

Welcome

to your California Select Managed Care Direct Compensation dental plan



Welcome to the California Select Managed Care Direct Compensation plan from UnitedHealthcare Dental. *We'll do everything we can to make your experience a positive one.

Take a few minutes to review this information, and remember that we're here to help if you have questions. Simply call Customer Care at (800) 999-3367.

Your plan provides comprehensive benefits.

This plan provides terrific benefits. Your coverage begins right away, and you do not need to meet a deductible (an amount members sometimes must pay before receiving coverage). There is also no limit on how much the plan will pay in a given year, and the plan does not exclude care for dental issues you may have had before becoming a UnitedHealthcare dental member.

What's covered?

Preventive care — Your plan will pay for all or most of your preventive dental care needs, which include your routine checkups and cleanings. Generally speaking, you are limited to two cleanings in a 12-month period. However, some plans cover more cleanings for an additional copay. Check your plan information on myuhc.com, or give us a call and we will review your benefits with you. Note this plan covers annual oral cancer screens for adults as well.

Fillings, crowns and more — For services other than preventive care, you will pay a copay (a set dollar amount) to your dental office, generally at the time of your service. Your member website will outline your copays, or give us a call and we will review them with you.

Your plan covers other types of care, such as fillings and crowns, as well as orthodontia (braces.) However, some services that are done to improve the look of your teeth, such as teeth whitening, may not be covered by your plan.

Five things to know and Enrollment Procedures

1. You may see any primary care (general) dentist who is part of the network. That dentist will provide most of your care. If you need to see a specialist, your primary care dentist will give you a referral. Some plans do not offer any coverage if you see a dentist who is not part of the network. Check your plan documents or call Customer Care to see how your plan works.
2. You can locate a primary care dentist who is part of the network by using the Find a Dentist tool on myuhc.com or by calling Customer Care at the number on your ID card.
3. Your plan fully covers most preventive care. You'll pay a copay at the time of your visit for other types of care, including orthodontia (braces).
4. There's a website just for you— myuhc.com.
5. Call us at the number on your ID card any time you have a question.

Enrollment Procedures

Simply fill out and return the enclosed enrollment form to the Trust Fund Office G.E.T.F c/o Northwest Administrators, 2323 Eastlake Avenue E, Seattle, WA 98102





Your ID card:

- You can print your ID card from myuhc.com.
- If you are a new member, you will be issued a card. If you are not, continue to use the one you have.
- Your ID card only lists the name of the person who signed up for the plan, but all of those covered by your plan should use this card.
- Bring your dental ID card with you each time you see the dentist.

White or silver fillings? – If you choose to have white fillings (known as resin-based composite) in your back teeth, you may have to pay a higher copay than for silver fillings.

Extra services covered if you're pregnant

If you are pregnant, your plan covers extra visits for cleanings and gum treatments as recommended by your dentist. (Check your plan document for details.) Be sure to take advantage of this benefit because during pregnancy women can have increased levels of bacteria in the mouth which can lead to tooth decay. Ask your dentist to submit a paper claim to the claims address on your ID card, including the name of your obstetrician and your pregnancy due date, and we'll take care of the rest.

Finding a dentist in the network

To find a dentist in your network, log in to myuhc.com. That way, you'll only see your plan's network. If you decide not to log in, you can still use the online Find a Dentist tool, but you'll have to select your network from a list of networks, which is an added step.

Customer Care can also help you find a dentist in the network. Call the number on your ID card.

Questions?

If you have questions about your benefits, visit myuhc.com or call us at (800) 999-3367. Thank you again for choosing UnitedHealthcare. You're on your way to a healthy, beautiful smile!



*Benefits for UnitedHealthcare Dental DHMO/Direct Compensation 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 UnitedHealthcare Insurance Company.

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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

- uhclatino
- uhclatino 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 see 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.



