



Finally, a dental plan worth smiling about

When caring for your teeth and gums, you want a plan that puts its money where its mouth is.

That's why UnitedHealthcare dental plans give you easy access to quality care wherever you are, include enhanced benefits, and offer exclusive perks.

2022

United Healthcare Dental





Take your dental care above and beyond







Get care at home:

Your teledentistry benefits offer 24/7 free access to advice and guidance with at-home telephone and video consultations



Get care nationwide:

You get full coverage for annual checkups and easy access to a range of dental services. Choose from 384,000 providers nationwide



Get care abroad:

You and your covered dependents have support to find and get high-quality dental care when you are out of the country



Keep your teeth on the right path

Your plan includes comprehensive orthodontic coverage:

- Online or in-person services for children and adults
- Up to a \$4,000 lifetime benefit

- No waiting period
- Aligner options such as Smile Direct

Get extra when you need it most

Members with the following conditions get 100% 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

What does the plan include?

Dental coverage

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

Diagnostic Services, Class A

- · Oral evaluations
- Radiographs
- · Labs and other diagnostic tests
- · Oral cancer screening

Preventive Services, Class A

- · Dental prophylaxis (cleaning)
- Sealants
- · Space maintainers
- Fluoride treatment

Intermediate Services, Class B

- Restorations
- · Oral surgery
- Emergency treatment
- Periodontics
- Simple extractions
- Endodontics

Major Services, Class C

- Inlays/onlays/crowns
- · Fixed partial dentures
- Dentures and removable prosthetics
- Implants

	Stand	ard Option	High Option		
Orthodontic Services, Class D	In-Network	Out-of- Network	In-Network	Out-of- Network	
Orthodontia eligibility	Child and Adult	Child and Adult	Child and Adult	Child and Adult	
Lifetime ortho max	\$2,000*	\$2,000*	\$4,000**	\$4,000**	
Deductible applies	No	No	No	No	
Waiting period applies	No	No	No	No	

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

Standard Option

High Option

	In Network	Out of Network	In Network	Out of Network
Service type	You	u Pay	Yo	ou 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	Unlimited
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	None	Self: \$50
		Self plus One: \$200		Self plus One: \$100
		Self and Family: \$300		Self and Family: \$150
		Class A, B, and C services		Class B and C services

This is intended as a summary only. For a detailed description of your benefits, exclusions and limitations, please refer to the Certificate of Coverage at uhcfeds.com. Click the **DENTAL PLANS** button.

^{** \$4,000} lifetime maximum per person combined for in-network or out-of-network.

^{*}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 in-network Annual Benefit Maximum.

What's the cost?

- Find your state and the first 3 digits of your ZIP code below
- Match that Rating Area to your enrollment type and plan option

State	ZIP	Rating Area	State	ZIP	Rating Area	State	ZIP	Rating Area
AK	995-999	5	KS	664, 665, 667-679	1	ОН	434-436, 438-449, 453-458	1
AL	350-352, 354-369	1	KY	400-409, 411-418, 420-427	1	OK	730, 731, 734-741, 743-749	1
AR	716-729	1	KY	410, 459	2	OR	970-973	5
AZ	850-853	4	LA	700, 701, 703-708, 710-714	1	OR	974-979	3
AZ	855-857, 859, 860, 863, 865	2	MA	010, 011, 013	4	PA	150-171, 175-179, 182,	1
AZ	864	3	MA	012, 014-027, 055	3	FA	184-188	Į.
	900-908, 910-928, 930, 931,		MD	205-212, 214, 216, 217, 219	3	PA	172-174, 189-196	3
CA	933-935, 939-941,	5	MD	215, 218	1	PA	180, 181, 183	5
	943-952, 954		ME	039-042	3	PR	006, 007, 009	1
CA	932, 936-938, 953, 955,	3	ME	043-049	2	RI	028, 029	3
	960, 961		MI	480-485	3	SC	290-296, 298, 299	2
CA	942, 956-959	4	MI	486-499	2	SC	297	3
CO	800-806	4	MN	550, 551, 553-555, 563	5	SD	570-577	1
CO	807, 811, 813-816	2	MN	556-562,564-567	2	TN	370-385	1
CO	808-810, 812	3	MO	630, 631, 633, 640, 641,	2	TX	733, 786, 787	4
CT	060-063	4		644, 645, 649		TX	739, 755-759, 763-769,	1
CT	064-069	5	MO	634-639, 646-648, 650-658	1		776-785, 788-799, 885	!
DC	200, 202-205	3	MS	386-397	1	TX	750-754, 760-762, 770,	3
DE	197-199	3	MT	590-599	1		772-775	
FL	320-329, 335-339, 341, 342,	1	NC	270-279, 283-289	2	UT	840-847	5
	344, 346, 347		NC	280-282	3	VA	201, 203, 205, 220-227,	3
FL	330-334, 349	3	ND	580-588	1	VA	230, 232, 238	
GA	300-303, 305, 306, 311, 399	3	NE	680, 681	2	VA	228, 229, 239-246	1
GA	304, 307-310, 312-319, 398	1	NE	683-693	1	VA	231, 233-237	2
GU	969	5	NH	030-033, 038	3	VI	008	1
HI	967-968	3	NH	034-037	4	VT	050-053, 056-059	3
IA	500-514, 516, 520-528	1	NJ	070-079, 085-089	5	VT	054	4
IA	515	2	NJ	080-084	3	WA	980-986, 988-994	5
ID	832-838	3	NM	870, 871, 873-875, 877-884	1	WI	530-532, 534, 535,	3
IL	600-609, 613	3	NV	889-891	3	V V I	537-539, 541-549	
IL	610-612, 614-619, 623-629	1	NV	893-895, 897, 898	4	WI	540	5
IL	620	2	NY	005, 100-119, 124-126	5	WV	247-253, 255-268	1
IL	622	2	NY	063	4	WV	254	3
IN	460-462, 470, 472, 473	2	NY	120-123, 128	3	WY	820-831	1
IN	463-464	3	NY	127, 129-139, 144-149	2	WY	834	3
IN	465-469, 471, 474-479	1	NY	140-143	1	Inter-	All	5
KS	660-662, 666	2	ОН	430-433, 437, 450-452	2	national	All	0

