

PPO

Welcome

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

An important step is helping you understand:

- How to use your plan
- ▶ What's covered and
- ▶ 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 Member Service at the number on the back of your ID card.

Now let's get started...

Seven things to know:

- You can see any dentist in or outside of our large national network.
- 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 youwww.myuhcdental.com.
- 7. Call us at the number on the back of your ID card anytime you have a question.

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 Member Service or order them on your member website, www.myuhcdental.com.



What's an PPO plan and how do I use it?

With this plan, you are free to see any dentist across the country, but we encourage our members to choose dentists who are part of our network because they 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, so 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.

Seeing a specialist

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, so that's another way you may be able to save. For more information, log in to **www.myuhc.dental. com** and click on the *Plan Information* link on the left side of the page.

There are two easy ways to find a network dentist. Visit your member website, **www.myuhcdental. com**, and use the *Dentist Locator* tool or give us a call.

Your dental member website has all kinds of helpful information on how to take care of your teeth and gums and how doing so may impact your overall health. There you'll also find a tool called the *Treatment Cost Calculator* that can help you understand your out-of-pocket costs.

So what is covered by my plan?

Preventive care—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.

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.

Extra services if you're pregnant

If you are pregnant, you qualify for extra visits at no additional charge. (Check your plan document for details.) Be sure to 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. (Check your member website to confirm the services covered by your plan.)

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 Member Service to confirm how your plan works.

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

Coinsurance

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. Check your benefits on **www.myuhcdental.com** to learn what your coinsurance is, or give us a call.

Annual maximum

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 Member Service. Once you meet your annual maximum, you are responsible for all the costs for any additional dental care you may need. 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 Member Service.

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, 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.

If I have a question, what do I do?

We want to make sure that 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're looking forward to helping you and your family enjoy healthy smiles.

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% 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 a tool called the Treatment Cost Calculator. This tool will help you understand the amount you will need to pay out of pocket.



Questions?

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



UnitedHealthcare Dental® coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.