

# UHC Access+ Dental

UnitedHealthcare Solstice Dental Health Maintenance Organization, or DHMO, is a network of Provider Groups who have agreed to offer specific services at negotiated rates to participating members. There are many reasons to consider selecting one of the UnitedHealthcare Solstice DHMO plans, a Standard and a High Plan.



## UnitedHealthcare Solstice DHMO Plans

You do not need to select a dental facility at the time of enrolment; you elect your dentist at the time of service by selecting a participating provider and verifying their participation in the plan prior to the dental visit. Additionally, these plans provide you with certain services with set reimbursements when accessing care from non-participating providers.

The member pays a copayment at participating providers, however, most diagnostic and preventive care is covered at no cost. Additionally, there are no deductibles, and no claim forms are needed. The plans also provide reimbursement for services provided by an out-of-network provider for preventive and diagnostic services. Additionally the plan offers a 25% discount on all procedure codes not listed in the Services and Copayment pages..

The patient/Member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of our Members to verify all fees for proposed treatment via the "Schedule of Benefits" and/or with UnitedHealthcare Solstice DHMO Member Services Department prior to treatment.

## Why choose a UnitedHealthcare Solstice DHMO plan?

The Dental Health Maintenance Organization, or DHMO, is a network of Provider Groups who have agreed to offer specific services at negotiated rates to participating members. There are many reasons to consider selecting one of the UnitedHealthcare Solstice DHMO plans:

- No deductibles
- No waiting periods
- No office visits copays
- No claim forms to submit
- Out-of-Network Preventive and Diagnostic Reimbursement (25 procedure codes only)
- No annual benefit dollar maximums
- Coverage for pre-existing conditions
- No primary dentist selection required
- Ability to change dentist at any time
- Specialist coverage at same general dentist copay level with authorization, or self-referral for a 25% discount
- Defined copayment on over 400 procedures codes
- Implant coverage at copayment level through network of implant specialists
- Cosmetic procedures (teeth whitening, bonding, and veneers) are included
- 25% discount on all procedure codes not listed

## >> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the UHC Access+ Dental offered by the School Board.**
- **Current COBRA participants may only continue to enroll in UHC Access+ Dental if you were previously enrolled in dental.**
- **See eligibility section for more details.**

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



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## 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 the dental plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren under you or your spouse's legal guardianship until the end of the calendar year in which the child reaches age 26
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

NOTE: Children may be covered under this plan until the end of the calendar year in which the child reaches age 26, provided he/she is unmarried and resides in your home and depends upon you for support, or is registered as a full-time or part-time student. Children with a mental or physical handicap are also eligible for coverage beyond the age of 26.

## How do I select or change my dental provider?

You may select a dental provider from the many offices in the Solstice network without prior authorization. Visit [www.myuhcdental.com](http://www.myuhcdental.com) or call Member Services at phone number 1.800.955.4137 to choose a participating provider for the first time or to 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 as long as they are part of the UnitedHealthcare Solstice network.

## How do I make an appointment with my UnitedHealthcare Solstice dentist?

To schedule an appointment, you simply call the dental office and identify yourself as a UnitedHealthcare Solstice member on or after your effective date of coverage.

When you see your dentist for the first time, you may be required to undergo an oral examination including diagnostic X-rays, before your routine cleaning is done. After the dentist has completed the evaluation, you should request a written treatment plan of care the dentist is recommending including the 4-digit ADA code for each treatment. Review this treatment plan and compare it with your Schedule of Benefits. It should match! For help analyzing your treatment plan and charges, you can call UnitedHealthcare Dental member services at 1.800.955.4137.

## What if I need the services of a Specialist?

Should you need to use the services of a Specialist such as an Oral Surgeon, Endodontist, Periodontist, Orthodontist, Prosthodontist, or Pediatric Dentist, you may receive this care in either one of two ways:

- You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's reasonable and customary fees or
- You need to get prior written authorization from Solstice Benefits and receive specialty treatment by an approved specialist at the copayments listed in the schedule of benefits.

## What if I need services from an Implantologist (Implants)?

Members seeking implant treatment should refer to their participating implantologist, a select network of providers. Not all providers perform the implant procedures at the copay listed on the Schedule of Benefits. Please refer to the provider listing at [www.myuhcdental.com](http://www.myuhcdental.com) under "find a physician."

## What if I require dental services while I'm traveling out of state?

If you need the services of a dentist specifically for the relief of pain while traveling out of the state of Florida, UnitedHealthcare Solstice will reimburse up to \$100.00 per occurrence. You should mail your receipt and treatment information from the dental office to UnitedHealthcare Dental Claims Unit.

## What if I need a Pedodontist for my child?

With the DHMO plans you can choose a participating dentist that best satisfies the needs of each individual. Children are covered at the Pediatric Dentist up to age 16 and do not require a referral from a General Dentist. Visits to the participating Pediatric Dentist for covered routine preventive and diagnostic dental work (exams, X-rays, cleanings, fluoride, sealants, and space maintainers) are allowed without a pre-authorization. However, if additional treatment is needed, you may need pre-authorization. For additional treatment, you may receive this care in either of two ways: 1) You may go directly to a participating Pediatric Dentist and receive a 25% reduction off the provider's Usual and Customary fee; or 2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. With the open access provider network, you have the option to select a Pedodontist for your child without a pre-authorization or you may choose to have your child see a General Dentist.

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

All inquiries and questions should be directed to Member Services at phone number 1.800.955.4137.

## Pre-Treatment Plans

Your dental plan covers an extensive array of dental procedures at either a fixed copayment or at a discount off the dentist's normal charges. 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 to your schedule of benefits or call UnitedHealthcare Dental so we can ensure that you receive the maximum benefit from your dental plan.

## Are there additional cost(s) besides the copayment for procedures being received?

For most procedures you will only have to pay the copayment outlined in the schedule of copays. However, please note that there are additional cost(s) for materials and laboratory fees for some procedures under the following categories: Inlay/Onlay, Crowns, Veneers and Prosthetics (Bridge, Dentures and Implants).

Additional cost to patient is as follows:

- High noble metal (precious) up to \$145.00
- Titanium metal up to \$120.00 (covered with proof of allergy to other metals)
- Noble metal (semi-precious) up to \$120.00
- Predominantly base metal (non-precious) up to \$55.00
- Crown laboratory fees up to \$155.00
- Laboratory fees on dentures up to \$225.00
- Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608 and D6609 up to \$65.00
- Denture repair laboratory fees up to \$50.00
- All ceramic and/or porcelain crown material fees up to \$155.00
- When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.

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