

Dental plans built to serve you well



UnitedHealthcare FEDVIP dental plans offer quality care beyond dental exams and cleanings including orthodontics, screenings, implants and more. Look at your options – there's a lot to smile about.

Learn more inside and visit uhcfeds.com.

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A dental plan that brings a smile to your face

Built with your oral care and your lifestyle in mind, UnitedHealthcare FEDVIP dental plans feature benefits that offer both quality and convenience.



2026 benefit highlights



Unlimited annual maximum on the High Plan for class A, B and C services



2 annual dental exams/cleanings



No deductibles for network services on both the High and Standard Plans



390,000* access points for routine care



24/7 teledentistry services for children and adults with \$0 copay



Orthodontia coverage for both children and adults with no waiting period

*As of May 2025.

More benefits to smile about

- ✓ Convenient care at UnitedHealthcare Dental Days – pop-up dental clinics at your work – brought to you by JetDental
- ✓ Aligner options
- ✓ Critical Illness Benefit: If you are diagnosed with oral, head or neck cancer, you are eligible to receive \$2,000 to use any way you need
- ✓ For those abroad, there are services available in over 130 countries

Benefits beyond dental care

Get **exclusive discounts** on 200+ items and services on the online FEDVIP BenefitHub, including:



Pet insurance made for pet parents



Discounts on state-of-the-art hearing aids



Discounts on gym memberships and nutritional services

Get extra care when you need it

If you are managing one or more of the following conditions, you are eligible for **Enhanced Coverage** for select services, like additional cleanings and periodontal maintenance:

- Asthma
- Cerebrovascular disease
- Coronary artery disease /Cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Kidney disease
- Pregnancy
- Rheumatoid arthritis



Visit uhcfeds.com

What does the plan include?

Dental coverage with no waiting period

Twice per year, you are eligible to receive a dental exam and cleaning. Preventive care services do not apply to your annual maximum. With these dental benefits, you'll find coverage for a wide range of dental needs.

Preventive services, class A	Diagnostic services, class A	Intermediate services, class B	Major services, class C	Orthodontic services, class D
- Dental prophylaxis (cleaning) - Fluoride treatment - Sealants - Space maintainers	- Oral evaluations - Labs and other diagnostic tests - Radiographs - Oral cancer screening	- Restorations - Emergency treatment - Simple extractions - Oral surgery - Periodontics - Endodontics	- Inlays/Onlays/Crowns - Dentures and removable prosthetics - Fixed partial dentures - Implants	

Service type	Standard option		High option	
	Network	Out-of-network	Network	Out-of-network
	You pay		You pay	
Preventive and diagnostic services, class A (basic)	0%	10%	0%	10%
Intermediate services, class B	45%	60%	30%	40%
Major services, class C	65%	80%	50%	60%
Annual benefit maximum for class A, B and C services***	\$1,500 per person	\$1,000 per person	Unlimited	\$3,000 per person
Orthodontic services, class D	50%	50%	50%	50%
Waiting period for class A, B, C and D services	No	No	No	No
Deductibles	None	Self: \$100 Self plus one: \$200 Self and family: \$300 Class A, B and C services	None	Self: \$50 Self plus one: \$100 Self and family: \$150 Class B and C services

Orthodontic services, class D	Standard option		High option	
	Network	Out-of-network	Network	Out-of-network
	You pay		You pay	
Orthodontia eligibility	Child and adult	Child and adult	Child and adult	Child and adult
Lifetime ortho max	Child \$2,000* Adult \$2,000*	Child \$2,000* Adult \$2,000*	Child \$4,000** Adult \$2,000**	Child \$4,000** Adult \$2,000**
Deductible applies	No	No	No	No
Waiting period	No	No	No	No

This is intended as a summary only. For a detailed description of your benefits, plan changes and exclusions and limitations, please refer to the Certificate of Coverage, which is available at uhcfeds.com > **Dental Plans**. In the event of any conflict between the Certificate of Coverage and this summary, the Certificate of Coverage will control.

*\$2,000 lifetime maximum per person combined for network or out-of-network.

