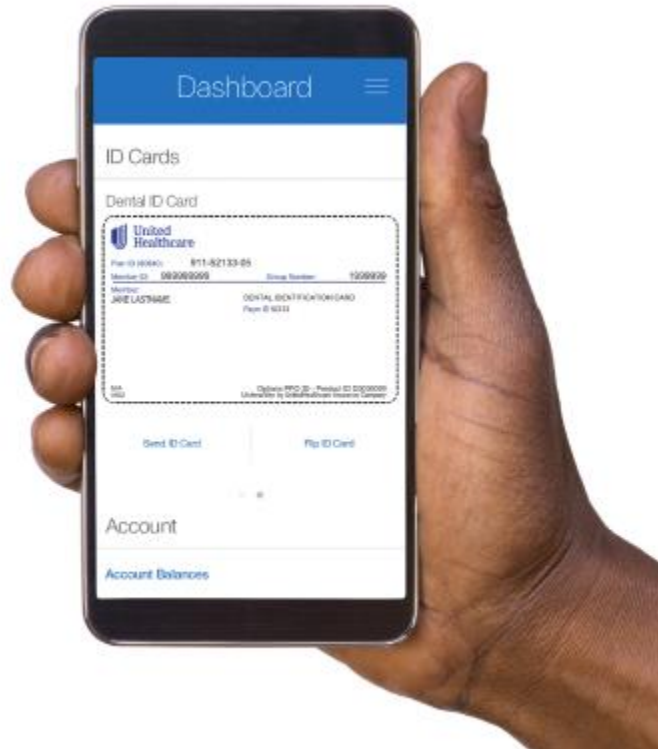
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The same dental care +
more convenience for
your employees

The new digital dental ID card is here!

Your employees' dental experience just got easier and more convenient. With the new digital dental ID card from UnitedHealthcare, access is at their fingertips so their card will always be there when it's needed.



Now, your employees will be able to:

- View or email their card anytime, anywhere from their smartphone or mobile device
- Enjoy the perk of having 1 less card to carry in their wallet
- Get dental plan information online, anytime

Your employees will receive a letter from UnitedHealthcare with more information, including 2 easy ways to access their new digital dental ID card:



1. Visit myuhc.com® > View & Print Member ID Cards



2. Use the UnitedHealthcare® app

Employees who prefer a paper card will still be able to request one by calling member services at **1-866-414-1959**.

Base Dental Plan

UnitedHealthcare Insurance Company (30100)®			Dental Plan	
Contributory Options PPO 30 / covered dental services			New Standard/55P08/U90	
	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year	\$1,000 per person per Lifetime	\$1,000 per person per Lifetime
New enrollee's waiting period	None			
Annual deductible applies to preventive and diagnostic services			No (In Network) No (Out Network)	
Annual Deductible Applies to Orthodontic Services			No	
Orthodontic Eligibility Requirement			Child Only (Up to Age 19)	
Lifetime Max for TMJ			\$0	
COVERED SERVICES *	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Radiographs	100%	100%		
Lab and Other Diagnostic Tests	100%	100%		
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Fluoride Treatment (Preventive)	100%	100%		
Sealants	100%	100%		
Space Maintainers	100%	100%		
Emergency Treatment/General Services	100%	100%		
BASIC SERVICES				
Restorations, Amalgams or Composite (Anterior & Posterior)	80%	80%	See Exclusions and Limitations section for benefit guidelines.	
General Services - Adjunctive Anesthesia	80%	80%		
General Services - Adjunctive Occlusal Guard	80%	80%		
General Services - Adjunctive Other	80%	80%		
Simple Extractions	80%	80%		
Oral Surgery (incl. surgical extractions)	80%	80%		
MAJOR SERVICES				
Periodontics	50%	50%	See Exclusions and Limitations section for benefit guidelines.	
Endodontics	50%	50%		
Inlays/Onlays/Crowns	50%	50%		
Dentures and Removable Prosthetics	50%	50%		
Fixed Partial Dentures (Bridges)	50%	50%		
TMJ	50%	50%		
Implants	50%	50%		
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	50%	50%		

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage. Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

In accordance with Minnesota State Mandate services for TMD/TMJ, Cleft Palate/Lip and Reconstructive Surgery are covered under this plan. For a complete listing of coverage, please see your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled. General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
- 9 RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
- 11 INLAYS, ONLAYS, AND VENEERS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- 29 CONE BEAM Limited to 1 time per consecutive 60 months.

