



**Finding a
UnitedHealthcare
dental plan is as
easy as ...**

Click. ZIP. Go!

You deserve a dental plan that makes you smile. Just visit uhcfeds.com, enter your ZIP code, and go to coverage options in your area.

UnitedHealthcare dental plans give you easy access to quality care wherever you are and whenever you need it. That includes 24/7 virtual consultations with a dentist and exclusive discounts and wellness offers via our FEDVIP BenefitHub — and more.

Find coverage fast. Visit uhcfeds.com.



You deserve a dental plan that works as hard as you do



Get care at home:

Your teledentistry benefits offer 24/7 free access to advice and guidance with at-home telephone and video consultations.



Nearly 400,000 access points:

You can choose from nearly 400,000 providers and receive full coverage for annual checkups and easy access to a range of dental services.



International care:

For those abroad, there's a dedicated global unit providing services in over 130 countries.



Use our pearly white perks



Get exclusive discounts on health and wellness products and programs via our online BenefitHub:

- Electric toothbrushes, aligners and more
- Pet insurance
- Hearing aids
- New items added often



Get convenient care at UnitedHealthcare Dental Days, when we bring pop-up dental clinics right to your place of work.*



Keep your teeth on the right path

Your plan includes:

- Comprehensive orthodontic coverage
- Online or in-person services for children and adults
- Teledentistry
- Pop-up dental clinics
- No waiting periods
- Aligner options such as SmileDirectClub™

Get extra when you need it most

If you are managing one or more of the following conditions, you are eligible for Enhanced Coverage for select services like additional cleanings and periodontal maintenance:

- Asthma
- Cerebrovascular disease
- Coronary artery disease/ cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Kidney disease
- Pregnancy
- Rheumatoid arthritis



What does the plan include?

Dental coverage

Twice per year, you are eligible to receive a dental exam and cleaning. Preventive care services do not apply to your annual maximum. With these dental benefits, you'll find a healthy amount of coverage for a wide range of dental needs.

Preventive Services, Class A

- Dental prophylaxis (cleaning)
- Fluoride treatment
- Sealants
- Space maintainers

Diagnostic Services, Class A

- Oral evaluations
- Labs and other diagnostic tests
- Radiographs
- Oral cancer screening

Intermediate Services, Class B

- Restorations
- Emergency treatment
- Simple extractions
- Oral surgery
- Periodontics
- Endodontics

Major Services, Class C

- Inlays/onlays/crowns
- Dentures and removable prosthetics
- Fixed partial dentures
- Implants

Orthodontic Services, Class D

Service type	Standard Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay		You Pay	
Preventive and Diagnostic services, Class A (Basic)	0%	10%	0%	10%
Intermediate services, Class B	45%	60%	30%	40%
Major services, Class C	65%	80%	50%	60%
Annual benefit maximum for Class A, B and C services***	\$1,500 per person	\$1,000 per person	Unlimited	\$3,000 per person
Orthodontic services, Class D	50%	50%	50%	50%
Waiting period for Class A, B, C and D services	No	No	No	No
Deductibles	None	Self: \$100 Self plus One: \$200 Self and Family: \$300 Class A, B, and C services	None	Self: \$50 Self plus One: \$100 Self and Family: \$150 Class B and C services

Orthodontic Services, Class D	Standard Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Orthodontia eligibility	Child and Adult	Child and Adult	Child and Adult	Child and Adult
Lifetime ortho max	Child \$2,000* Adult \$2,000*	Child \$2,000* Adult \$2,000*	Child \$4,000** Adult \$2,000**	Child \$4,000** Adult \$2,000**
Deductible applies	No	No	No	No
Waiting period	No	No	No	No

This is intended as a summary only. For a detailed description of your benefits, plan changes, and exclusions and limitations, please refer to the Certificate of Coverage at uhcfeds.com. Click the **DENTAL PLANS** button. In the event of any conflict between the Certificate of Coverage and this summary, the Certificate of Coverage will control.

