

Dental



Dental coverage through UnitedHealthcare Medicare Advantage plans provides additional benefits for services not covered by Original Medicare—helping protect teeth and gums and contributing to overall health.

All UnitedHealthcare plans with dental include:

- **\$0 deductible**
- **No waiting periods**

What's new for 2026?

Coinsurance



Member cost share is transitioning to a 50% coinsurance on all covered comprehensive dental services – helping to ensure continued access to quality dental care. Dual Eligible Special Needs Plans (D-SNP) for Full Duals that include the dental benefit will continue to offer a \$0 cost share for all covered services.

Why UnitedHealthcare?

Many UnitedHealthcare Medicare Advantage plans provide additional dental benefits for services not covered by Original Medicare.

- \$0 deductible with no waiting periods.
- \$0 copay for covered preventive services, including exams, routine cleanings, X-rays, and fluoride.
- For plans that include the comprehensive dental benefit, all covered comprehensive services, including fillings, crowns, extractions, root canals, bridges, and dentures, will have a 50% coinsurance.
- No referrals needed.
- Most plans have access to a nationwide dental network of 100,000+ providers*.
- Freedom to see any in-network or out-of-network dentist on HMO-POS and PPO plans.
- Nearly all plans with a Preventive-Only dental benefit will continue to offer an optional Platinum Dental Rider.

*DSNPs in AZ, MA, NY & PA are supported by large local networks.

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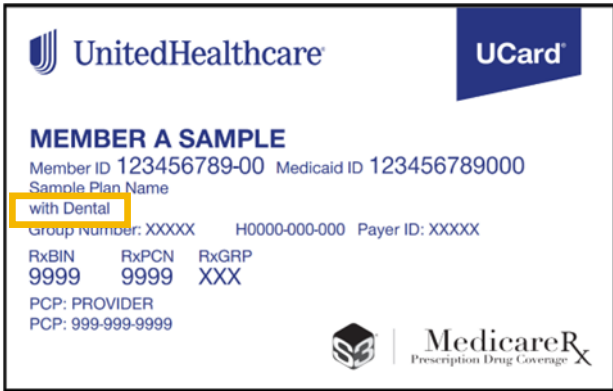




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How does it work?

The UnitedHealthcare UCard® features "with dental" making it easier for members and providers to confirm the plan offers dental benefits.



There are two dental benefit designs: Preventive Only and Comprehensive

New for 2026

D-SNPs for Full Duals

		Preventive	Comprehensive (with cost share)	Comprehensive (no cost share)
		UHC Dental National Medicare Advantage Network*		
Preventive Services	Routine exams	\$0 – covered services		
	Routine fluoride			
	Routine cleaning			
	Routine x-rays			
Comprehensive Services	Fillings	Not Covered	50% coinsurance	\$0
	Crowns	Not Covered	50% coinsurance	\$0
	Extractions	Not Covered	50% coinsurance	\$0
	Root Canals	Not Covered	50% coinsurance	\$0
	Bridges	Not Covered	50% coinsurance	\$0
	Dentures	Not Covered	50% coinsurance	\$0
	Cosmetic Services	Not Covered		
	Implants			
	Orthodontics			
	Fees/Taxes			

Note: Maintenance cleanings for gum disease (periodontal maintenance) are defined by CMS as comprehensive services and will no longer be covered in our preventive-only benefit for 2026.

*DSNPs in AZ, MA, NY & PA are supported by large local networks.

MA, NY & OH DSNPs will have custom codes set and no dental annual maximum applied.

All covered services have frequency limits see EOC for more details.

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Platinum Dental Rider

Members can add a dental rider at the time of enrollment or within 3 months of their plan effective date. Members can disenroll at any time.

What to know about the dental rider:

- The rider replaces embedded dental coverage.
- Rider coverage is effective the 1st of the month *after* enrollment.
- After the first 3 months of enrollment eligibility, the member will need to wait for the next plan year OR use an SEP to enroll into a new plan.
- Members with rider coverage who stay in their plan for the next year, will keep rider coverage.

