

# Routine dental benefit basics

## Additional coverage that may make you smile.

Routine dental care is important for your teeth and overall health, but it's not covered by Original Medicare. Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

With Routine Dental, you get:			
✓	No deductible.	✓	\$0 copay in-network for exams, x-rays, cleanings, fluoride and covered fillings; 50% coinsurance on crowns, bridges, root canals, extractions and all other covered comprehensive services from our network.
✓	Up to \$1000.00 per year for covered dental services.	✓	Freedom to see any dentist you choose. <b>Seeing an Out-of-Network dentist may cost more.</b>
✓	Access to Medicare Advantage's largest dental network.		

To find a network dentist in your area, go to [www.UHCMedicareSolutions.com](http://www.UHCMedicareSolutions.com) and click on 'Search Dentists' located under the 'Shop For a Plan' tab. When prompted, select the National Medicare Advantage Network. For all other questions or more information, please call the Customer Service number on the back of your member ID card.

## Covered Routine Dental Services – Level 3

<b>American Dental Association (ADA) Codes:</b> Covered dental procedures are listed by ADA code. These codes are used by dentists to submit dental claims. Categories provide easy reference.	<b>Description of Dental Procedure:</b>  Easy to interpret description of the dental procedure code	<b>Frequency:</b>  How often UnitedHealthcare will pay for the dental procedure	<b>Criteria and Exclusions:</b>  Conditions under which UnitedHealthcare would pay for this procedure and situations where UnitedHealthcare would NOT pay for the procedure	<b>Copayment or Co-Insurance</b>  *\$0 cost-share for network dental care, specified services only. If your plan offers out-of-network dental coverage and you see an out-of-network dentist you might be billed more, even for services listed as \$0 copay.
<b>Exams</b>				
D0120	Routine periodic exam completed during check-up	Two procedures per plan year	Covers periodic, limited, comprehensive, and detailed/	\$0*
D0140	Limited exam to evaluate a problem	One procedure per plan year	extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment.	\$0*
D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	One procedure every three plan years		\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
<b>X-Rays</b>				
D0210	Full-mouth/ Complete x-ray set for evaluation of the teeth and mouth	One procedure every three plan years	Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*
D0220, D0230	X-rays for closer evaluation around the roots of teeth	Unlimited per plan year	Covers periapical x-rays. Does not cover CTs, cephalograms, or MRIs. Not covered on the same day as intraoral complete series of radiographs (D0210).	\$0*
D0270, D0272, D0273, D0274, D0277	Bitewing x-rays for evaluation of the teeth and bone	One procedure per plan year	Not covered in the same year as a full mouth set of x-rays (D0210)	\$0*
D0330	Panoramic x-ray for evaluation of the teeth and mouth	One procedure every three plan years	Covers panoramic radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*
<b>Cleanings</b>				
D1110	Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as D4910 or D4355.	\$0*
D4910	Routine dental cleaning for an adult who has documented history of gum disease	Three procedures per plan year	Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery.	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
<b>Other Preventive Services</b>				
D1206, D1208	Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish)	\$0*
D1310	Nutritional Counseling	One procedure per plan year	Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities	\$0*
D1354	Application of medication to a tooth to stop or inhibit cavity formation	Unlimited per plan year	Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth	\$0*
<b>Fillings</b>				
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2940	Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth.	Unlimited per plan year	Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants, or preventive resin restorations.	\$0*
D3110, D3120	Medicine placed under fillings to promote pulp healing	Unlimited per plan year	Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed.	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
<b>Crowns, Inlays, and Onlays</b>				
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794	Cap (crown) or partial crown called an inlay or onlay - made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	50%*
<b>Other Restorative Services</b>				
D2920	Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	50%*
D2949	Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown	50%*
D2950	Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		50%*
D2952, D2953, D2954, D2957	Buildup of filling around a post to prepare the tooth for a crown	One D2952 and D2953, or one D2954 and D2957 per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment. Covers	50%*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
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both indirectly fabricated and prefabricated posts and cores.

**Root Canals (Endodontic Services)**

D3310, D3320, D3330, D3346, D3347, D3348	Root canal treatment for a front, middle, or back tooth (excluding filling or crown needed after the root canal)	One initial root canal procedure (D3310, D3320, or D3330) and one retreatment procedure (D3346, D3347, or D3348) per tooth per lifetime of the member	This is a root canal performed on a tooth for the first time or as retreatment to a tooth that had a root canal completed previously. Does not include root canals performed from the root tip by access through the gums, incomplete root canal treatment, or internal root repair of perforation defects.	50%*
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**Scaling and Root Planing**

D4341	Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the x-rays in addition to recorded tartar buildup and	50%*
D4342	Deep cleaning for 1-3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	pocketing of the gums sufficient to warrant deep cleaning.	50%*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a dental cleaning (D1110 or D4910)	50%*
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	Unlimited per plan year	Cannot be used same day as scaling and root planing (D4341 or D4342)	50%*
<b>Bridges</b>				
D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245	Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominantly base, or noble metal; full cast high noble, predominantly base, or noble metal; and titanium. Does not cover any part of an implant supported bridge.	50%*
D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794,	Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an	50%*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
			implant supported bridge.	
D6930	Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge on the day of initial bridge delivery	50%*
<b>Extractions and Oral Surgery Procedures</b>				
D7111, D7140, D7210, D7250	Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	50%*
D7510, D7511	Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	50%*
<b>Emergency Treatment of Pain</b>				
D9110	Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only	50%*



American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment or Co-Insurance
<b>Nitrous Oxide</b>				
D9230	Nitrous Oxide	Unlimited per plan year	Covered to manage dental anxiety when clinically necessary.	\$0*

**Exclusions may apply:**

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. 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.
9. Service for injuries or conditions covered by workmen'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.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. 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.
12. 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.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
14. Any services not listed above are not covered.



Treatment plans and recommended dental procedures may vary. Talk to your dentist about treatment options, risks, benefits, and fees. CDT code changes are issued annually by the American Dental Association. Procedure codes may be altered during the plan year in accordance with discontinuation of certain dental codes.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

This information is not a complete description of benefits. Call the plan for more information.

The provider network may change at any time. You will receive notice when necessary. Network size varies by market and exclusions may apply.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.