*\$2,000 lifetime maximum per person combined for in-network or out-of-network.

**High plan for 2023: Child Ortho \$4,000; Adult Ortho \$2,000; lifetime maximum per person combined for in-network and out of network

***The Annual Benefit Maximums within each option are combined between in- and out-of-network services. Note: The total Annual Benefit Maximum will never be greater than the in-network Annual Benefit Maximum.



Find your rating area

- Find your state and the first 3 digits of your ZIP code below
- Match that Rating Area to your enrollment type and plan option
- Visit uhcfeds.com and explore coverage options when you click, ZIP, and go

! Please note: If you live outside of the US or its territories and do not have a zip code, use the International rating area of 5.

State	ZIP	Rating Area	State	ZIP	Rating Area	State	ZIP	Rating Area
AK	995-999	5	KS	664, 665, 667-679	1	OH	434-436, 438-449, 453-458	1
AL	350-352, 354-369	1	KY	400-409, 411-418, 420-427	1	OK	730, 731, 734-741, 743-749	1
AR	716-729	1	KY	410, 459	2	OR	970-973	5
AZ	850-853	4	LA	700, 701, 703-708, 710-714	1	OR	974-979	3
AZ	855-857, 859, 860, 863, 865	2	MA	010, 011, 013	4	PA	150-171, 175-179, 182, 184-188	1
AZ	864	3	MA	012, 014-027, 055	3	PA	172-174, 189-196	3
CA	900-908, 910-928, 930, 931, 933-935, 939-941, 943-952, 954	5	MD	205-212, 214, 216, 217, 219	3	PA	180, 181, 183	5
CA	932, 936-938, 953, 955, 960, 961	3	MD	215, 218	1	PR	006, 007, 009	1
CA	942, 956-959	4	ME	039-042	3	RI	028, 029	3
CO	800-806	4	ME	043-049	2	SC	290-296, 298, 299	2
CO	807, 811, 813-816	2	MI	480-485	3	SC	297	3
CO	808-810, 812	3	MI	486-499	2	SD	570-577	1
CT	060-063	4	MN	550, 551, 553-555, 563	5	TN	370-385	1
CT	064-069	5	MN	556-562, 564-567	2	TX	733, 786, 787	4
DC	200, 202-205	3	MO	630, 631, 633, 640, 641, 644, 645, 649	2	TX	739, 755-759, 763-769, 776-785, 788-799, 885	1
DE	197-199	3	MO	634-639, 646-648, 650-658	1	TX	750-754, 760-762, 770, 772-775	3
FL	320-329, 335-339, 341, 342, 344, 346, 347	1	MS	386-397	1	UT	840-847	5
FL	330-334, 349	3	MT	590-599	1	VA	201, 203, 205, 220-227, 230, 232, 238	3
GA	300-303, 305, 306, 311, 399	3	NC	270-279, 283-289	2	VA	228, 229, 239-246	1
GA	304, 307-310, 312-319, 398	1	NC	280-282	3	VA	231, 233-237	2
GU	969	5	ND	580-588	1	VI	008	1
HI	967-968	3	NE	680, 681	2	VT	050-053, 056-059	3
IA	500-514, 516, 520-528	1	NE	683-693	1	VT	054	4
IA	515	2	NH	030-033, 038	3	WA	980-986, 988-994	5
ID	832-838	3	NH	034-037	4	WI	530-532, 534, 535, 537-539, 541-549	3
IL	600-609, 613	3	NJ	070-079, 085-089	5	WI	540	5
IL	610-612, 614-619, 623-629	1	NJ	080-084	3	WV	247-253, 255-268	1
IL	620	2	NM	870, 871, 873-875, 877-884	1	WV	254	3
IL	622	2	NV	889-891	3	WY	820-831	1
IN	460-462, 470, 472, 473	2	NV	893-895, 897, 898	4	WY	834	3
IN	463-464	3	NY	005, 100-119, 124-126	5	Inter-national	All	5
IN	465-469, 471, 474-479	1	NY	063	4			
KS	660-662, 666	2	NY	120-123, 128	3			
			NY	127, 129-139, 144-149	2			
			NY	140-143	1			
			OH	430-433, 437, 450-452	2			

What's the cost?