**Child Ortho \$4,000; Adult Ortho \$2,000; lifetime maximum per person combined for network and out-of-network. Child Ortho is up to age 19. Adult Ortho is 19 and older.

***The Annual Benefit Maximums within each option are combined between in and out-of-network services. Note: The total Annual Benefit Maximum will never be greater than the network Annual Benefit Maximum.

Find your rating area

- Find your state and the first 3 digits of your ZIP code below
- Match that rating area to your enrollment type and plan option
- Visit uhcfeds.com and explore coverage options

⚠ Please note: If you live outside of the U.S. or its territories and do not have a zip code, use the International rating area of 5.

State	ZIP	Rating area
AK	995-999	5
AL	350-352, 354-369	1
AR	716-729	1
AZ	850-853	4
AZ	855-857, 859, 860, 863, 865	2
AZ	864	3
CA	900-908, 910-928, 930, 931, 933-935, 939-941, 943-952, 954	5
CA	932, 936-938, 953, 955, 960, 961	3
CA	942, 956-959	4
CO	800-806	4
CO	807, 811, 813-816	2
CO	808-810, 812	3
CT	060-063	4
CT	064-069	5
DC	200, 202-205	3
DE	197-199	3
FL	320-329, 335-339, 341, 342, 344, 346, 347	1
FL	330-334, 349	3
GA	300-303, 305, 306, 311, 399	3
GA	304, 307-310, 312-319, 398	1
GU	969	5
HI	967-968	3
IA	500-514, 516, 520-528	1
IA	515	2
ID	832-838	3
IL	600-609, 613	3
IL	610-612, 614-619, 623-629	1
IL	620	2
IL	622	2
IN	460-462, 470, 472, 473	2
IN	463-464	3
IN	465-469, 471, 474-479	1
KS	660-662, 666	2

State	ZIP	Rating area
KS	664, 665, 667-679	1
KY	400-409, 411-418, 420-427	1
KY	410, 459	2
LA	700, 701, 703-708, 710-714	1
MA	010, 011, 013	4
MA	012, 014-027, 055	3
MD	205-212, 214, 216, 217, 219	3
MD	215, 218	1
ME	039-042	3
ME	043-049	2
MI	480-485	3
MI	486-499	2
MN	550, 551, 553-555, 563	5
MN	556-562, 564-567	2
MO	630, 631, 633, 640, 641, 644, 645, 649	2
MO	634-639, 646-648, 650-658	1
MS	386-397	1
MT	590-599	1
NC	270-279, 283-289	2
NC	280-282	3
ND	580-588	1
NE	680, 681	2
NE	683-693	1
NH	030-033, 038	3
NH	034-037	4
NJ	070-079, 085-089	5
NJ	080-084	3
NM	870, 871, 873-875, 877-884	1
NV	889-891	3
NV	893-895, 897, 898	4
NY	005, 100-119, 124-126	5
NY	063	4
NY	120-123, 128	3
NY	127, 129-139, 144-149	2
NY	140-143	1
OH	430-433, 437, 450-452	2

State	ZIP	Rating area
OH	434-436, 438-449, 453-458	1
OK	730, 731, 734-741, 743-749	1
OR	970-973	5
OR	974-979	3
PA	150-171, 175-179, 182, 184-188	1
PA	172-174, 189-196	3
PA	180, 181, 183	5
PR	006, 007, 009	1
RI	028, 029	3
SC	290-296, 298, 299	2
SC	297	3
SD	570-577	1
TN	370-385	1
TX	733, 786, 787	4
TX	739, 755-759, 763-769, 776-785, 788-799, 885	1
TX	750-754, 760-762, 770, 772-775	3
UT	840-847	5
VA	201, 203, 205, 220-227, 230, 232, 238	3
VA	228, 229, 239-246	1
VA	231, 233-237	2
VI	008	1
VT	050-053, 056-059	3
VT	054	4
WA	980-986, 988-994	5
WI	530-532, 534, 535, 537-539, 541-549	3
WI	540	5
WV	247-253, 255-268	1
WV	254	3
WY	820-831	1
WY	834	3
Inter-national	All	5

What's the cost?

