

# UHC PPO Plans

## UnitedHealthcare PPO Plans

UnitedHealthcare PPO Plans are traditional indemnity plans, you have the choice of two plans, a Standard PPO Plan or the High PPO Plan. You save money and receive a higher level of coverage when choosing a participating dentist, these dentists have agreed to a discounted fee schedule resulting in a lower out-of-pocket expense to the member.

## Why choose a UnitedHealthcare dental PPO plan?

Whether you select the Standard PPO Plan or the High PPO Plan, you can see any dentist or specialist in or outside the UnitedHealthcare national network. However, you can save money by choosing a dentist who is part of the network because network dentists agree to discount their services by 20-30% for UnitedHealthcare dental members.

Preventive care such as exams and cleanings are covered at little or no cost to you. The plan also covers Oral Cancer screenings each year for adult members. There is also a Pregnancy Dental Benefit designed to cover extra visits for dental cleanings and gum treatments, if needed, during pregnancy and the first three months after the baby is born.

## Am I eligible for this coverage?

You may elect to enroll in the dental plan if you are an active, benefit-eligible employee working a minimum of 20 hours per week on a regularly scheduled basis.

## Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren to the end of the calendar year they reach age 26
- Children older than age 26 will remain covered under this plan only if proof is submitted that he/she suffers from a physical handicap or mental retardation, provided the child remains chiefly dependent upon you for support.
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

## How do I select my dental provider?

You may select a dental provider who is part of the large national UnitedHealthcare network. Visit [www.myuhcdental.com](http://www.myuhcdental.com) and click on Find a Dentist under Links and Tools to choose a network doctor or make changes. If you would like to keep the dentist you have under your prior plan and are now changing plans, you may maintain that same dentist provided they are part of the UnitedHealthcare network.

## How can I make an appointment with my dentist?

To schedule an appointment, you may call a dentist you've selected through the UnitedHealthcare network or any other licensed dentist on or after your effective date of coverage. Be sure to bring your ID card each time you visit your dentist.

## How are my dental visits paid for?

When you see a network dentist, you don't need to worry about claim forms. Your dentist will bill UnitedHealthcare who will pay them directly. If you see a dentist who is not part of the network, the dentist may bill you and you can then send the claim to UnitedHealthcare.

## Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to the UnitedHealthcare Member Services at 1.877.816.3596.

## Pre-Treatment Plans for PPO Plans

It is highly recommended that prior to having dental work started; you request a pre-treatment plan or estimate, from your dentist on all treatment over \$500. Should you have any questions regarding your treatment plan, you can always refer PPO plans benefits description above or call UnitedHealthcare Dental so we can ensure that you receive the maximum benefit from your dental plan.

Dental benefits can be found at [www.myuhcdental.com](http://www.myuhcdental.com).

The information you need is all in one place. When you sign in at [www.myuhcdental.com](http://www.myuhcdental.com), you can quickly find answers and complete important tasks 24 hours a day:

- Locate a dentist
- Review your coverage
- Compare costs with the Treatment Cost Calculator
- Check your dental claims
- Get answers to the most frequently asked questions
- Learn about oral health and dental treatment
- Request a dental ID card

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