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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 REPOSITIONING 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	ADA	DESCRIPTION	MEMBER'S COPAYMENT
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$0	D6606	INLAY - CAST NOBLE METAL 2 SURFACES*	\$0
D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	\$0	D6607	INLAY - CAST NOBLE METAL 3/> SURFACES*	\$0
D5610	REPAIR RESIN DENTURE BASE	\$0	D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	\$0
D5620	REPAIR CAST FRAMEWORK	\$0	D6609	ONLAY - PORCELAIN/CERAMIC 3/> SURFACES	\$0
D5630	REPAIR OR REPLACE BROKEN CLASP	\$0	D6610	ONLAY - CAST HIGH NOBLE METAL 2 SURFACES*	\$0
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$0	D6611	ONLAY-CAST HIGH NOBLE METAL 3/> SURFACES*	\$0
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$0	D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	\$0
D5660	ADD CLASP EXISTING PARTIAL DENTURE	\$0	D6613	ONLAY - CAST PREDOMINANTLY BASE METAL 3/>SURFACES	\$0
D5670	REPLACE ALL TEETH & ACRYLIC FRAMEWORK MAXILLARY	\$0	D6614	ONLAY - CAST NOBLE METAL 2 SURFACES*	\$0
D5671	REPLACE ALL TEETH & ACRYLIC FRAMEWORK MANDIBULAR	\$0	D6615	ONLAY - CAST NOBLE METAL 3/> SURFACES*	\$0
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$0	D6624	INLAY TITANIUM*	\$0
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$0	D6634	ONLAY TITANIUM*	\$0
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$0	D6710	CROWN/INDIRECT RESIN BASED COMPOSITION	\$0
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$0	D6720	CROWN - RESIN WITH HIGH NOBLE METAL*	\$0
D5730	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	\$0	D6721	CROWN - RESIN PREDOMINANTLY BASE METAL	\$0
D5731	RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE	\$0	D6722	CROWN - RESIN WITH NOBLE METAL*	\$0
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	\$0	D6740	CROWN - PORCELAIN/CERAMIC	\$0
D5741	RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	\$0	D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL*	\$0
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	\$0	D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$0
D5751	RELINE COMPLETE MANDIBULAR DENTURE LABORATORY	\$0	D6752	CROWN - PORCELAIN FUSED NOBLE METAL*	\$0
D5760	RELINE MAXILLARY PARTIAL DENTURE LABORATORY	\$0	D6780	CROWN - 3/4 CAST HIGH NOBLE METAL*	\$0
D5761	RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	\$0	D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0
D5810	INTERIM COMPLETE DENTURE MAXILLARY	\$0	D6782	CROWN - 3/4 CAST NOBLE METAL*	\$0
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	\$0	D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$0	D6790	CROWN - FULL CAST HIGH NOBLE METAL*	\$0
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$0	D6791	CROWN - FULL CAST BASE METAL	\$0
D5850	TISSUE CONDITIONING MAXILLARY	\$0	D6792	CROWN - FULL CAST NOBLE METAL*	\$0
D5851	TISSUE CONDITIONING MANDIBULAR	\$0	D6794	CROWN TITANIUM*	\$0
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$0	D6920	CONNECTOR BAR	\$0
D5864	OVERDENTURE - PARTIAL MAXILLARY	\$0	D6930	RECEMENT FIXED PARTIAL DENTURE	\$0
D5865	OVERDENTURE - COMPLETE MANDIBULAR	\$0	D6940	STRESS BREAKER	\$0
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$0	D6980	FIXED PARTIAL DENTURE REPAIR	\$0
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE, BY REPORT	\$0			
FIXED PROSTHODONTICS SERVICES			IMPLANT SERVICES		
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$0	D6010	SURGICAL PLACEMENT IMPL BODY: ENDOSTEAL	\$1,950
D6210	PONTIC - CAST HIGH NOBLE METAL*	\$0	D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$0	D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$368
D6212	PONTIC - CAST NOBLE METAL*	\$0	D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$1,840
D6214	PONTIC - TITANIUM*	\$0	D6054	IMPLANT/ABUTMENT SUPPORTED BY REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,840
D6240	PONTIC - PORCELAIN FUSED HIGH NOBLE METAL*	\$0	D6055	CONNECTING BAR-IMPLANT SUPPORTED/ABUTMENT SUPPORTED	\$540
D6241	PONTIC - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$0	D6056	PREFABRICATED/ABUTMENT INCLUDING MODIFICATION/PLACEMENT	\$368
D6242	PONTIC - PORCELAIN FUSED NOBLE METAL*	\$0	D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES IMPLANT	\$610
D6245	PONTIC - PORCELAIN/CERAMIC	\$0	D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,050
D6250	PONTIC - RESIN W/HIGH NOBLE METAL*	\$0	D6059	ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN (HIGH NOBLE METAL)*	\$915
D6251	PONTIC - RESIN W/PREDOMINANTLY BASE METAL	\$0	D6060	ABUTMENT SUPPORTED PORCELAIN METAL CROWN (PREDOMINANTLY BASE METAL)	\$1,050
D6252	PONTIC - RESIN W/NOBLE METAL*	\$0	D6061	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)*	\$946
D6253	PROVISIONAL PONTIC	\$0	D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)*	\$981
D6545	RETAINER-CAST METAL, RESIN, BOND FIXED PROSTHETIC	\$0	D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$854
D6548	RETAINER-PORCELAIN/CERAMIC, RESN BOND FIXED PROSTHETIC	\$0	D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)*	\$1,168
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	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