	I	High Option Bi-Week	kly	High Option Monthly			
Rating Area	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family	
1	\$19.47	\$38.93	\$58.38	\$42.19	\$84.35	\$126.49	
2	\$20.87	\$41.74	\$62.60	\$45.22	\$90.44	\$135.63	
3	\$23.81	\$47.61	\$71.42	\$51.59	\$103.16	\$154.74	
4	\$25.89	\$51.78	\$77.67	\$56.10	\$112.19	\$168.29	
5	\$29.05	\$58.09	\$87.15	\$62.94	\$125.86	\$188.83	

	Sta	andard Option Bi-We	eekly	Standard Option Monthly		
Rating Area	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$10.15	\$20.30	\$30.45	\$21.99	\$43.98	\$65.98
2	\$10.88	\$21.76	\$32.64	\$23.57	\$47.15	\$70.72
3	\$12.39	\$24.78	\$37.17	\$26.85	\$53.69	\$80.54
4	\$13.46	\$26.93	\$40.39	\$29.16	\$58.35	\$87.51
5	\$15.09	\$30.16	\$45.25	\$32.70	\$65.35	\$98.04

Use our pearly white perks



Get exclusive discounts on health and wellness products and programs via our online BenefitHub

- Electric toothbrushes, aligners and more
- New items added often



Get convenient care at UHC Dental Days, when we bring pop-up dental clinics right to your place of work*

Do more with your dental

Critical Illness Benefit: If you are diagnosed with oral, head or neck cancer, you will receive \$2,000 to use any way you need

Hearing Benefit: You are eligible for member discounts on state-of-the-art hearing aids

Who is eligible?

Anyone who's eligible for the Federal Employees Health Benefits (FEHB) program—no matter what the medical plan. Most retirees, including uniformed services retirees, are eligible for FEDVIP Dental coverage.**

When and how to enroll?

Sign up during Federal Benefits Open Season, or if you are a new hire, you have 60 days from your start date to enroll.

Visit BENEFEDS.com or call

1-877-888-3337 (TTY: 1-877-889-5680)

Learn more at uhcfeds.com/learn

^{*}Hosted pop-up clinics are at the discretion of each local federal agency; agency Federal Benefit Officers may inquire with their respective UnitedHealthcare account manager

^{**}Full eligibility details can be found on **BENEFEDS.com**



What's next?

We'll mail you confirmation and a welcome letter with instructions on how to access plan information and your ID card. Your coverage will begin Jan. 1 of that plan year, if you sign up during Open Season.

Questions? Visit uhcfeds.com or call 1-866-315-2321 (TTY 711).

A dental plan that serves you well

From first teeth to braces and beyond, our plans are designed to grow with you. You can count on UnitedHealthcare to provide easy, convenient and affordable access to dental care through all of life's stages.



Recognized as the sixth most Military Friendly® Employer in the nation.



The fine print.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance P.O. Box 30608, Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card. You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at:

http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios 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。請撥 打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.ACHTUNG: Falls Sie Deutsch

(**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فار سی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nitl'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

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.

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

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