



A dental plan worth smiling about

The UnitedHealthcare® Dental Preferred Provider Organization (PPO) plan gives you access to a large network of dentists, making it easier to locate a provider who's nearby. Plus, choosing a network dentist may help you save money.

Dental benefits include:



Coverage for dental services* such as:

- **100% coverage for preventive care** — including exams, 2 cleanings in a 12-month period, X-rays and periodontal maintenance
- **80% coverage for basic dental services** — including fillings (metal and toothcolored), nitrous oxide (laughing gas) and pulp protection
- **50% coverage for major dental services** — including crowns, bridges, dentures, root canals and extractions



Freedom to see out-of-network providers — you may pay more when going out-of-network



Large nationwide network of providers to serve your dental needs

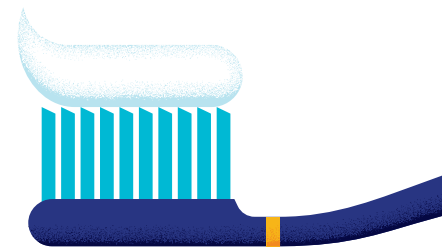


\$50 deductible, \$1,000 plan year maximum** (plan year maximum does not apply to preventive and diagnostic services)

United
Healthcare

APWU
HEALTH PLAN
TOGETHER. BETTER HEALTH.

Make the most of your dental plan



There are 3 ways to find a network dentist:

- 1 Visit uhcmedicaredentistsearch.com to search by name, facility or location
- 2 Sign in to UHCRetiree.com/APWUHP and use the Dental Provider Directory tool
- 3 Call the dental number on the back of your UnitedHealthcare member ID card

How your plan works

Deductible

For services other than preventive care, you may have to pay a deductible—a set dollar amount—before your coverage kicks in.

Coinsurance

Once you reach your deductible, your plan starts to share a percentage of the costs with you.

Plan year limit

Your plan pays for services up to a set dollar amount, called a plan year limit. Preventive services, including routine dental checkups, do not count toward it. If you reach the limit, you'll need to pay the entire cost of any additional dental care you receive that year.

Out-of-network services

If you use a dentist out-of-network, you may need to pay the difference between what the plan covers and what your dentist charges for the services.

Estimate your costs

If you're planning to have a procedure that costs more than \$500, ask your dentist to send UnitedHealthcare the X-rays and notes about your condition. The treatment will be reviewed to make sure it's clinically appropriate. After review, you and your dentist will get an estimate of what the plan will pay and what your out-of-pocket costs will be.

Submit claims

Requests for claim reimbursement with itemized receipt and member information, including member ID, can be submitted to:

UnitedHealthcare
P.O. Box 30567
Salt Lake City, UT 84130-0567

See plan documents or call the dental number on the back of your member ID card for a detailed list of required information for submission.



Once you're a member, sign in to UHCRetiree.com/APWUHP or call **1-800-445-9090**, TTY **711**, 7 a.m.–10 p.m. CT, Monday–Friday

*When you see a network dentist.

**Preventive and diagnostic services are not included in the deductible.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., United HealthCare Services, Inc. or their affiliates.

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