Platinum Dental Rider

Optional Supplemental Benefit

As a UnitedHealthcare member, you can choose to add dental coverage for an additional monthly cost. This cost is added to any monthly premium you pay for your Medicare Advantage plan and your Medicare Part B coverage.

For $54 a month, you'll get dental coverage that includes:

- $1,500 per year for covered dental services.
- $0 copay for covered network preventive services.
- 50% coinsurance for all covered network comprehensive services.
- Access to one of the largest national dental networks. You can also see an out-of-network dentist, but you may pay more.

You can add the dental rider when you enroll in your Medicare Advantage plan. If you choose not to add the dental rider right away, you still have time – you can add it within 3 months after your plan coverage begins by calling the member number on your member ID card or by visiting the Coverage & Benefits section of your member site. If you miss the 3-month enrollment period you can enroll in the dental rider during the next Annual Enrollment Period (AEP) if the plan still offers it.

If you add the dental rider when you enroll in the plan, your dental coverage will start on the same day your plan starts. If you add it later, your dental coverage will start on the first day of the month after you add it.

Your dental rider coverage will automatically continue into the next plan year if you keep the rider through the end of this plan year, pay all your premiums, stay enrolled in your plan, and the rider is still offered with your plan. Monthly costs and covered services may change each year.

To find a network dentist near you, scan the QR code below. You can also visit **UHC.com/Medicare**, select **Shop Medicare plans**, and then choose **Find a dentist**.

Exclusions may apply:

- Dental services that are not necessary
- Hospitalization or other facility charges
- Any dental procedure performed solely for cosmetic and/or aesthetic reasons
- Any dental procedure not directly associated with a dental disease
- Any procedure not performed in a dental setting
- Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury or congenital anomaly



Scan here to find a network dentist in your area

- Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
- Service for injuries or conditions covered by worker's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
- Expenses for dental procedures begun prior to the covered person's eligibility with the plan
- Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates
- Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child
- Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice, sales tax or duplicating/copying patient records
- Implants and implant-related services
- Tooth bleaching and/or enamel microabrasion
- Veneers
- Orthodontics
- Sustained release of therapeutic drug (D9613)
- COVID-19 screening, testing, and vaccination
- Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services
- Space maintenance
- Any unspecified procedure by report (Dental codes: D##99)

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The provider network may change at any time. You will receive notice when necessary.

Limitations, exclusions and/or network restrictions may apply. Network size varies by local market.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.