Standard option biweekly

Rating area	Self only	Self plus one	Self and family
1	\$12.68	\$25.36	\$38.04
2	\$14.33	\$28.66	\$42.99
3	\$15.40	\$30.81	\$46.21
4	\$16.22	\$32.45	\$48.67
5	\$18.85	\$37.70	\$56.54

Standard option monthly

Self only	Self plus one	Self and family
\$27.47	\$54.95	\$82.42
\$31.05	\$62.10	\$93.15
\$33.37	\$66.76	\$100.12
\$35.14	\$70.31	\$105.45
\$40.84	\$81.68	\$122.50

High option biweekly

Rating area	Self only	Self plus one	Self and family
1	\$22.20	\$44.41	\$66.61
2	\$23.31	\$46.63	\$69.94
3	\$24.52	\$49.03	\$73.55
4	\$28.21	\$56.42	\$84.64
5	\$33.13	\$66.26	\$99.39

High option monthly

Self only	Self plus one	Self and family
\$48.10	\$96.22	\$144.32
\$50.51	\$101.03	\$151.54
\$53.13	\$106.23	\$159.36
\$61.12	\$122.24	\$183.39
\$71.78	\$143.56	\$215.35

Our Dental Plan is national and international.



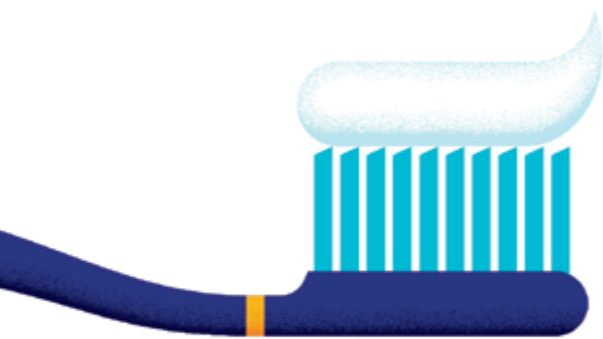
Visit uhcfeds.com

Who is eligible?

Anyone who's eligible for the Federal Employees Health Benefits (FEHB) program or Postal Service Health Benefits (PSHB) program – no matter what the health plan. Most retirees, including uniformed services retirees, are eligible for FEDVIP dental coverage, including:

- ✓ Federal employees and their dependents up to age 22 (actual birthday)
- ✓ Federal annuitants and survivor annuitants and their dependents up to age 22
- ✓ TRICARE retired uniformed service members and their dependents, covered up to age 21 and up to age 23 if full-time students
- ✓ Postal Service employees, annuitants and their eligible family members
- ✓ Certain temporary, seasonal and intermittent federal employees

Visit **BENEFEDS.gov** for complete information and up-to-date eligibility.



When can I enroll?

You can enroll during the Federal Benefits Open Season, which is Nov. 10–Dec. 8, 2025 (midnight ET). Or, if you're a new hire, you have 60 days from your start date to enroll.

Friendly reminder: FEDVIP benefits are selected individually and completely separate from your potential FEHBP, PSHBP or FEDVIP vision benefits – so you have the flexibility to select the dental plan that works best for you and your family.

Learn more

Explore plans at uhcfeds.com/dental



How do I enroll?



Visit
BENEFEDS.gov



Call
1-877-888-FEDS (TTY: 771)
International 1-571-730-5942

We're here to help

Give us a call at
1-866-315-2321 (TTY 711).

¿Habla Español?
Podemos ayudar.

What's next?

After you enroll, you'll be sent a welcome letter and a new member checklist to help you access your benefits and download a digital ID card. Also download the **UnitedHealthcare® app** for 24/7 plan access. Your coverage will begin Jan. 1 of that plan year if you sign up during Open Season.



Visit **uhcfeds.com**



You're always serving others. We're proud to serve you.

From first teeth to braces and beyond, our plans are designed with affordability and simpler experiences in mind. UnitedHealthcare FEDVIP dental plans are built to go above and beyond – just like you do.

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, DPOL.12.TX (Rev. 9/16) and DPOL.18.TX and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX, DCERT.IND.12.TX and DCOC.18.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA, policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA or policy form number DPOL.18.VA with associated COC form number DCOC.18.VA. 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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Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

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