

Other Dental Coverage Information

On the day this coverage begins, will you, your Spouse (or Domestic Partner), or any of your Dependents be covered under any other dental plan, policy or contract including another Dental Benefit Providers of California, Inc. dental plan or Medicare? Yes No

Spouse (or Domestic Partner)
Name:

Name of other Carrier:

Dependent Name:

Name of other Carrier:

Dependent Name:

Name of other Carrier:

Dependent Name:

Name of other Carrier:

Primary Dentist Information

Please use the Dental Directory to select a Primary Care Dentist for yourself and each of your covered Dependents

Insured Name:

Dentist:

ID#:

Existing Patient Yes No

Spouse (or Domestic Partner*)
Name:

Dentist:

ID#:

Existing Patient Yes No

Dependent Name:

Dentist:

ID#:

Existing Patient Yes No

Dependent Name:

Dentist:

ID#:

Existing Patient Yes No

Dependent Name:

Dentist:

ID#:

Existing Patient Yes No

Employee/Applicant Signature

(form must be signed)

I hereby declare that all the statements made above are, to the best of my knowledge and belief, true and complete and that they are the basis on which insurance requested by me may be issued.

I understand that the dental benefit plan I have selected provides reimbursement for certain dental costs which are more fully described in the current Evidence of Coverage. I understand there may be instances where treatment decisions made by my Dentist or me for dental expenses which I have incurred may not be covered by my dental benefit plan.

The Evidence of Coverage provides dental benefits only. Review your Evidence of Coverage carefully.

California Law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

FRAUD WARNING STATEMENT: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits

Employee/Applicant Signature:

Date: / /

To Be Completed by Employer

Employer Name:

Enrollee Effective Date:

Class Code:

/ /

Enrollment:

Date of Hire:

Contract Number:

Plan Variation/
Reporting Code:

Plan Code:

New Hire

/ /

Other

Employer Authorization:

UnitedHealthcare Dental insurance products are underwritten or provided by: Dental Benefit Providers of California, Inc.