UnitedHealthcare Dental®

Select Managed Care Direct Compensation CA250/covered dental services

Dental Plan
D1015

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
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

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.

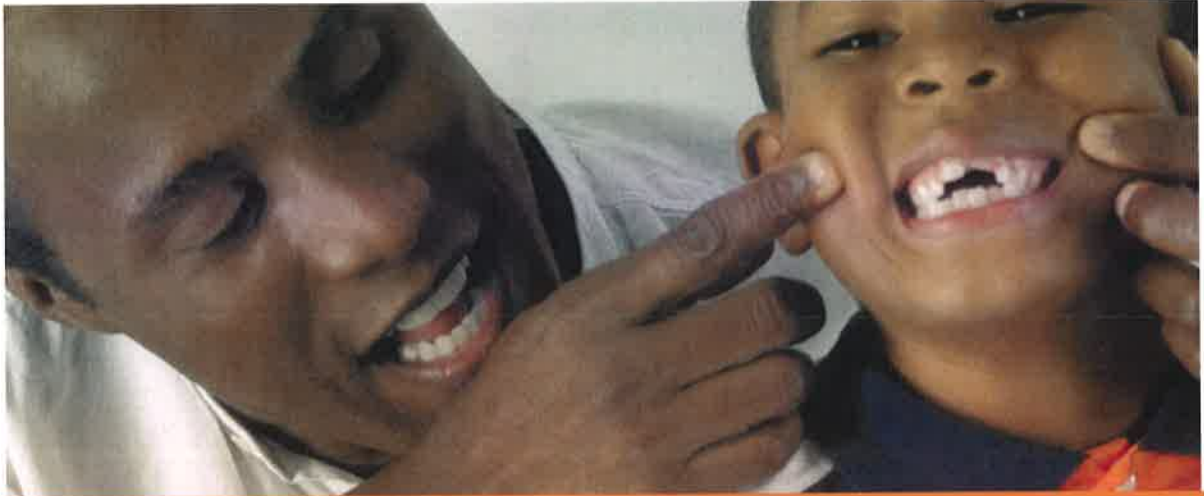
If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

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

Reduce childhood tooth decay with sealants



When a child visits the dentist, you want to hear: “No cavities.” Regular brushing helps prevent cavities. But there’s another tool that you do not want to overlook: dental sealants.

What are dental sealants and how do they work?

Dental sealants are thin plastic coatings. They are painted onto the chewing surfaces of your child’s back teeth (molars), where most tooth decay starts. As molars develop, pits and grooves form on top. Food and germs get caught in these spaces and toothbrushes can’t easily reach them. The result can be decay which are sometimes also called cavities or caries.

With dental sealants, your dentist covers the molars with a protective coating. Applying sealants is fast, easy and painless. Sealants produce a smooth surface that can be easily brushed and will last for years. A smooth surface is less likely to allow bacteria in the mouth to lodge in the teeth and cause cavities.

You should know:

- Sealants are one of the best ways to help kids avoid tooth decay.
- Sealants are safe and easy. They do not cause pain when applied.
- Depending on your benefits, sealants are usually covered as a preventive service.