GENERAL EXCLUSIONS

The following are not covered:

- 1 Dental Services that are not Necessary.
- 2 Hospitalization or other facility charges.
- 3 Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- 4 Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
- 5 Any Dental Procedure not directly associated with dental disease.
- 6 Any Dental Procedure not performed in a dental setting.
- 7 Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- 8 Placement of dental implants, implant-supported abutments and prostheses.
- 9 Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 10 Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- 11 Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- 12 Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- 13 Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 14 Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
- 15 Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
- 16 Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- 17 Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- 18 Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 19 Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- 20 Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- 21 Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child. This exclusion does not apply for groups situated in the state of Arizona, in order to comply with state regulations.
- 22 Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 23 Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
- 24 Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
- 25 Foreign Services are not Covered unless required as an Emergency.
- 26 Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- 27 Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
- 28 Replacement of complete dentures, fixed and removable partial dentures, or crowns and implants, implant crowns and prosthesis, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.

Buy Up Dental Plan

UnitedHealthcare Insurance Company (30100)® Voluntary Options PPO 30 / covered dental services			Dental Plan New Standard/55P09/U90	
	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$2,500 per person per Calendar Year	\$2,500 per person per Calendar Year	\$1,000 per person per Lifetime	\$1,000 per person per Lifetime
New enrollee's waiting period	None			
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out Network)
Annual Deductible Applies to Orthodontic Services			No	
Orthodontic Eligibility Requirement			Child Only (Up to Age 19)	
Lifetime Max for TMJ			\$0	
COVERED SERVICES *	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Radiographs	100%	100%		
Lab and Other Diagnostic Tests	100%	100%		
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Fluoride Treatment (Preventive)	100%	100%		
Sealants	100%	100%		
Space Maintainers	100%	100%		
Emergency Treatment/General Services	100%	100%		
BASIC SERVICES				
Restorations, Amalgams or Composite (Anterior & Posterior)	90%	90%	See Exclusions and Limitations section for benefit guidelines.	
General Services - Adjunctive Anesthesia	90%	90%		
General Services - Adjunctive Occlusal Guard	90%	90%		
General Services - Adjunctive Other	90%	90%		
Simple Extractions	90%	90%		
Oral Surgery (incl. surgical extractions)	90%	90%		
MAJOR SERVICES				
Periodontics	60%	60%	See Exclusions and Limitations section for benefit guidelines.	
Endodontics	60%	60%		
Inlays/Onlays/Crowns	60%	60%		
Dentures and Removable Prosthetics	60%	60%		
Fixed Partial Dentures (Bridges)	60%	60%		
TMJ	60%	60%		
Implants	50%	50%		
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	50%	50%		

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage. Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

In accordance with Minnesota State Mandate services for TMD/TMJ, Cleft Palate/Lip and Reconstructive Surgery are covered under this plan. For a complete listing of coverage, please see your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled. General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
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- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
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- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- 29 CONE BEAM Limited to 1 time per consecutive 60 months.

GENERAL EXCLUSIONS

The following are not covered:

- 1 Dental Services that are not Necessary.
- 2 Hospitalization or other facility charges.
- 3 Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- 4 Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
- 5 Any Dental Procedure not directly associated with dental disease.
- 6 Any Dental Procedure not performed in a dental setting.
- 7 Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- 8 Placement of dental implants, implant-supported abutments and prostheses.
- 9 Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 10 Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- 11 Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- 12 Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- 13 Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 14 Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
- 15 Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
- 16 Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- 17 Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- 18 Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 19 Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- 20 Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- 21 Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child. This exclusion does not apply for groups situated in the state of Arizona, in order to comply with state regulations.
- 22 Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 23 Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
- 24 Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
- 25 Foreign Services are not Covered unless required as an Emergency.
- 26 Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- 27 Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
- 28 Replacement of complete dentures, fixed and removable partial dentures, or crowns and implants, implant crowns and prosthesis, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.