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
DIAGNOSTIC SERVICES			RESTORATIVE SERVICES		
D0120	PERIODIC ORAL EVAL ESTABLISHED PATIENT	\$0	D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D0140	LIMITED ORAL EVAL - PROBLEM FOCUSED	\$0	D1351	SEALANT - PER TOOTH	\$0
D0145	ORAL EVAL PATIENT <3 AND COUNSEL WITH PRIMARY CARE GIVER	\$0	D1352	PREV RESIN RESTORATION MOD HIGH CARIES RISK PATIENT	\$0
D0150	COMPREHENSIVE ORAL EVAL - NEW/ESTABLISHED PATIENT	\$0	D1510	SPACE MAINTAINER - FIXED-UNILATERAL	\$0
D0160	DETAILED & EXTENSIVE ORAL EVAL - PROBLEM FOCUSED REPRT	\$0	D1515	SPACE MAINTAINER - FIXED-BILATERAL	\$0
D0170	RE-EVAL - LIMITED PROBLEM FOCUSED	\$0	D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL	\$0
D0180	COMPREHENSIVE PERIODONTAL EVAL - NEW/ESTABLISHED PATIENT	\$0	D1525	SPACE MAINTAINER - REMOVABLE-BILATERAL	\$0
D0190	SCREENING OF A PATIENT	\$0	D1550	RECEMENTATION OF SPACE MAINTAINER	\$0
D0191	ASSESSMENT OF A PATIENT	\$0	D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$0
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$0	RESTORATIVE SERVICES		
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0	D2140	AMALGAM - 1 SURFACE PRIMARY/PERMANENT	\$0
D0230	INTRAORAL - PERIAPICAL EACH ADDL RADIOGRAPHIC IMAGE	\$0	D2150	AMALGAM - 2 SURFACES PRIMARY/PERMANENT	\$0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0	D2160	AMALGAM - 3 SURFACES PRIMARY/PERMANENT	\$0
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$0	D2161	AMALGAM - 4/> SURFACES PRIMARY/PERMANENT	\$0
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$0	D2330	RESIN-BASED COMPOSITE - 1 SURFACE, ANTERIOR	\$0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$0	D2331	RESIN COMPOSITE - 2 SURFACES, ANTERIOR	\$0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0	D2332	RESIN COMPOSITE - 3 SURFACES, ANTERIOR	\$0
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0	D2335	RESIN COMPOSITE - 4/> SURFACES/W/INCISAL ANG	\$0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0	D2390	RESIN COMPOSITE CROWN ANTERIOR	\$0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$0	D2391	RESIN COMPOSITE - 1 SURFACE POSTERIOR	\$0
D0290	POST-ANTERIOR LATERAL SKULL & FACIAL RADIOGRAPHIC IMAGE	\$0	D2392	RESIN COMPOSITE - 2 SURFACES POSTERIOR	\$0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0	D2393	RESIN COMPOSITE - 3 SURFACES POSTERIOR	\$0
D0340	CEPHALOMETRIC RADIOGRAPH IMAGE	\$0	D2394	RESIN COMPOSITE- 4/MORE SURFACES POST	\$0
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$0	D2510	INLAY - METALLIC - 1 SURFACE	\$0
D0415	COLLECT MICROORGANISMS CULTURE & SENSITIVITY	\$0	D2520	INLAY - METALLIC - 2 SURFACES	\$0
D0416	VIRAL CULTURE	\$0	D2530	INLAY - METALLIC - 3/> SURFACES	\$0
D0417	COLLECTION & PREPARATION OF SALIVA SAMPLE	\$0	D2542	ONLAY - METALLIC - 2 SURFACES	\$0
D0418	ANALYSIS OF SALIVA SAMPLE	\$0	D2543	ONLAY - METALLIC - 3 SURFACES	\$0
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	\$0	D2544	ONLAY - METALLIC 4/> SURFACES	\$0
D0425	CARIES SUSCEPTIBILITY TESTS	\$0	D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$0
D0431	ADJUNCTIVE PREDIAGNOSTIC TEST	\$0	D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$0
D0460	PULP VITALITY TESTS	\$0	D2630	INLAY - PORCELAIN/CERAMIC - 3/> SURFACES	\$0
D0470	DIAGNOSTIC CASTS	\$0	D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$0
D0472	ACCESSION OF TISSUE-GROSS EXAM, PREP & REPRT	\$0	D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$0
D0473	ACCESSION OF TISSUE-GROSS/MICRO EXAM PREP & REPRT	\$0	D2644	ONLAY - PORCELAIN/CERAMIC - 4/> SURFACES	\$0
D0474	ACCESSION OF TISSUE-MICRO GROSS/MICRO EXAM, INCLD ASSESS MARGIN FOR DISEASE, PREP & REPRT	\$0	D2650	INLAY - RESIN BASED COMPOSITE -1 SURFACE	\$0
D0601	CARIES RISK ASSESS & DOCUMENT W/FIND LOW RISK	\$0	D2651	INLAY - RESIN BASED COMPOSITE - 2 SURFACES	\$0
D0602	CARIES RISK ASSESS & DOCUMENT W/FIND MODERATE RISK	\$0	D2652	INLAY - RESIN BASED COMPOSITE - 3/> SURFACES	\$0
D0603	CARIES RISK ASSESS & DOCUMENT W/FIND HIGH RISK	\$0	D2662	ONLAY - RESIN BASED COMPOSITE -2 SURFACES	\$0
PREVENTIVE SERVICES			D2663	ONLAY - RESIN BASED COMPOSITE -3 SURFACES	\$0
D1110	PROPHYLAXIS - ADULT	\$0	D2664	ONLAY - RESIN BASED COMPOSITE - 4/> SURFACES	\$0
D1120	PROPHYLAXIS - CHILD	\$0	D2710	CROWN - RESIN BASED COMPOSITE INDIRECT	\$0
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$0	D2712	CROWN - 3/4 RESIN BASED COMPOSITE INDIRECT	\$0
D1208	TOPICAL APPLICATION OF FLUORIDE	\$0	D2720	CROWN - RESIN WITH HIGH NOBLE METAL*	\$0
D1310	NUTRITIONAL COUNSEL CONTROL DENTAL DISEASE	\$0	D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$0
D1320	TOBACCO COUNSELING CONTROL & PREV ORAL DISEASE	\$0	D2722	CROWN - RESIN WITH NOBLE METAL*	\$0
			D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$0
			D2750	CROWN - PORCELAIN FUSED HIGH NOBLE METAL*	\$0
			D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$0
			D2752	CROWN - PORCELAIN FUSED NOBLE METAL*	\$0
			D2780	CROWN - 3/4 CAST HIGH NOBLE METAL*	\$0
			D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0
			D2782	CROWN - 3/4 CAST NOBLE METAL*	\$0

