



Routine dental vs. Platinum Dental Rider

Additional coverage that may make you smile.

As a UnitedHealthcare member, you may have routine dental included in the plan you select. You also have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase the rider anytime during the year. Simply call the number on the back of your member ID card to tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.

With routine dental you get:

- ✓ No Deductible
- ✓ 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- ✓ \$0 Copay
- ✓ Freedom to see any dentist you choose¹

For \$30 a month (in addition to any premium you pay for your Medicare Advantage plan), with the Platinum Dental Rider you'll get:

- ✓ 100% coverage (deductible does not apply) for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- ✓ 80% coverage for the most common dental procedures, including fillings, and filling restoration
- ✓ 50% coverage for major services such as dentures, crowns, root canals and oral surgery
- ✓ \$100 annual deductible (the amount you pay before the plan kicks in)
- ✓ \$1,000 yearly maximum (the total amount the plan will pay for covered services in the calendar year, this includes preventive, diagnostic, basic and major services)
- ✓ Freedom to see any dentist you choose¹

With the Platinum Dental Rider, you'll enjoy 100% coverage for preventive care and up to 80% coverage for common procedures. See the back of this page for a cost-comparison chart.

To find a network dentist in your area, go to www.UHC Medicare Dentist Search.com and select the National Medicare Advantage Network.

For more information on the Platinum Dental Rider, to find a network dentist or to enroll, call the number on the back of your member ID card.

¹You can see any dentist. However, you'll get greater savings from a network dentist. When you see an out-of-network dentist, the plan pays according to a maximum allowable fee schedule; you pay the rest. For your convenience, you can change dentists at any time. However, services currently in progress must be completed by the same dentist.





Routine dental vs. Platinum Dental Rider

Comparison of Routine Dental to the Platinum Dental Rider²

Covered Services	Routine Dental You pay In-Network ³ You pay Out-Of-Network ⁴ No Deductible	Platinum You pay In-Network ³ You pay Out-Of-Network ⁴ Deductible Does Not Apply	Benefit Guidelines
------------------	---	---	--------------------

Using an Out-Of-Network Dentist

If the plan you select offers out-of-network benefits, your out-of-pocket costs may be higher if you choose an out-of-network dentist instead of one who is in the network. The plan pays according to a maximum allowable fee schedule and you will pay any fees beyond that amount in addition to the amounts listed below.

Preventive and Diagnostic Dental Services

Periodic Oral Examination	\$0 75%	\$0 \$0	Two per 12 months
Dental Prophylaxis (cleanings)	\$0 75%	\$0 \$0	Two per 12 months
Bitewing X-rays	\$0 75%	\$0 \$0	Up to 1 time per 12 month period
Complete Series or Panorex X-rays	\$0 75%	\$0 \$0	Up to 1 time per 36 month period

Basic Dental Services (Minor Restorative)

Amalgam Restorations (fillings)	Not covered	20% 20%	One restoration allowed per surface every 3 years
Composite Resin Restorations (fillings)	Not covered	20% 20%	One restoration allowed per surface every 3 years

Major Dental Services (Endodontics, Periodontics and Oral Surgery)

Root Canal Treatment	Not covered	50% 50%	Once per tooth per lifetime
Root Planing	Not covered	50% 50%	Once per 24 months per quadrant

²This chart highlights common dental procedures – it is not a complete list of covered dental services.

³Copays may vary depending on service area.

⁴If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.



Routine dental vs. Platinum Dental Rider

Covered Services	Routine Dental You pay In-Network ³ You pay Out-Of-Network ⁴ No Deductible	Platinum You pay In-Network ³ You pay Out-Of-Network ⁴ Deductible Does Not Apply	Benefit Guidelines
Periodontal Surgery	Not covered	50% 50%	Once every 36 months per site
Periodontal Maintenance	Not covered	50% 50%	Once every 12 months
Simple Extraction	Not covered	50% 50%	
Surgical Extraction, including impacted wisdom teeth	Not covered	50% 50%	
General Anesthesia	Not covered	50% 50%	When clinically necessary
Palliative Treatment (relief of pain)	Not covered	\$0 \$0	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit
Crowns	Not covered	50% 50%	Once every 5 years
Fixed bridges	Not covered	50% 50%	Once every 5 years (alternate benefits for partial denture may be applied)
Inlays and Onlays	Not covered	50% 50%	Once every 5 years
Full Dentures	Not covered	50% 50%	Once every 5 years; no allowance for overdentures or customized dentures

³Copays may vary depending on service area.

⁴If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.



Routine dental vs. Platinum Dental Rider

Covered Services	Routine Dental You pay In-Network ³ You pay Out-Of-Network ⁴ No Deductible	Platinum You pay In-Network ³ You pay Out-Of-Network ⁴ Deductible Does Not Apply	Benefit Guidelines
Partial Dentures	Not covered	50% 50%	Once every 5 years; no allowance for precision or semiprecision attachments
Recement Bridges, Crowns, Inlays	Not covered	20% 20%	Once every 6 months per restoration
Relining Dentures	Not covered	50% 50%	Once every year after the 6 month period following initial insertion
Repairs to Full/Partial Dentures, Bridges	Not covered	50% 50%	For repairs or adjustments done after 12 months following initial insertion

³Copays may vary depending on service area.

⁴If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.

A UnitedHealthcare® Medicare Solution

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D Sponsor members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.