Applying sealants is fast and painless for your child:

1. First the dentist or dental hygienist rubs the tooth surfaces with a solution that cleans them and allows the sealant to stick better.
2. After a minute, the solution is washed off. The teeth are dried with air.
3. The sealant is painted on the chewing surface of each molar.

The sealant will bond to the tooth and harden into a protective shield. Applying sealants usually takes five minutes or less per tooth. Once the sealants harden, your child can eat and drink normally.

How much do sealants cost?

Sealants are usually covered by dental insurance as a preventive service. Preventive services usually require little or no out-of-pocket payment. Sealants can save you money in the long run because they help prevent cavities. You'll save on costly dentist bills, and your child will enjoy strong, healthy teeth.

When are sealants applied?

Sealants should be applied twice. The first time is when your child gets their first permanent molars. This will be around age six or seven. The second time is when their second set of molars comes in. This will be around age 11 or 12.



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 UnitedHealthcare Insurance Company, 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 and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware.

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



Dental

Dental tips

How to care for your mouth when you have diabetes

Did you know that diabetes makes you more likely to get gum disease? What's more, gum disease makes it more difficult for diabetes patients to control their blood sugar. If you have diabetes, you need to be aware of your risk for gum disease. Your dentist may refer to gum disease as "periodontal disease."

Gum disease is an infection of the gum, bones and tissues that attach your teeth to your jaw bone. Gum disease starts with germs called bacteria that cling to your teeth. These germs are part of a sticky film that covers your teeth. This sticky film is called plaque. If the plaque isn't removed daily with brushing and flossing, it hardens into tartar. Tartar collects more plaque. The bacteria in the plaque can infect the gums and lead to gum disease.

How does gum disease affect diabetic patients?

Patients with diabetes are two to four times more likely to develop gum disease. This may be because they get infections more easily. Their gum disease is also more severe. It produces 50% more bone and tooth loss.¹ People with poorly controlled diabetes are especially at risk.

Gum disease makes it more difficult for diabetes patients to control their blood sugar.² That is because it increases inflammation, which can raise blood sugar levels. Treating gum disease will help control your blood sugar.³



In brief:

- Diabetic patients are more likely to develop gum disease
- Gum disease makes it more harder to control their blood sugar levels
- Brushing, flossing and regular dental visits help control gum disease

Common signs of gum disease include:

- Red and swollen gums that bleed when you brush or floss
- Gums that have pulled away from the teeth
- Bad breath
- Permanent teeth that become loose
- Changes in the way your teeth fit together

Tobacco makes these symptoms worse, especially for diabetes patients.

What can be done at home to keep gums and teeth healthy?

- Always brush with a soft toothbrush after eating
- Floss every day
- If you wear dentures, keep them clean
- Have your teeth professionally cleaned at least twice a year
- Let your dentist know about any mouth problems you're experiencing
- If you use tobacco, talk to your doctor about quitting

Keeping your gums healthy will make it easier to control your diabetes. And controlling your diabetes will make it easier to avoid or manage gum disease. It's a win-win approach.

How do you treat gum disease?

In the early stages, your dentist can remove plaque and tartar. If the gum disease is advanced, different treatments may be needed. Since people with diabetes often heal more slowly, they may need special treatments.



¹ National Institute of Dental and Craniofacial Research, Periodontal (Gum) Disease: Causes, Symptoms, and Treatments, <http://www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm>, NIH Publication No. 11-1142, July 2011, no copyright.

² American Academy of Periodontology, Gum Disease and Diabetes, <http://www.perio.org/consumer/mbc.diabetes.htm>, last modified: February 23, 2011.

³ American Diabetes Association, Effect of Periodontal Treatment on Glycemic Control of Diabetic Patients, *Diabetes Care*. 2010 February, 33(2),PMCID: PMC2809296, doi:10.2337/09-1378.

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Dental

Protect your mouth from gum disease



Gum disease is a serious but often painless disease. Many people don't know they have it until the damage has been done. Research links gum disease to diabetes and heart disease. If you catch gum disease early, you can protect your teeth and gums. You may even help protect your overall health.

The first stage of gum disease: gingivitis.

Gingivitis is the mildest form of gum disease. Signs of gingivitis include red, swollen gums that bleed when you brush or floss.