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0	D3356	PULPAL REGENERATION -INTERIM MEDICAMENT RE- PLACEMNT	\$0
D2790	CROWN - FULL CAST HIGH NOBLE METAL*	\$0	D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$0
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$0	D3410	APICOECTOMY - ANTERIOR	\$0
D2792	CROWN - FULL CAST NOBLE METAL*	\$0	D3421	APICOECTOMY - BICUSPID	\$0
D2794	CROWN TITANIUM*	\$0	D3425	APICOECTOMY - MOLAR	\$0
D2910	RECEMENT INLAY, ONLAY/PARTIAL COVERAGE RESTOR	\$0	D3426	APICOECTOMY - EACH ADDITIONAL ROOT	\$0
D2915	RECEMENT CAST/PREFABRICATED POST & CORE	\$0	D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$0
D2920	RECEMENT CROWN	\$0	D3430	RETROGRADE FILLING - PER ROOT	\$0
D2921	REATTACH TOOTH FRAGMENT, INCISAL EDGE OR CUSP	\$0	D3450	ROOT AMPUTATION - PER ROOT	\$0
D2929	PREFABRIC PORCELAIN/CERAMIC CROWN-PRIMARY- TOOTH	\$0	D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1950
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$0	D3910	SURGICAL PROCED ISOLATION TOOTH W/RUBBER DAM	\$0
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$0	D3920	HEMISECTION NOT INCLUDIING ROOT CANAL THERAPY	\$0
D2932	PREFABRICATED RESIN CROWN	\$0	D3950	CANAL PREPARATION & FIT PREFORMED DOWEL/POST	\$0
D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	\$0	PERIODONTIC SERVICES		
D2934	PREFABRIC ESTHTC COAT STNLS STL CRWN-PRIMARY TOOTH	\$0	D4210	GINGIVECTOMY/GINGIVOPLASTY 4/> CNTIG TEETH QUAD	\$0
D2940	PROTECTIVE RESTORATION	\$0	D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH QUAD	\$0
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTI- TION	\$0	D4212	GINGIVECTOMY/GINGIVOPLASTY ALLOW ACCESS RESTOR PROC, PER TOOTH	\$0
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$0	D4240	GINGIVAL FLAP - 4/>CNTIG/BOUND TEETH QUAD	\$0
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	\$0	D4241	GINGIVAL FLAP - 1-3 CNTIG/BOUND TEETH QUAD	\$0
D2952	POST & CORE ADDITION CROWN INDIRECT FABRICATED	\$0	D4245	APICALLY POSITIONED FLAP	\$0
D2953	EACH ADDL INDIRECTLY FABRICATED POST - SAME TOOTH	\$0	D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$0
D2954	PREFABRICATED POST & CORE ADDITION CROWN	\$0	D4260	OSSEOUS SURGERY - 4/> CONTIGUOUS TEETH QUAD	\$0
D2955	POST REMOVAL	\$0	D4261	OSSEOUS SURGERY - 1-3 CONTIGUOUS TEETH QUAD	\$0
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$0	D4263	BONE REPLACEMENT GRAFT - 1 SITE QUAD	\$0
D2960	LABIAL VENEER (RESIN BASED) - CHAIRSIDE	\$0	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0
D2961	LABIAL VENEER (RESIN BASED) - LABORATORY	\$0	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE - SEPARATE PROCEDURE	\$0
D2962	LABIAL VENEER (PORCELAIN LAMINATE)	\$0	D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLD DONOR SITE SURGERY), FIRST TOOTH	\$0
D2970	TEMPORARY CROWN	\$0	D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLD DONOR SITE SURGERY), EACH ADDL; CONTIGUOUS TOOTH	\$0
D2971	ADDL PROCEDURE NEW CROWN EXIST PARTIAL DENTURE	\$0	D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$0
D2975	COPING	\$0	D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$0
D2980	CROWN REPAIR	\$0	D4341	PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD	\$0
D2990	RESIN INFILTRATION INCIPIENT SMTH SURFACE LESIONS	\$0	D4342	PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH	\$0
ENDODONTIC SERVICES			D4355	FULL MOUTH DEBRIDEMENT COMP EVAL & DIAGNOSIS	\$0
D3110	PULP CAP - DIRECT	\$0	D4381	LOCAL DELIVERY ANTIMICROBIAL AGENT PER TOOTH	\$0
D3120	PULP CAP - INDIRECT	\$0	D4910	PERIODONTAL MAINTENANCE	\$0
D3220	THERAPEUTIC PULPOTOMY	\$0	D4920	UNSCHEDULED DRESSING CHANGE	\$0
D3221	PULPAL DEBRIDEMENT PRIMARY & PERMANENT TEETH	\$0	D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$0
D3222	PARTIAL PULPTOMY FOR APEXOGENESIS PERMANENT TOOTH	\$0	REMOVABLE PROSTHODONTICS SERVICES		
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$0	D5110	COMPLETE DENTURE - MAXILLARY	\$0
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$0	D5120	COMPLETE DENTURE - MANDIBULAR	\$0
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	\$0	D5130	IMMEDIATE DENTURE - MAXILLARY	\$0
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH	\$0	D5140	IMMEDIATE DENTURE - MANDIBULAR	\$0
D3330	ENDODONTIC THERAPY, MOLAR	\$0	D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$0
D3331	TREATMENT ROOT CANAL OBSTRUCTION; NON-SURG ACCESS	\$0	D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$0
D3332	INCOMPLETED ENDODONTIC THERAPY	\$0	D5213	MAXILLARY PARTIAL DENTURE -CAST METAL W/RESIN	\$0
D3333	INTERNAL ROOT REPAIR PERFORATION DEFECTS	\$0	D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL W/RESIN	\$0
D3346	RETREATMENT PREV ROOT CANAL THERAPY - ANTERIOR	\$0	D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$0
D3347	RETREATMENT PREV ROOT CANAL THERAPY - BICUSPID	\$0	D5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$0
D3348	RETREATMENT PREV ROOT CANAL THERAPY - MOLAR	\$0	D5281	REMOVAL UNILATERAL PARTIAL DENTURE -1 PC CAST METAL	\$0
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT	\$0	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$0
D3352	APEXIFICATION/RECALCIFICATION INTERIM MEDICATION REPLACEMENT	\$0	D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$0
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$0	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$0
D3355	PULPAL REGENERATION - INITIAL VISIT	\$0	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$0