Rating Area	Standard Option Bi-Weekly			Standard Option Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$10.61	\$21.21	\$31.82	\$22.99	\$45.96	\$68.94
2	\$12.01	\$24.02	\$36.03	\$26.02	\$52.04	\$78.07
3	\$12.91	\$25.82	\$38.73	\$27.97	\$55.94	\$83.92
4	\$13.58	\$27.17	\$40.75	\$29.42	\$58.87	\$88.29
5	\$15.78	\$31.56	\$47.34	\$34.19	\$68.38	\$102.57

Rating Area	High Option Bi-Weekly			High Option Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$21.74	\$43.49	\$65.23	\$47.10	\$94.23	\$141.33
2	\$22.83	\$45.65	\$68.48	\$49.47	\$98.91	\$148.37
3	\$23.96	\$47.92	\$71.88	\$51.91	\$103.83	\$155.74
4	\$27.59	\$55.18	\$82.76	\$59.78	\$119.56	\$179.31
5	\$32.48	\$64.96	\$97.44	\$70.37	\$140.75	\$211.12





Do more with your dental plan

Critical Illness Benefit: If you are diagnosed with oral, head or neck cancer, you are eligible to receive \$2,000 to use any way you need.

Hearing Benefit: You are eligible for member discounts on state-of-the-art hearing aids.

FEDVIP BenefitHub: Explore dental, health and wellness discounts on FEDVIP BenefitHub, an exclusive discount site for UnitedHealthcare FEDVIP members.

Who is eligible?

Anyone who's eligible for the Federal Employees Health Benefits (FEHB) program—no matter what the medical plan. Most retirees, including uniformed services retirees, are eligible for FEDVIP Dental coverage.*

When and how to enroll?

Sign up during Federal Benefits Open Season, or if you are a new hire, you have 60 days from your start date to enroll.

Visit benefeds.com or call
1-877-888-3337 (TTY: 1-877-889-5680)

[Learn more at uhcfeds.com/smile](https://uhcfeds.com/smile)

*Full eligibility details can be found on benefeds.com





What's next?

After you enroll, we'll mail you confirmation and a welcome letter with instructions on how to access plan information and your ID card. Your coverage will begin Jan. 1 of that plan year, if you sign up during Open Season.

Questions? Visit uhcfeds.com or call **1-866-315-2321 (TTY 711)**.

A dental plan that serves you well

From first teeth to braces and beyond, our plans are designed to grow with you. You can count on UnitedHealthcare to provide easy, convenient and affordable access to dental care through all of life's stages.



Recognized as one of the most
Military Friendly® Employers in the nation.



Federal Employees Dental and Vision Insurance Program



Visit uhcfeds.com

The fine print.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card. You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توجّه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat identifikasyon w.

ATTENTION: Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação. ACHTUNG: Falls Sie Deutsch

(**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجّه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नैऋतिक उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'ch, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nítł'izí bee nééhozingíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX, DPOL.12.TX (Rev. 9/16) and DPOL.18.TX and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX, DCERT.IND.12.TX and DCOC.18.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA, policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA or policy form number DPOL.18.VA with associated COC form number DCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

quip offer applies to select plans for new fully insured UnitedHealthcare Dental customers in MD, DC, VA, and IL for plan effective dates of Jan. 1, 2023, through Dec. 31, 2023. Offer not available on all plan designs.

SmileDirectClub coverage is available to customers offering a UnitedHealthcare Dental Preferred Provider Organization (PPO) and/or In-Network Only (INO) plan that includes orthodontic coverage. Not all individuals are suitable candidates for invisible aligners. These services are intended for certain individuals who have mild or moderate orthodontic needs.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All trademarks are the property of their respective owners.

United
Healthcare
Dental



Federal Employees Dental and Vision Insurance Program