



# Dental Plans

For Individuals and Families

UnitedHealthcare<sup>®</sup>  
Underwritten By Golden Rule



# Keeping a healthy smile can be easy!

Dental care can be expensive and difficult to budget. Dental coverage from UnitedHealthcare, underwritten by Golden Rule Insurance Company, can make it all easier. Our extensive network of dentists offers you significant savings to keep your family smiling beautifully.



Use [www.myuhcdental.com/goldenrule](http://www.myuhcdental.com/goldenrule) to find a dentist in your area, access your plan information, see your claim status, find general dental information, and more. You also can call customer service anytime toll-free at (866) 877-6187 and speak to a dental specialist for fast, knowledgeable service.

## With both of our plans, you can take advantage of:

- Preventive care covered at 100% with NO deductible or waiting period.
- Access to an extensive network of over 73,000 dentists!
- Two plans with the flexibility of using in- and out-of-network dentists.
- A \$50 annual deductible per person (limited to 3 individual \$50 deductibles per family for Basic Services and Major Services). Then we pay 80% for Basic Services and 50% for Major Services.\*
- An annual maximum benefit of \$1,000 per covered person.

\*Six-month waiting period for Basic Services. Twelve-month waiting period for Major Services.

## Which plan is right for you?

### UnitedHealthcare Dental Premier<sup>SM</sup>

- Best option if your dentist is **not** in our network.  
Visit [www.myuhcdental.com/goldenrule](http://www.myuhcdental.com/goldenrule) for a list of dentists.
- Pays more than *Dental Value* for care from non-network dentists.

### UnitedHealthcare Dental Value<sup>SM</sup> (not available in all areas)

- Best option if you use a network dentist.  
Visit [www.myuhcdental.com/goldenrule](http://www.myuhcdental.com/goldenrule) for a list of dentists.
- Lowest premiums.

## UnitedHealthcare Dental Network Savings Examples

	Procedure (ADA Code)	Dentists' Retail Charge	Both Plans In-network You Pay	Dental Premier Out-of-network You Pay	Dental Value Out-of-network You Pay
Preventive	Adult Prophylaxis (D1110)	\$ 75.00	\$0	\$ 4.00	\$ 28.00
	Child Prophylaxis (D1120)	\$ 88.00	\$0	\$ 33.00	\$ 53.00
	Child Topical Application of Fluoride (D1203)	\$ 49.50	\$0	\$ 14.50	\$ 30.50
Basic	Amalgam One Surface, Primary or Permanent (D2140)	\$140.00	\$ 13.20	\$ 32.00	\$ 87.20
	Resin-Based Composite, One Surface Anterior (D2330)	\$150.00	\$ 16.00	\$ 39.60	\$ 86.00
	Resin-Based Composite, One Surface Posterior (D2391)	\$160.00	\$ 18.40	\$ 40.80	\$ 86.40
Major	Molar Root Canal (D3330)	\$985.00	\$335.00	\$502.50	\$650.00
	Extraction Single Tooth (D7140)	\$145.00	\$ 37.00	\$ 75.00	\$108.00
	Removal of Impacted Tooth, Soft Tissue (D7220)	\$300.00	\$ 84.50	\$160.00	\$215.50

- Utilizing network dentists reduces costs under **both plans** because these dentists have agreed to lower fees (network negotiated rate) for covered expenses.
- If you use an out-of-network dentist, **Dental Premier** pays benefits based on the reasonable and customary charge.
- If you use an out-of-network dentist, **Dental Value** pays benefits based on the network negotiated rate – which is usually less than the reasonable and customary charge.

Fees in examples are based on national averages and network coverage for ZIP Code 432XX. This chart assumes \$50 deductible has been satisfied.

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You'll find complete coverage details in the policy.

## Covered Expenses

Subject to all policy provisions, the following dental expenses are covered.

- Oral evaluations – two per calendar year.
- Routine cleaning – two per calendar year.
- Fluoride treatment, covered person under age 16 – two per calendar year.
- Routine X-rays – once per calendar year.
- Simple (nonsurgical) extractions.
- Amalgam fillings and direct resin fillings.
- Stainless steel crowns on primary teeth.
- Space maintainers for premature loss of primary teeth, under age 13.
- Repair of dental work but not within 6 months of the initial placement and not more than once in any 12-month period.
- Root canals and pulpotomies on primary teeth.
- Treatment for disease of the gums and bone-supporting teeth – two per calendar year.