ADA	DESCRIPTION	MEMBER'S COPAYMENT
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$0
D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	\$0
D5610	REPAIR RESIN DENTURE BASE	\$0
D5620	REPAIR CAST FRAMEWORK	\$0
D5630	REPAIR OR REPLACE BROKEN CLASP	\$0
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$0
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$0
D5660	ADD CLASP EXISTING PARTIAL DENTURE	\$0
D5670	REPLACE ALL TEETH & ACRYLIC FRAMEWORK MAXILLARY	\$0
D5671	REPLACE ALL TEETH & ACRYLIC FRAMEWORK MANDIBULAR	\$0
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$0
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$0
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$0
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$0
D5730	RELIN COMPLETE MAXILLARY DENTURE CHAIRSIDE	\$0
D5731	RELIN COMPLETE MANDIBULAR DENTURE CHAIRSIDE	\$0
D5740	RELIN MAXILLARY PARTIAL DENTURE CHAIRSIDE	\$0
D5741	RELIN MANDIBULAR PARTIAL DENTURE CHAIRSIDE	\$0
D5750	RELIN COMPLETE MAXILLARY DENTURE LABORATORY	\$0
D5751	RELIN COMPLETE MANDIBULAR DENTURE LABORATORY	\$0
D5760	RELIN MAXILLARY PARTIAL DENTURE LABORATORY	\$0
D5761	RELIN MANDIBULAR PARTIAL DENTURE LABORATORY	\$0
D5810	INTERIM COMPLETE DENTURE MAXILLARY	\$0
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	\$0
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$0
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$0
D5850	TISSUE CONDITIONING MAXILLARY	\$0
D5851	TISSUE CONDITIONING MANDIBULAR	\$0
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$0
D5864	OVERDENTURE - PARTIAL MAXILLARY	\$0
D5865	OVERDENTURE - COMPLETE MANDIBULAR	\$0
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$0
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE, BY REPORT	\$0
FIXED PROSTHODONTICS SERVICES		
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$0
D6210	PONTIC - CAST HIGH NOBLE METAL*	\$0
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$0
D6212	PONTIC - CAST NOBLE METAL*	\$0
D6214	PONTIC - TITANIUM*	\$0
D6240	PONTIC - PORCELAIN FUSED HIGH NOBLE METAL*	\$0
D6241	PONTIC - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$0
D6242	PONTIC - PORCELAIN FUSED NOBLE METAL*	\$0
D6245	PONTIC - PORCELAIN/CERAMIC	\$0
D6250	PONTIC - RESIN W/HIGH NOBLE METAL*	\$0
D6251	PONTIC - RESIN W/PREDOMINANTLY BASE METAL	\$0
D6252	PONTIC - RESIN W/NOBLE METAL*	\$0
D6253	PROVISIONAL PONTIC	\$0
D6545	RETAINER-CAST METAL, RESIN, BOND FIXED PROSTHETIC	\$0
D6548	RETAINER-PORCELAIN/CERAMIC, RESIN BOND FIXED PROSTHETIC	\$0
D6600	INLAY - PORCELAIN/CERAMIC 2 SURFACES	\$0
D6601	INLAY - PORCELAIN/CERAMIC 3/> SURFACES	\$0
D6602	INLAY - CAST HIGH NOBLE METAL 2 SURFACES*	\$0
D6603	INLAY - CAST HIGH NOBLE METAL 3/> SURFACES*	\$0
D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	\$0
D6605	INLAY - CAST PREDOMINANTLY BASE METAL 3/>SURFACES	\$0

ADA	DESCRIPTION	MEMBER'S COPAYMENT
D6606	INLAY - CAST NOBLE METAL 2 SURFACES*	\$0
D6607	INLAY - CAST NOBLE METAL 3/> SURFACES*	\$0
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	\$0
D6609	ONLAY - PORCELAIN/CERAMIC 3/> SURFACES	\$0
D6610	ONLAY - CAST HIGH NOBLE METAL 2 SURFACES*	\$0
D6611	ONLAY-CAST HIGH NOBLE METAL 3/> SURFACES*	\$0
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	\$0
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL 3/>SURFACES	\$0
D6614	ONLAY - CAST NOBLE METAL 2 SURFACES*	\$0
D6615	ONLAY - CAST NOBLE METAL 3/> SURFACES*	\$0
D6624	INLAY TITANIUM*	\$0
D6634	ONLAY TITANIUM*	\$0
D6710	CROWN/INDIRECT RESIN BASED COMPOSITION	\$0
D6720	CROWN - RESIN WITH HIGH NOBLE METAL*	\$0
D6721	CROWN - RESIN PREDOMINANTLY BASE METAL	\$0
D6722	CROWN - RESIN WITH NOBLE METAL*	\$0
D6740	CROWN - PORCELAIN/CERAMIC	\$0
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL*	\$0
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$0
D6752	CROWN - PORCELAIN FUSED NOBLE METAL*	\$0
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL*	\$0
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0
D6782	CROWN - 3/4 CAST NOBLE METAL*	\$0
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0
D6790	CROWN - FULL CAST HIGH NOBLE METAL*	\$0
D6791	CROWN - FULL CAST BASE METAL	\$0
D6792	CROWN - FULL CAST NOBLE METAL*	\$0
D6794	CROWN TITANIUM*	\$0
D6920	CONNECTOR BAR	\$0
D6930	RECEMENT FIXED PARTIAL DENTURE	\$0
D6940	STRESS BREAKER	\$0
D6980	FIXED PARTIAL DENTURE REPAIR	\$0
IMPLANT SERVICES		
D6010	SURGICAL PLACEMENT IMPL BODY: ENDOSTEAL	\$1,950
D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$368
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$1,840
D6054	IMPLANT/ABUTMENT SUPPORTED BY REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,840
D6055	CONNECTING BAR-IMPLANT SUPPORTED/ABUTMENT SUPPORTED	\$540
D6056	PREFABRICATED/ABUTMENT INCLUDING MODIFICATION/PLACEMENT	\$368
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES IMPLANT	\$610
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,050
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN (HIGH NOBLE METAL)*	\$915
D6060	ABUTMENT SUPPORTED PORCELAIN METAL CROWN (PREDOMINANTLY BASE METAL)	\$1,050
D6061	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)*	\$946
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)*	\$981
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$854
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)*	\$1,168

