

Supplemental Benefit

Routine Dental vs Platinum Dental Rider

Additional coverage that may make you smile

As a UnitedHealthcare® member, you may have routine dental included in the plan you select. You also have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase the rider at the time you enroll in your plan or within 3 months after the effective date of your plan. Simply call the number on the back of your member ID card to tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.

With routine dental you get:

- No deductible.
- Other comprehensive dental services, as listed below.
- Up to \$500.00 per year for covered dental services.
- \$0 copay for preventive and diagnostic services such as oral exams, x-rays, routine cleanings, and fluoride.
- Freedom to see any dentist you choose. **Seeing an Out-of-Network dentist may cost more.**
- For help scheduling a dental appointment, call the Customer Service number on the back of your ID Card.

For \$38 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get:

- No deductible.
- Other comprehensive dental services, as listed below.
- Up to \$1,500.00 per year for covered dental services.
- \$0 copay for covered fillings and for preventive and diagnostic services such as oral exams, x-rays, routine cleanings, and fluoride.
- Freedom to see any dentist you choose. **Seeing an Out-of-Network dentist may cost more.**
- For help scheduling a dental appointment, call the Customer Service number on the back of your ID Card.

With the Platinum Dental Rider, you'll enjoy 100% coverage for preventive care and fillings with 50% coverage for additional procedures in-network. Out-of-Network coverage is available. Please see the back of this page for coverage details and benefit guidelines.

To find a network dentist in your area, go to www.AARPMedicarePlans.com select the National Medicare Advantage Network.

For more information on the Platinum Dental Rider, to find a network dentist or to enroll, call the number on the back of your member ID card.

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Exams					
D0120	Routine periodic exam completed during check-up	Two procedures per plan year	Covers periodic, limited, comprehensive, and detailed/ extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment.	\$0*	\$0*
D0140	Limited exam to evaluate a problem	One procedure per plan year		\$0*	\$0*
D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	One procedure every three plan years		\$0*	\$0*
D0160	Detailed and extensive problem focused exam	One procedure per plan year		n/a	\$0*
X-Rays					
D0210	Full-mouth/ Complete x-ray set for evaluation of the teeth and mouth	One procedure every three plan years	Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*	\$0*
D0220, D0230	X-rays for closer evaluation around the roots of teeth	Unlimited per plan year	Covers periapical x-rays. Does not cover CTs, cephalograms, or MRIs. Not covered on the same day as intraoral complete series of radiographs (D0210).	\$0*	\$0*

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D0270, D0272, D0273, D0274, D0277	Bitewing x-rays for evaluation of the teeth and bone	One procedure per plan year	Not covered in the same year as a full mouth set of x-rays (D0210)	\$0*	\$0*
D0330	Panoramic x-ray for evaluation of the teeth and mouth	One procedure every three plan years	Covers panoramic radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*	\$0*
Cleanings					
D1110	Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as D4910 or D4355.	\$0*	\$0*
D4910	Routine dental cleaning for an adult who has documented history of gum disease	Three procedures per plan year	Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery.	\$0*	\$0*
Other Preventive Services					
D1206, D1208	Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish)	\$0*	\$0*
D1310	Nutritional Counseling	One procedure per plan year	Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities	\$0*	\$0*

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D1354	Application of medication to a tooth to stop or inhibit cavity formation	Unlimited per plan year	Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth	\$0*	\$0*
Fillings					
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2940	Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth.	Unlimited per plan year	Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants, or preventive resin restorations.	n/a	\$0*
D3110, D3120	Medicine placed under fillings to promote pulp healing	Unlimited per plan year	Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed.	n/a	\$0*

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Crowns, Inlays, and Onlays					
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794	Cap (crown) or partial crown called an inlay or onlay - made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	n/a	50%*
Other Restorative Services					
D2920	Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	n/a	50%*
D2949	Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown	n/a	50%*
D2950	Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		n/a	50%*

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American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
D2952, D2953, D2954, D2957	Buildup of filling around a post to prepare the tooth for a crown	One D2952 and D2953, or one D2954 and D2957 per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment. Covers both indirectly fabricated and prefabricated posts and cores.	n/a	50%*
Root Canals (Endodontic Services)					
D3310, D3320, D3330, D3346, D3347, D3348	Root canal treatment for a front, middle, or back tooth (excluding filling or crown needed after the root canal)	One initial root canal procedure (D3310, D3320, or D3330) and one retreatment procedure (D3346, D3347, or D3348) per tooth per lifetime of the member	This is a root canal performed on a tooth for the first time or as retreatment to a tooth that had a root canal completed previously. Does not include root canals performed from the root tip by access through the gums, incomplete root canal treatment, or internal root repair of perforation defects.	n/a	50%*

