2027 Agent Quick Reference Guide

Dental

Some UnitedHealthcare Medicare Advantage plans offer dental benefits beyond those covered by Original Medicare. These additional benefits help support oral health and overall well-being.

All UnitedHealthcare plans with dental include:

$0 deductible

No waiting period

Why UnitedHealthcare?

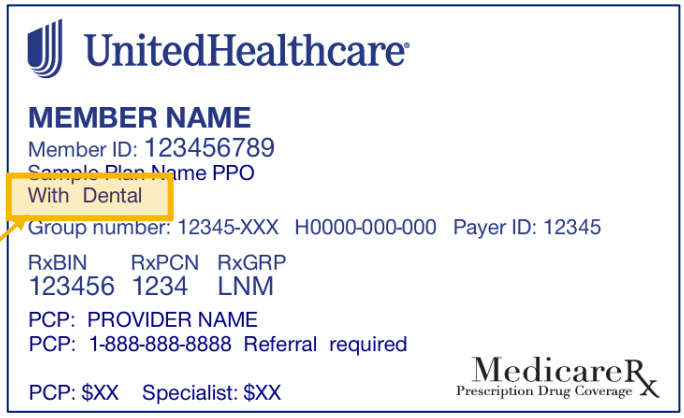
Many UnitedHealthcare Medicare Advantage plans provide additional dental benefits for services not covered by Original Medicare, including:

- ✓ $0 deductible with no waiting periods
- ✓ $0 copay for covered preventive services, including exams, routine cleanings, X-rays and fluoride treatments
- ✓ 50% coinsurance for covered comprehensive services on plans with comprehensive dental benefits including fillings, crowns, extractions, root canals, bridges and dentures, up to the annual dental benefit allowance amount*
- ✓ No referral requirements
- ✓ Access to a nationwide dental network of more than 100,000 providers** on most plans
- ✓ The flexibility to see in-network or out-of-network dentists on HMO-POS and PPO plans
- ✓ An optional Platinum Dental Rider available on nearly all plans with a Preventive-Only dental benefit

How does it work?

The member ID card features **“with dental”** making it easier for members and providers to confirm the plan offers dental benefits.

Look for “with dental”



*Annual dental allowance varies by plan. MA and NY DSNPs will have custom codes set and no dental annual maximum applied.
**DSNPs in AZ, MA, NY & PA are supported by large local networks.
All covered services have frequency limits, see Evidence of Coverage (EOC) for more details.

Dental

Dental Benefit Designs

There are two dental benefit designs: **Preventive Only** and **Comprehensive**:

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 are not covered in the preventive-only benefit.

Platinum Dental Rider

- The dental rider is an optional supplemental dental benefit package available on some Medicare Advantage plans for an additional monthly premium
- New members or members changing plans can add a dental rider at the time of enrollment or within 3 months of their plan effective date
- Existing members renewing a current plan can enroll in the dental rider during the Annual Enrollment Period (AEP) for 1/1/2027 effective date or within 3 months of their plan effective date

**Annual dental allowance varies by plan. MA and NY DSNPs will have custom codes set and no dental annual maximum applied.*
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Dental

What to know about the dental rider:

- The rider replaces embedded dental coverage and cannot be combined with any other dental benefits that may be included on a plan
- 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 a special election period (SEP) to enroll into a new plan
- Dental rider coverage will automatically continue into the next plan year if the member keeps the rider through the end of the plan year, pays all their premiums, stays enrolled in the plan, and the rider is still offered with the plan. Monthly costs and covered services may change each year.
- Members can disenroll from the dental rider at any time

The dental rider may be offered with two plan designs:

1. No embedded dental coverage ***($66 p/mo.)***
2. Embedded Preventive Only ***($54 p/mo.)***

	$1500 Annual Allowance	
	Comprehensive (with cost share)	
	UHC Dental National Medicare Advantage Network	
Preventive Services	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	

Dental

What is Coinsurance?

The member's share of the total cost of a covered dental service, calculated as a percentage of the cost of the covered service. For example, if the member's coinsurance is 50% and the total covered service cost is $100, the member would pay $50, and their insurance would pay the remaining $50 (up to the plan's annual maximum dental allowance).

Example of how coinsurance works:

2027 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**

Example of how coinsurance works (continued)

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**

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.
- 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:

Below is an example of how OON versus INN may 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**

How can you support your members?

- Use the Medicare Product Portal to review the Medicare Advantage plans in your portfolio, including plans offering Preventive Only, Comprehensive and/or the optional Platinum Dental Rider
- Explain what members can expect in 2027, including how in-network and out-of-network dental benefits work
- Educate members how coinsurance works on plans with comprehensive dental.
- Help members find a dental provider through Jarvis > Quick Access > Find a Doctor
- Encourage members to discuss treatment options, potential risks and benefits, and any associated costs with their dental provider before receiving services
- Assist members with accessing the member site or UnitedHealthcare mobile app to view coverage, search for dental providers, and get help scheduling appointments
- Refer to the Evidence of Coverage (EOC) for detailed benefit information, including annual maximums, cost-sharing requirements, exclusions and limitations

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