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,144	D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$0
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)*	\$1,083	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUT- TING PROCEDURE)	\$0
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITA- NIUM ALLOY, HIGH NOBLE METAL)*	\$962	D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH RE- MOVAL	\$0
D6068	ABUTMENT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD	\$1,026	D7261	PRIMARY CLOSURE OF SINUS PERFORATION	\$0
D6069	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	\$1,050	D7270	TOOTH REIMPLANT AND/OR STABILIZATION ACCIDENT EVULSED OR DISPLACED TOOTH	\$0
D6070	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	\$965	D7280	SURGICAL ACCESS OF UNERUPTED TOOTH	\$0
D6071	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO METAL FPD (NOBLE METAL)*	\$984	D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TEETH	\$0
D6072	ABUTMENT SUPPORTED RETAINER CAST METAL FPD (HIGH NOBLE METAL)*	\$997	D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$0
D6073	ABUTMENT SUPPORTED RETAINER CAST METAL FPD (PRE- DOMINANTLY BASE METAL)	\$910	D7286	BIOPSY OF ORAL TISSUE - SOFT	\$0
D6074	ABUTMENT SUPPORTED RETAINER CAST METAL FPD (NOBLE METAL)*	\$967	D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$0
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,018	D7288	BRUSH BIOPSY, TRANSEPIHELIAL SAMPLE COLLECTION	\$0
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)*	\$992	D7290	SURGICAL POSITIONING OF TEETH	\$0
D6077	IMPLANT SUPPORTED RETAINER CAST METAL FPD (TITA- NIUM, TITANIUM ALLOY OR HIGH NOBLE METAL)*	\$962	D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$0
D6080	IMPLANT MAINTENANCE PROCEDURE WHEN PROSTHESIS ARE REMOVED & INSERTED, INCLUD CLEANSING OF PROS- THESES AND ABUTMENTS	\$55	D7311	ALVEOLOPLASTY CONJUNCT XTRCT 1-3 TEETH	\$0
D6090	REPAIR IMPLANT SUPPORTED BY PROSTHESIS, BY REPORT	\$135	D7320	ALVEOLOPLASTY NOT IN CONJUNCT W/EXTRACTIONS - 4/> TEETH/SPACE, PER QUADRANT	\$0
D6091	REPLACEMENT SEMI-PRECISION OR PRECISION ATTACH- MENT IMPLANT/ABUTMENT PROSTHESIS BY REPORT	\$410	D7321	ALVEOLOPLASTY NOT IN CONJUNCT W/XTRCT 1-3 TEETH	\$0
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$79	D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$0
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PAR- TIAL DENTURE	\$124	D7350	VESTIBULOPLASTY - RIDGE EXTENSION	\$0
D6094	ABUTMENT SUPPORTED CROWN (TITANIUM)*	\$810	D7450	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR UP TO 1.25 CM	\$0
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$55	D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR >1.25 CM	\$0
D6100	IMPLANT REMOVAL, BY REPORT	\$600	D7460	REMOVAL BENIGN NONODONTOGENIC CYST/TUMOR UP TO 1.25 CM	\$0
D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT & SURFACE CLEAN EXPOSED IMPLANT SURFACE, INCLUD FLAP ENTRY & CLOSURE	\$0	D7461	REMOVAL BENIGN NONODONTOGENIC CYST/TUMOR >1.25 CM	\$0
D6102	DEBRIDEMENT & OSSEOUS CONTOURING OF A PERI- IMPLANT DEFECT; INCLDE SURFACE CLEAN OF EXPSED IMPLANT SURFACES AND FLAP ENTRY AND CLOSURE	\$0	D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MAN- DIBLE)	\$0
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT-NOT INCLUD FLAP ENTRY & CLOSURE OR, WHEN INDICATED, PLACEMENT OF BARRER MEMBRANE OR BIOLOG MATE- RIAL TO AID OSSEOUS REGENERATION	\$350	D7472	REMOVAL OF TORUS PALATINUS	\$0
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$265	D7473	REMOVAL OF TORUS MANDIBULARIS	\$0
D6194	ABUTMENT SUPPORTER RETAINER CAST METAL FPD (NOBLE METAL)*	\$835	D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$0
ORAL SURGERY SERVICES			D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISSUE	\$0
D7111	EXTRACT CORONAL REMNANTS DECIDUOUS TOOTH	\$0	D7511	INCISION & DRAINAGE ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	\$0
D7140	EXTRACT ERUPTED TOOTH/EXPOSED ROOT	\$0	D7520	INCISION & DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$0
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING BONE AND/OR SECTIONING TOOTH	\$0	D7521	INCISION & DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE COMPLICATED	\$0
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$0	D7530	REMOVAL FOREIGN BODY FROM MUCOSA, SKIN, OR SUB- CUTANEOUS ALVEOLAR TISSUE	\$0
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$0	D7910	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$0
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$0	D7960	FRENULECTOMY-ALSO KNOWN AS FRENECTOMY OR FRE- NOTOMY-SEPAR PROCED NOT INCIDENTAL TO ANOTHER	\$0
			D7963	FRENULOPLASTY	\$0
			D7970	EXCISION HYPERPLASTIC TISSUE - PER ARCH	\$0
			D7971	EXCISION OF PERICORONAL GINGIVA	\$0
			D7972	SURGICAL REDUCTION FIBROUS TUBEROSITY	\$0
			ADJUNCTIVE GENERAL SERVICES		
			D9110	PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROCEDURE	\$0
			D9120	FIXED PARTIAL DENTURE SECTIONING	\$0
			D9210	LOCAL ANESTHESIA NOT IN CONJUNCT W/OPERATIVE. SURGICAL PROCEDURE	\$0
			D9211	REGIONAL BLOCK ANESTHESIA	\$0

