

Optional Dental Benefits

Personalize Your Coverage



UnitedHealthOne 

Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans. Additional premium required. Availability varies by state. Please see the corresponding health product brochure.

Policy Form SAS-1374

Something to Smile About.

Keeping your smile beautiful doesn't have to be expensive. You can now upgrade your health plan with an optional dental benefit that can help keep you smiling brightly. UnitedHealthcare's extensive network of dental care providers can offer you significant savings.

UnitedHealthcare Dental Benefit Rider — Two Options to Choose From

UnitedHealthcare Dental PremierSM Benefit Rider

- Best option if your dentist is **not** in our network.
Visit www.myuhcdental.com/goldenrule for a list of dentists.
- Pays more than *Dental Value* for care from non-network dentists.

UnitedHealthcare Dental ValueSM Benefit Rider (not available in all areas)

- Best option if you use a network dentist.
Visit www.myuhcdental.com/goldenrule for a list of dentists.
- Lowest premiums.

With both of our options, you can take advantage of:

- Preventive care covered at 100% with NO deductible or waiting period.
- Access to an extensive network that today has over 73,000 dentists!
- Two options with the flexibility of using in- and out-of-network dentists.
- A \$50 calendar-year deductible per person (limited to 3 individual \$50 deductibles per family for Basic Services and Major Services). Then we pay 80% for Basic Services and 50% for Major Services.*
- A calendar-year maximum benefit of \$1,000 per covered person.

*Six-month waiting period for Basic Services. Twelve-month waiting period for Major Services.



We're here to help you.

Use www.myuhcdental.com/goldenrule to find a dentist in your area, access your plan information, see your claim status, find general dental information, and more. You also can call customer service anytime toll-free at (866) 877-6187 and speak to a dental specialist for fast, knowledgeable service.

With Dental Coverage From UnitedHealthcare — You Have the Advantage.

With a UnitedHealthcare dental rider, your family has access to over 73,000 network dentists. The result can be significant discounts on quality care, and you never file a claim form. A healthy smile can be easier than you thought.

Preventive services have no waiting period and include routine dental exams, routine X-rays, cleaning, fluoride treatment, sealants, and space maintainers.

Basic services have a 6-month waiting period and include dental exams, X-rays, routine extractions, treatment to ease dental pain, and simple fillings.

Major services have a 12-month waiting period and include treatment for diseases of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures, and oral surgery for impactions.

UnitedHealthcare Dental Network Savings Examples (as of May 2008)

	Procedure (ADA Code)	Dentists' Retail Charge	Both Options In-network You Pay	Dental Premier Out-of-network You Pay	Dental Value Out-of-network You Pay
Preventive	Adult Prophylaxis (D1110)	\$ 75.00	\$0	\$ 4.00	\$ 28.00
	Child Prophylaxis (D1120)	\$ 88.00	\$0	\$ 33.00	\$ 53.00
	Child Topical Application of Fluoride (D1203)	\$ 49.50	\$0	\$ 14.50	\$ 30.50
Basic	Amalgam One Surface, Primary or Permanent (D2140)	\$ 140.00	\$ 13.20	\$ 32.00	\$ 87.20
	Resin-Based Composite, One Surface Anterior (D2330)	\$ 150.00	\$ 16.00	\$ 39.60	\$ 86.00
	Resin-Based Composite, One Surface Posterior (D2391)	\$ 160.00	\$ 18.40	\$ 40.80	\$ 86.40
Major	Molar Root Canal (D3330)	\$985.00	\$335.00	\$502.50	\$650.00
	Extraction Single Tooth (D7140)	\$145.00	\$ 37.00	\$ 75.00	\$108.00
	Removal of Impacted Tooth, Soft Tissue (D7220)	\$300.00	\$ 84.50	\$ 160.00	\$ 215.50

- Utilizing network dentists reduces costs under **both options** because these dentists have agreed to lower fees (network negotiated rate) for covered expenses.
- If you use an out-of-network dentist, **Dental Premier** pays benefits based on the reasonable and customary charge.
- If you use an out-of-network dentist, **Dental Value** pays benefits based on the network negotiated rate — which is usually less than the reasonable and customary charge.

Fees in examples are based on national averages and network coverage for ZIP Code 432XX. This chart assumes \$50 deductible has been satisfied.

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You'll find complete coverage details in the policy.

Covered Expenses

Subject to all policy provisions, the following dental expenses are covered.

- Oral evaluations – two per calendar year.
- Routine cleaning – two per calendar year.
- Fluoride treatment, covered person under age 16 – two per calendar year.
- Routine X-rays – once per calendar year.
- Simple (nonsurgical) extractions.
- Amalgam fillings and direct resin fillings.
- Stainless steel crowns on primary teeth.
- Space maintainers for premature loss of primary teeth, under age 13.
- Repair of dental work but not within 6 months of the initial placement and not more than once in any 12-month period.
- Root canals and pulpotomies on primary teeth.
- Treatment for disease of the gums and bone-supporting teeth – two per calendar year.

- Inlays, onlays, or veneers limited to one time per 60 consecutive months.
- First installation of bridgework to replace one or more lost functioning natural teeth.
- Full or partial dentures or overdentures, payable once every 5 years.
- Oral surgery, including surgical extractions and removal of impacted teeth.

Definitions

- Preventive services have no waiting period and include routine dental exams, routine X-rays, cleaning, fluoride treatment, sealants, and space maintainers.
- Basic services have a 6-month waiting period and include dental exams, X-rays, routine extractions, treatment to ease dental pain, and simple fillings.
- Major services have a 12-month waiting period and include treatment for diseases of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures, and oral surgery for impactions.

Exclusions

No benefits are payable for dental expenses which:

- Are for orthodontia; braces.
- Are for dental implants.
- Are for oral surgery, except as expressly provided for under the rider.
- Result from intoxication, as defined by applicable state law in the state where the illness or injury occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor.
- Are in relation to, or incurred in conjunction with, investigational treatment.
- Are for jaw/joint problems or malposition of jaw bones.
- Are for mouthguards; duplicate dentures; harmful habit appliances; replacement of lost or stolen appliances; sleep disorder appliance; and gold foil restorations.
- Result from or in the course of employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply.
- Are for cosmetic dentistry.

- Are for replacement of dental work which can be repaired or restored to natural function.
- Result from war, intentionally self-inflicted bodily harm (whether sane or insane), or participation in a felony (whether or not charged).
- Are provided by a family member or by someone who ordinarily resides with you or your covered dependent.
- Are received outside of the United States, except for a dental emergency.
- Are for changing vertical dimension, restoring occlusion, bite analysis, or congenital malformation.
- Are for setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Are for initial placement of dentures or bridges to replace functional natural teeth that are congenitally missing or lost before the rider is in effect.
- Are for acupuncture, acupressure, and other forms of alternative treatment.
- Are for any dental services for which benefits are payable under a medical policy issued by us.

EXCLUSION ON CHARGES IN EXCESS OF REASONABLE AND CUSTOMARY:

Charges in excess of reasonable and customary will not qualify as a covered expense under the rider. This only applies to Dental Premier.