You can reverse gingivitis if you:

- Brush daily
- Floss daily
- Get regular cleanings

You should know:

- Gum disease is an infection of the gums. Your gums hold your teeth in place.
- Many people don't realize they have gum disease until damage has been done.
- If you catch it early, you can treat gum disease without surgery.

The second stage of gum disease: periodontitis.

If you don't get gingivitis under control, it can lead to periodontitis. Periodontitis is an infection of the gum tissues that hold your teeth in place.

Germs, called bacteria, are part of a sticky film that covers your teeth called plaque. Built-up plaque on your teeth can harden — this is called tartar. The tartar hardens under the gum line. The gums then pull away from the teeth, creating a pocket. These pockets allow additional germs to gather. This deepens the pockets and can lead to bone and tooth loss.

How to treat gum disease.

Your dentist will tell you if you have gum disease. Your dentist may be able to treat gum disease, especially in its early stages. For more advanced stages, you may need to see a gum specialist. A gum specialist is called a “periodontist.”

In the early stages of gum disease, your dentist will do a deep cleaning. This will remove hardened plaque and infected tissue. It will also smooth the damaged root surfaces of the teeth. This process allows the gum to heal.

After a deep cleaning, it's important to brush and floss regularly. This will keep the plaque from building up again. If the periodontitis gets worse, gum surgery may be necessary.

Gum disease is a serious but treatable disease. It can affect your oral health and your overall health. Be sure to practice good daily habits at home and take advantage of your dental plan benefits. Go to the dentist regularly. If you take care of your teeth and gums, they will last a lifetime.

Signs of advanced gum disease:

- Bleeding gums when you brush or floss
- Red, swollen or tender gums
- Gums that pull away from the teeth
- Pus that appears between the teeth and gums when you press on the gums
- Bad breath
- Permanent teeth that are loose or moving away from each other
- Changes in how your teeth fit together
- Changes in how dentures or a bridge fits



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Dental

Preventing and treating mouth cancer



Cancer of the mouth is called oral cancer. It strikes more than 37,000 people in the United States each year. It often is not discovered until it is more advanced. As a result, there is less than a 50% survival rate five years after diagnosis.*

Oral cancer can strike anyone, but the leading risk factors include:

- Smoking
- Chewing tobacco
- Drinking alcohol
- Contracting the human papillomavirus (HPV). This is a common sexually transmitted disease

New tests detect cancer sooner.

New screening tools may help to find oral cancer sooner. With light contrast screening, it can be detected and treated earlier. The medical term for light contrast screening is “fluorescence visualization.” The test uses light to help your dentist find healthy and unhealthy tissue.

You should know:

- More than 37,000 people in the U.S. are diagnosed with oral cancer each year.¹
- Risk factors include tobacco and alcohol use.
- New tests help detect oral cancer earlier and are covered by UnitedHealthcare for adult patients.
- Treatment may be more effective when it is started earlier.

There are two light contrast tests:

- One test passes a light over tissue treated with a special solution. Normal tissue absorbs the light and appears dark. Abnormal tissue appears white.
- Another test shines a blue light into the mouth. This shows the deeper tissue layers where pre-cancer changes often start.

A brush biopsy is often done as a follow-up to light contrast. It may also be done if there is suspicious tissue. A dentist uses a brush to take a tissue sample from the suspicious area. The sample is then sent to a lab. If the results are positive, a biopsy is done.

A biopsy involves removing a tissue sample with a scalpel. Then, it is studied in a lab. The results help determine a final diagnosis and a plan of treatment.

New testing procedures are covered.

These tests are often done in addition to traditional manual screening and are covered by UnitedHealthcare for adult patients. Visit your dentist regularly and use your oral cancer screening benefit. Remember, early detection is important.

Mouth cancer warning signs:

- Red and/or white spots in your mouth or on your lips
- Sores in your mouth or on your lip that don't heal
- Changes to the surface of your mouth or lip tissue
- Bleeding in the mouth
- Loose teeth
- Difficulty swallowing
- Ear pain
- Numbness of the tongue or other mouth parts
- Jaw swelling



¹ The Oral Cancer Foundation, <http://oralcancerfoundation.org/facts/index.htm>, last modified 2013.

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