ADA	DESCRIPTION	MEMBER'S COPAYMENT
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$0
D9215	LOCAL ANESTHESIA IN CONJUNCTION WTH OPERATIVE OR SURGICAL PROCEDURE	\$0
D9220	DEEP SEDATION/GENERAL ANESTHESIA - 1ST 30 MIN	\$0
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDL 15 MIN	\$0
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$0
D9241	IV CONSCIOUS SEDATION/ANALGESIA -1ST 30 MIN	\$0
D9242	IV CONSCIOUS SEDATION/ANALGESIA EACH ADDL 15 MIN	\$0
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$0
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST/ PHYSICIAN OTHER THAN REQUEST DENTIST/PHYSICIAN	\$0
D9430	OFFICE VISIT - OBSERV - NO OTHER SERVICES PERFORMED	\$0
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$0
D9930	TREATMENT OF COMPLICATIONS- POST SURGICAL	\$0
D9940	OCCLUSAL GUARD BY REPORT	\$0
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$0
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$0
D9971	ODONTOPLASTY - ONE TO THREE TEETH	\$0
D9972	EXTERNAL BLEACHING - PER ARCH	\$125
ORTHODONTIC SERVICES		
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION	\$750
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$750
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION	\$750
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLICANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	\$150
D8999	START-UP FEE (INCLUDING EXAM, BEGINNING RECORDS, X-RAYS, TRACING, PHOTOS, AND MODELS)	\$350

UnitedHealthcare/Select Managed Care

Dental Exclusions and Limitations

Limitations of Benefits

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. **DENTAL PROPHYLAXIS** - limited to 1 time per 6 months.
2. **INTRAORAL** - Complete Series (including bitewings) - Limited to 1 time in any 2-year period.
3. **INTRAORAL BITEWING RADIOGRAPHS** - Limited to 1 series of 4 films in any 6 month period.
4. **FLUORIDE TREATMENTS** - Limited to 1 time per 6 months.
5. **SCALING AND ROOT PLANING** - Limited to 4 quadrants per calendar year.
6. **PERIODONTAL MAINTENANCE PROCEDURES** - Limited to once every 6 months, following active therapy, exclusive of gross debridement.
7. **REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (Major Restorative Services)** - 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 5 years from initial or supplemental placement.
8. **REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (Major Restorative Services)** - Replacement of complete dentures, and 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.
9. **CROWNS** - Retainers/Abutments - Limited to 1 time per tooth per 5 years.
10. **CROWNS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
11. **TEMPORARY CROWNS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
12. **INLAYS/ONLAYS** - Retainers/Abutments - Limited to 1 time per tooth per 5 years.
13. **INLAYS/ONLAYS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
14. **STAINLESS STEEL CROWNS** - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.
15. **CROWNS, FIXED BRIDGES, AND IMPLANTS** - The maximum benefit within a 12 month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12 month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Charges.
16. **POST AND CORES** - Covered only for teeth that have had root canal therapy.
17. **ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES,**
BRIDGES OR CROWNS - Limited to repairs or adjustments performed more than 6 months after the initial insertion.
18. **INTRAVENOUS SEDATION OR GENERAL ANESTHESIA** - Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions).
19. **ADJUNCTIVE** - Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.
20. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS, ONLAYS, AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROSTHESIS** - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implant crowns, implant prostheses previously submitted for payment under the plan is limited to 1 time per tooth per 5 years from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable orthodontic appliances.
21. **All Specialty Referral Services Must Be:** (A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred.
 - In order for specialty services to be Covered by this plan, the following referral process must be followed:
 - A Covered Person's Participating Dentist must coordinate all Dental Services.
 - When the care of a Network Specialist Dentist is required, the Covered Person's Participating Dentist must contact us and request authorization.
 - If the Participating Dentist request for specialist referral is denied, the Participating Dentist and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the Participating Dentist may be asked to perform the service.
 - Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services.
 - Covered Person's financial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services.

