



Platinum Dental Rider supplemental benefit

Additional coverage that may make you smile.

As a UnitedHealthcare member, you 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.

For \$39 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), 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
- ✓ Nationwide coverage

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 coverage details and benefit guidelines.

To find a network dentist in your area, go to www.UHC MedicareDentistSearch.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 as long as you complete any dental service currently in progress.



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Platinum Dental Rider Covered Services²

Covered Services	In-Network Plan Pays ³	Out-of-Network Plan Pays ⁴	Deductible Applies	Benefit Guidelines
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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 Examinations	100%	100%	No	Two per 12 months
Dental Prophylaxis (cleanings)	100%	100%	No	Two per 12 months
Bitewing X-rays	100%	100%	No	Up to once per 12 month period
Complete Series or Panorex X-rays	100%	100%	No	Up to one time per 36 month period

Basic Dental Services (Minor Restorative)

Amalgam Restorations (fillings)	80%	80%	Yes	One restoration allowed per surface every 3 years
Composite Resin Restorations (fillings)	80%	80%	Yes	One restoration allowed per surface every 3 years

Major Dental Services (Endodontics, Periodontics and Oral Surgery)

Root Canal Treatment	50%	50%	Yes	Once per tooth per lifetime
Root Planing	50%	50%	Yes	Once per 24 months per quadrant
Periodontal Surgery	50%	50%	Yes	Once every 36 months per site

²Certain limitations and exclusions apply. Please contact Customer Service for additional information.

³Percentage of benefits is based on the discounted fee negotiated with the participating network dentist.

⁴The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.



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Covered Services	In-Network Plan Pays ³	Out-of-Network Plan Pays ⁴	Deductible Applies	Benefit Guidelines
Periodontal Maintenance	50%	50%	Yes	Up to 1 time per 6 month period
Simple Extraction	50%	50%	Yes	
Surgical Extraction Including Impacted Wisdom Teeth	50%	50%	Yes	
General Anesthesia	50%	50%	Yes	When clinically necessary
Palliative Treatment (relief of pain)	100%	100%	Yes	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit
Crowns	50%	50%	Yes	Once every 5 years
Fixed Bridges	50%	50%	Yes	Once every 5 years (alternate benefits for partial denture may be applied)
Full Dentures	50%	50%	Yes	Once every 5 years; no allowance for overdentures or customized dentures
Inlays and Onlays	50%	50%	Yes	Once every 5 years
Partial Dentures	50%	50%	Yes	Once every 5 years; no allowance for precision or semiprecision attachments

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Recement Bridges, Crowns, Inlays	80%	80%	Yes	Once every 6 months per restoration
Relining Dentures	50%	50%	Yes	Once every year after the 6 month period following initial insertion
Repairs to Full/Partial Dentures, Bridges	50%	50%	Yes	For repairs or adjustments done after 12 months following initial insertion

Dental Treatment Cost Estimator

The Dental Treatment Cost Estimator will assist you in estimating your out-of-pocket costs for covered services under the Platinum Dental Rider. You may access the Estimator at www.myuhc.com/platinumridercostcalc. Please enter the name of the dentist who will provide the service(s). The results will be specific for UHC Dental contracted network providers. However, if your dentist is a non-contracted provider, the estimate will be based on your zip code and not the specific provider.

Please note, the calculation is an estimate for comparison purposes only. You should always refer to your Explanation of Coverage for information on services that are covered under your plan. In addition, you should always verify network status and costs with selected Dentists to understand actual costs prior to treatment.

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.