The dental rider can potentially be offered with two plan designs:

- 1) No embedded dental coverage (**\$56 p/mo.**)
- 2) Embedded Preventive Only (**\$44 p/mo.**)

\$1500 Annual Allowance		
Preventive Services	Comprehensive (with cost share)	
	UHC Dental National Medicare Advantage Network	
	Routine exams	\$0 Copay
	Routine fluoride	
	Routine cleaning	
	Routine x-rays	
Comprehensive Services	Fillings	50% coinsurance
	Crowns	50% coinsurance
	Extractions	50% coinsurance
	Root Canals	50% coinsurance
	Bridges	50% coinsurance
	Dentures	50% coinsurance
	Cosmetic Services	Not Covered
	Implants	
	Orthodontics	
	Fees/Taxes	





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What is Coinsurance?

The member's share of the total cost of a covered dental services, calculated as a percentage of the cost of the covered service. For example, if the member's coinsurance is 50% and the total service cost is \$100, the member would pay \$50, and their insurance would pay the remaining \$50.

Example of how coinsurance works:

2026 Plan has a \$1500 annual dental allowance* and comprehensive coverage (with cost share).

*annual dental allowance varies by plan, for illustration purposes only



Preventive services: \$0 copay
Comprehensive services: 50% coinsurance

Visit 1: Routine 6-month checkup. Discovery of cracked tooth.

Current Annual Max		Plan Paid		Remaining Annual Max
\$1,500	-	\$176	=	\$1,324

	Service Cost	Plan Pays	Member Pays
Cleaning (prev: \$0 copay)	\$69	\$69	\$0
Exam (prev: \$0 copay)	\$36	\$36	\$0
X-rays (prev: \$0 copay)	\$45	\$45	\$0
Fluoride (prev: \$0 copay)	\$26	\$26	\$0
Total	\$176	\$176	\$0





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Example of how coinsurance works (cont.):

Preventive services: \$0 copay
Comprehensive services: 50% coinsurance

Visit 2: Follow-up appointment for needed comprehensive services.

Current Annual Max		Plan Paid		Remaining Annual Max
\$1,324	-	\$455	=	\$869

	Service Cost	Plan Pays	Member Pays
Crown prep (comp: 50% coinsurance)	\$170	\$85	\$85
Crown (comp: 50% coinsurance)	\$740	\$370	\$370
Total	\$910	\$455	\$455

Visit 3: Second Routine 6-month checkup

Current Annual Max		Plan Paid		Remaining Annual Max
\$869	-	\$131	=	\$738

	Service Cost	Plan Pays	Member Pays
Cleaning (prev: \$0 copay)	\$69	\$69	\$0
Exam (prev: \$0 copay)	\$36	\$36	\$0
Fluoride (prev: \$0 copay)	\$26	\$26	\$0
Total	\$131	\$131	\$0





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How does out-of-network work?

- Most members have the freedom to see any in- or out-of-network (OON) dentist.
- Network dentists (INN) have agreed to provide services at a negotiated rate. If a member sees a network dentist, they cannot be billed more than that rate for covered services within the limitations of the plan. Below is an example of how that might work.
- Seeing an out-of-network dentist may cost more, even for services listed as \$0 copay.
 - Out-of-network dentists often submit claims directly to the plan on behalf of the member. If they do not, members can submit directly using the instructions outlined in the EOC.
 - The plan pays based on out-of-network fee schedules, which may be different than what the dentist bills.
 - Out-of-network dentists are not contracted to accept what the plan pays as payment in full. This means they might bill members for the remaining balance even if the plan doesn't require the member to pay a copay. Here's an example* of how that might work:

	OON	INN
Amount dentist charges for service	\$100	\$100
Amount Plan requires member to pay	\$0	\$0
Amount UnitedHealthcare pays to provider for services	\$55	\$80
Amount member may be balance billed for	\$45	\$0

*Example for illustration purposes only

How can you support your members?

- Use the Medicare Product Portal to review the Medicare Advantage plans in your portfolio, including those offering Preventive Only, Comprehensive, or the optional Platinum Dental Rider.
- Help members know what to expect for 2026 and how out-of-network and in-network benefits work.
- Educate members how coinsurance works on plans with comprehensive dental.
- Help members find a provider by visiting Jarvis > Quick Access > Find a Dentist.
- Before receiving dental services, encourage members to speak with their dental provider to review treatment plan options, understand potential risks and benefits, and confirm any associated fees.
- Help members log in to their UnitedHealthcare member website or UnitedHealthcare mobile app where they can view coverage, find a dental provider (use the Dental Provider search) or get help scheduling appointments.
- Refer to the Evidence of Coverage for details benefit information, including annual maximum, cost sharing details, exclusions and more.