Exclusion of Benefits

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. Dental Services that are not Necessary.
2. Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.
3. Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services.
4. Any Dental Procedure not directly associated with dental disease.
5. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
6. Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services.
7. Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits
8. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
9. Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
10. Removable Prosthetics/Fixed Prosthetics/Crowns, Inlays and Onlays (Major Restorative Services) - The plan provides for the use of noble metals for inlays, onlays, crowns and fixed bridges. When high noble metal is used, the Covered Person must pay: (a) the Copayment for the inlay, onlay, crown or fixed bridge; and (b) an added charge equal to the actual laboratory cost of the high noble metal.
11. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
12. Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.
13. 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. This exclusion does not apply to any services covered by Medicaid or Medicare.
14. Dental Services otherwise Covered under the Contract, but rendered after the date individual Coverage under the Contract terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Contract terminates.
15. 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.
16. Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval.
17. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
18. 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.
19. Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
20. 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.

21. Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
22. Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.

Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered.

If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. The following are not covered orthodontic benefits:
 - Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
 - Treatment in progress prior to the effective date of this coverage
 - Extractions required for orthodontic purposes
 - Surgical orthodontics or jaw repositioning
 - Myofunctional therapy
 - Cleft palate
 - Micrognathia
 - Macroglossia
 - Hormonal imbalances
 - Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident
 - Palatal expansion appliances
 - Services performed by outside laboratories
2. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.
3. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
4. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
5. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.



Dental

Features and benefits

Online Provider Directories

- ▶ Find us on the web at: **myuhc.com**
- ▶ On the right hand side of the page click on *“Find a Dentist”*

myClaims Manager

Managing your claims just got easier –
now with online bill payment.

Learn More

May not be available with all plans.

MAKE ONLINE PAYMENTS

PLAN DISCOUNTS

YOUR RESPONSIBILITY

YOUR PLAN PAID

Links and Tools

- Find Physician, Laboratory or Facility
- Find a Dentist
- Pharmacy Information
- Find a Form
- Find Mental Health Clinician
- Estimate Health Plan Costs

Common Questions

- What browsers are supported?
- What are the benefits of registering and having a username and password?
- How do I register?
- Do I need to re-register if my group number changes?
- What if I don't have my ID card?
- Is this website secure?
- What accreditations and certifications has UnitedHealthcare received?

Information Center

Learn More About

- UnitedHealth Premium® Designated Physicians
- Health Insurance for those not covered by employer
- Dental Plans for those not covered under an employer's plan
- Short Term Health Insurance
- Health Savings Account
- Flexible Spending Account
- Commuter Expense Reimbursement Account
- Medical & Reimbursement Policies

Related Web Sites

- uhlatino
- uhlatino mobile

- ▶ Select your state
- ▶ Select *“CA Select Managed Care Direct Compensation”*

En Español

Find a Dentist

To ensure you receive the most accurate listing of Dental Providers within your Network, please register with the site. As a non-registered user, please select from the Dental Provider Networks listed.

[Start New Search](#)

Where do you work or live?

Select a Network

- *GOVT EMPLOYEES VOL BENEFIT TRUST
- *MEDICARE AND RETIREMENT PLAN NATIONAL NETWORK
- *MEDICARE COMMUNITY PLAN NATIONAL NETWORK
- *NATIONAL OPTIONS PPO 10
- *NATIONAL OPTIONS PPO 20
- *NATIONAL OPTIONS PPO 30
- CA DHMO AARP MEDICARE COMPLETE
- CA DHMO LEGACY PACIFICARE
- CA DHMO PEDIATRIC EHB & FAMILY BUY UP
- CA DIRECT COMPENSATION PACIFIC UNION
- CA SELECT MANAGED CARE DHMO PLAN
- CA SELECT MANAGED CARE DIRECT COMPENSATION
- CT MEDICARE ONLY

Search for Dentist

[View additional Do](#)

Please note: as the list you are viewing on this site may not be the same for informational purposes only.

If you would like to search for dentists as a registered user, please [log in](#) or [register](#).

- ▶ Select the type of search
 - Location, dentist name, or practice name
- ▶ The online directory includes all network providers. The following provider information is available:
 - Provider Name, Address, and Telephone Number
 - Provider's ID Number
 - Office Language Capabilities
 - Office Hours
- ▶ Print, email or export the list of providers in your area
- ▶ Google Maps® directions available to dentist office.



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

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 Dental Benefit Providers of California.

Google is a registered trademark of Google, Inc.

