Additional coverage that will make you smile.

As a UnitedHealthcare member you have the choice of getting dental coverage through the Platinum Dental Rider. This is a supplemental benefit, or rider, which you can purchase for an additional monthly fee. You can purchase the rider at any time during the year by calling the number on the back of your health plan member ID card. You can start using the benefit on the first day of the month after the rider is purchased.

With the Platinum Dental Rider you get:

- **100% coverage (deductible does not apply)** for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- **80% coverage** for the most common dental procedures, including fillings, and filling restoration
- **50% coverage** for major services such as dentures, crowns, root canals and oral surgery
- **$100 annual deductible** (the amount you pay before the plan kicks in)
- **$1,000 yearly maximum** (the total amount the plan will pay for covered services in the calendar year)
- Freedom to see any dentist you choose
- Nationwide coverage

Platinum Dental • $34 monthly premium (in addition to any premium you pay for your Medicare Advantage plan)

With the Platinum Dental Rider, you’ll enjoy 100% coverage for preventive care and up to 80% coverage for common procedures. See the back of this page for coverage details and benefit guidelines.

Your oral and dental health is important to UnitedHealthcare.

UnitedHealthcare is happy to help you understand the benefits of a dental rider. Simply call the number on the back of your health plan member ID card with any questions, to find a network dentist or to enroll.

′You can see any dentist. However, you’ll get greater savings from a network dentist. When you see an out-of-network dentist, the plan pays according to a maximum allowable fee schedule; you pay the rest. For your convenience, you can change dentists as long as you complete any dental service currently in progress.
## Platinum Dental Rider Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network Plan Pays</th>
<th>Out-of-Network Plan Pays</th>
<th>Deductible Applies</th>
<th>Benefit Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive and Diagnostic Dental Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodic Oral Examinations</td>
<td>100%</td>
<td>100%</td>
<td>No</td>
<td>Two per 12 months</td>
</tr>
<tr>
<td>Dental Prophylaxis (cleanings)</td>
<td>100%</td>
<td>100%</td>
<td>No</td>
<td>Two per 12 months</td>
</tr>
<tr>
<td>Bitewing X-rays</td>
<td>100%</td>
<td>100%</td>
<td>No</td>
<td>Up to once per 12-month period</td>
</tr>
<tr>
<td>Complete Series or Panorex X-rays</td>
<td>100%</td>
<td>100%</td>
<td>No</td>
<td>Up to one time per 36-month period</td>
</tr>
<tr>
<td><strong>Basic Dental Services (Minor Restorative)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam Restorations (fillings)</td>
<td>80%</td>
<td>80%</td>
<td>Yes</td>
<td>One restoration allowed per surface every three years</td>
</tr>
<tr>
<td>Composite Resin Restorations (fillings)</td>
<td>80%</td>
<td>80%</td>
<td>Yes</td>
<td>One restoration allowed per surface every three years</td>
</tr>
<tr>
<td><strong>Major Dental Services (Endodontics, Periodontics and Oral Surgery)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canal Treatment</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once per tooth per lifetime</td>
</tr>
<tr>
<td>Root Planing</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once per 24 months per quadrant</td>
</tr>
<tr>
<td>Periodontal Surgery</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every 36 months per site</td>
</tr>
</tbody>
</table>

2 Certain limitations and exclusions apply. Please contact Customer Service for additional information.

3 Percentage of benefits is based on the discounted fee negotiated with the participating network dentist.

4 The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.
### Covered Services

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<tr>
<td>Periodontal Maintenance</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Simple Extraction</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Surgical Extraction Including Impacted Wisdom Teeth</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>When clinically necessary</td>
</tr>
<tr>
<td>Palliative Treatment (relief of pain)</td>
<td>100%</td>
<td>100%</td>
<td>Yes</td>
<td>Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit</td>
</tr>
<tr>
<td>Crowns</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every five years</td>
</tr>
<tr>
<td>Fixed Bridges</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every five years (alternate benefits for partial denture may be applied)</td>
</tr>
<tr>
<td>Full Dentures</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every five years; no allowance for overdentures or customized dentures</td>
</tr>
<tr>
<td>Inlays and Onlays</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every five years</td>
</tr>
<tr>
<td>Partial Dentures</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every five years; no allowance for precision or semiprecision attachments</td>
</tr>
<tr>
<td>Recement Bridges, Crowns, Inlays</td>
<td>80%</td>
<td>80%</td>
<td>Yes</td>
<td>Once every six months per restoration</td>
</tr>
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<tr>
<td>Relining Dentures</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>Once every year after the six-month period following initial insertion</td>
</tr>
<tr>
<td>Repairs to Full/Partial Dentures, Bridges</td>
<td>50%</td>
<td>50%</td>
<td>Yes</td>
<td>For repairs or adjustments done after 12 months following initial insertion</td>
</tr>
</tbody>
</table>

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. 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. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.