- Inlays, onlays, or veneers limited to one time per 60 consecutive months.
- First installation of bridgework to replace one or more lost functioning natural teeth.
- Full or partial dentures or overdentures, payable once every 5 years.
- Oral surgery, including surgical extractions and removal of impacted teeth.

## Definitions

- **Preventive services have no waiting period and include** routine dental exams, routine X-rays, cleaning, fluoride treatment, sealants, and space maintainers.
- **Basic services have a 6-month waiting period and include** dental exams, X-rays, routine extractions, treatment to ease dental pain, and simple fillings.
- **Major services have a 12-month waiting period and include** treatment for diseases of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures, and oral surgery for impactions.

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## Exclusions

No benefits are payable for dental expenses which:

- Are for orthodontia; braces.
  - Are for dental implants.
  - Are for oral surgery, except as expressly provided for under the policy.
  - Result from intoxication, as defined by applicable state law in the state where the illness or injury occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor.
  - Are in relation to, or incurred in conjunction with, investigational treatment.
  - Are for jaw/joint problems or malposition of jaw bones.
  - Are for mouthguards; duplicate dentures; harmful habit appliances; replacement of lost or stolen appliances; sleep disorder appliance; and gold foil restorations.
  - Result from or in the course of employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply.
  - Are for cosmetic dentistry.
- Are for replacement of dental work which can be repaired or restored to natural function.
  - Result from war, intentionally self-inflicted bodily harm (whether sane or insane), or participation in a felony (whether or not charged).
  - Are provided by a family member or by someone who ordinarily resides with you or your covered dependent.
  - Are received outside of the United States, except for a dental emergency.
  - Are for changing vertical dimension, restoring occlusion, bite analysis, or congenital malformation.
  - Are for setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
  - Are for initial placement of dentures or bridges to replace functional natural teeth that are congenitally missing or lost before this policy is in effect.
  - Are for acupuncture, acupressure, and other forms of alternative treatment.
  - Are for any dental services for which benefits are payable under a medical policy issued by us.

### EXCLUSION ON CHARGES IN EXCESS OF REASONABLE AND CUSTOMARY:

Charges in excess of reasonable and customary will not qualify as a covered expense under this policy. This only applies to Dental Premier.

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## Additional Plan Provisions

### Dependents

Eligible dependents are your lawful spouse and eligible children. Eligible children must be unmarried and under 26 years of age.

### Renewability

The policy term begins as of the effective date of the policy. You may keep the policy in force by paying us the required premium as it comes due. However, we may cancel the policy if there is fraud or material misrepresentation made by or with the knowledge of a covered person in filing a claim.

### Effective Date

The effective date will be the later of: (i) the requested effective date; or (ii) the day after the postmark date affixed by the U.S. Postal Service. If mailed and not postmarked by the U.S. Postal Service or if the postmark is not legible, the effective date will be the later of: (i) the requested effective date; or (ii) the date received by Golden Rule. If the application is sent by any electronic means, your policy will take effect on the later of: (i) the requested effective date; or (ii) the day after the date received by Golden Rule.



## Smile more often!

Taking care of your teeth is an important part of your overall health, and UnitedHealthcare can help keep your smile healthy and happy with our dental plan options.

### With our dental plans, you can take advantage of:

- Preventive care covered at 100% with NO deductible or waiting period.
- Access to an extensive network of over 73,000 dentists!
- Two plans with the flexibility of using in- and out-of-network dentists.
- A \$50 annual deductible per person (limited to 3 individual \$50 deductibles per family for Basic Services and Major Services). Then we pay 80% for Basic Services and 50% for Major Services\*.
- Preventive Services\* include: routine dental exams, X-rays, cleanings, and more.
- Basic Services\* include: routine extractions, simple fillings, and more.

\*See your policy for a complete list.

### Dental coverage from a company you can trust.

For over 60 years, Golden Rule has offered health insurance solutions to individuals and families. Not only can you trust us with your medical health, you can now trust us with your dental health.

Golden Rule Insurance Company is the underwriter of these plans. As a UnitedHealthcare company, Golden Rule provides you with access to an extensive network of health-care professionals — which today includes 73,000 dentists. Our experience and knowledge is reflected in high-quality products, timely claims handling, and outstanding customer service. Golden Rule is rated “A” (Excellent) by A.M. Best and “A+” (Strong) by Standard and Poor’s. These worldwide, independent organizations examine insurance companies and other businesses and publish their opinions about them. These ratings are an indication of our financial strength and stability.

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