400-6034 3/15 © 2015 United HealthCare Services, Inc.

M12345



Dental

Welcome to myuhc.com—your dental member website

Your dental member website—**myuhc.com**—offers lots of information and easy to use tools to help you get the most from your dental plan. (If you used myuhcdental.com in the past, you will now use myuhc.com.)

Getting started

You'll have to register to use myuhc.com. Visit **myuhc.com** and click "Register Now." You'll need your dental ID card to register, or your Social Security number and date of birth. If you need help, call Customer Care at the number on your ID card.

Key online features

With **myuhc.com**, you'll be able to:

- ▶ Print a dental ID card.
- ▶ View an Explanation of Benefits (EOB) to find out what the plan will pay and what you will pay.
- ▶ Easily find a dentist. Get Google® driving directions to the dental office.
- ▶ View much of the site in Spanish.
- ▶ View much of the site on a smartphone.



Once you log in, you'll find all the site's most popular features right on the home page.

The screenshot shows the myuhc.com home page for a user named Jane. The page includes a navigation bar with links for Account Settings, Print, Help, Contact Us, Feedback, Sign Out, and En Español. The main content area features a 'myClaims Manager' section with a pie chart showing 'PLAN DISCOUNTS', 'YOUR PLAN PAID', and 'YOUR RESPONSIBILITY'. There are also several quick-action buttons: 'Manage My Claims', 'Look up My Benefits', 'Find a Dentist', 'Print an ID Card', 'Dental Cost Calculator', and 'Information Center'. The page is annotated with numbered callouts (1-6) corresponding to the list of features on the right.

- 1 **Health and Wellness** Learn about oral care and how oral health impacts overall health.
- 2 **Manage My Claims** View claim history and Explanation of Benefits.
- 3 **Look Up My Benefits** View your benefit summary and see what is covered by your plan.
- 4 **Find a Dentist** Find a dentist nearby who is in the network.¹
- 5 **Print an ID Card** Print a dental ID card for you and your family.²
- 6 **Dental Cost Calculator** Find out what your plan will pay for a procedure and what you will have to pay. Compare fees of dentists in your area.³

Shopping for dental care

The Dental Cost Calculator tells you what your plan will pay and what you will have to pay for each type of service. Compare costs of dentists in your area and save. The Dental Cost Calculator is available with most plans.³

Learning about oral health

Taking good care of your teeth and gums is not just important for your oral health—it plays a role in your overall health. Visit the “Health and Wellness” tab for information that will help keep your smile beautiful and healthy.



Questions?

Call the number on your dental ID card.



¹Not all plans have networks.

²Your ID card will only list the subscriber's name but is valid for all covered members.

³Dental Cost Calculator is available with most plans except Select DHMO or Direct Compensation plans.

Google is a registered trademark of Google, Inc.



DENTAL

Welcome

to your Select Managed Care Direct Compensation dental plan.

Thank you for choosing a dental plan from UnitedHealthcare. We're here to make your health care experience easier.

Get to know your dental plan.

With this plan, your coverage begins right away. You don't need to meet a deductible. There's no annual maximum, which is the limit to how much the plan will pay each year, and the plan doesn't exclude care for dental issues you may have had before becoming a UnitedHealthcare member.



Preventive care.

As long as you see your primary care dentist, your plan pays for all or most of your preventive dental care, including routine checkups, cleanings and annual oral cancer screens for adults. You can get two cleanings in a 12-month period — one every six months. Some plans cover more cleanings for an additional copay.

Preventive visits are important because your dentist can catch problems early when they're easier to treat. Good oral health helps protect your teeth and gums and is also linked to your overall health.



Fillings, crowns and more.

Your plan also covers other types of dental care, including fillings, crowns, and braces. You just need to pay a copay (a set dollar amount) at the time of your appointment. Some plans only cover silver fillings for back teeth. If you choose white fillings, you may have a higher copay.



Get extra dental visits when you're pregnant.

Increased bacteria levels in a pregnant woman's mouth can lead to tooth decay. Your plan covers extra visits for cleanings and gum treatments when you're pregnant, as recommended by your dentist. Ask your dentist to submit a claim to the address on your ID card. Be sure to include the name of your OB/GYN and your pregnancy due date.

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



Get the most from your benefits.

1. See any primary care dentist who is part of the network.
2. Find a network dentist on myuhc.com® or by calling customer care.
3. Get a referral from your primary care dentist if you need to see a specialist.
4. Enjoy full coverage for preventive services.
5. Pay a copay for other types of dental care, including braces.

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 **1-800-999-3367**, 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.



Use your dental ID card.

All members receive an ID card. Your card only lists the name of the person who signed up for the plan, but everyone covered by your plan should use the card. Be sure to bring it with you each time you see the dentist.

Print your ID card anytime at myuhc.com.

Need help?

Log in to myuhc.com or call **1-800-999-3367**, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CT.

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

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.

ATENCIÓN: Si habla español (Spanish), hay 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。請致電：1-800-445-9090, TTY 711。

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.

16-3431 MT-1112481 1/17 © 2017 United HealthCare Services, Inc.