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Scaling and Root Planing					
D4341	Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the x-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	n/a	50%*
D4342	Deep cleaning for 1-3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years		n/a	50%*
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a dental cleaning (D1110 or D4910)	n/a	50%*
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	Unlimited per plan year	Cannot be used same day as scaling and root planing (D4341 or D4342)	n/a	50%*

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Complete Dentures					
D5110	Complete upper denture	One procedure every five plan years	Denture covered when there are no erupted teeth remaining in the mouth	n/a	50%*
D5120	Complete lower denture	One procedure every five plan years		n/a	50%*
D5130	Complete upper denture delivered at the time of extracting remaining upper teeth	One procedure per lifetime of member		n/a	50%*
D5140	Complete lower denture delivered at the time of extraction of remaining lower teeth	One procedure per lifetime of member		n/a	50%*

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Partials (Removable Partial Dentures)					
D5211	Upper partial denture - resin base	One procedure every five plan years	Partial denture covered when remaining/ supporting teeth are free of cavities and have good bone to support the partial denture. Includes retentive/clasping materials, rests and teeth.	n/a	50%*
D5212	Lower partial denture - resin base	One procedure every five plan years		n/a	50%*
D5213	Upper partial dentures - cast metal framework with resin denture bases	One procedure every five plan years		n/a	50%*
D5214	Lower partial denture - cast metal framework with resin denture base	One procedure every five plan years		n/a	50%*
D5221	Upper partial denture delivered at the time of extractions - resin base	One procedure every five plan years		n/a	50%*
D5222	Lower partial denture delivered at the time of extractions - resin base	One procedure every five plan years		n/a	50%*
D5225	Upper partial denture - flexible base	One procedure every five plan years		n/a	50%*
D5226	Lower partial denture - flexible base	One procedure every five plan years		n/a	50%*

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Adjustments and Repairs for Complete Dentures					
D5410, D5411, D5850, D5851	Denture adjustments or tissue conditioning for complete upper and/or lower denture	Two of each type of procedure per denture per plan year	Covers adjustments, relines, repairs, tissue conditioning, and replacing of missing or broken teeth for complete dentures. Cannot be billed within 6 months of delivery of the new denture	n/a	50%*
D5511, D5512, D5520, D5730, D5731, D5750, D5751	Repairs and relines for broken complete upper and/or lower dentures	One of each type of procedure per denture per plan year		n/a	50%*
Adjustments and Repairs for Partial Dentures					
D5421, D5422	Adjustment of upper and/or lower partial denture	Two procedures per denture per plan year	Covers partial denture adjustments and relines.	n/a	50%*
D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5740, D5741, D5760, D5761	Repair or reline for upper and/or lower partial denture	One procedure of each procedure type per partial denture per plan year	Covers repairs to framework of the partial denture, repair or replacement of missing or broken partial denture teeth, and addition of clasps or denture teeth to an existing partial denture. Cannot be billed within 6 months of delivery of the new partial denture.	n/a	50%*

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Bridges					
D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245	Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominately base, or noble metal; full cast high noble, predominately base, or noble metal; and titanium. Does not cover any part of an implant supported bridge.	n/a	50%*
D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794,	Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge.	n/a	50%*
D6930	Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge on the day of initial bridge delivery	n/a	50%*

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Extractions and Oral Surgery Procedures					
D7111, D7140, D7210, D7250	Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	n/a	50%*
D7310, D7311, D7320, D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	One procedure per quadrant per plan year, up to four procedures on different/unique quadrants per plan year	Covers alveoloplasty either in conjunction with or not in conjunction with extractions.	n/a	50%*

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D7510, D7511	Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	n/a	50%*
Emergency Treatment of Pain and Other					
D9110	Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only	n/a	50%*
D9910	Application of desensitizing agent to a tooth or teeth	Unlimited per plan year	Covered once per visit. Does not cover bases, liners or adhesives used under restorations.	n/a	50%*

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Nitrous Oxide and Sedation					
D9219	Evaluation for sedation or general anesthesia	Unlimited per plan year	Covers administration of, evaluation for, and monitoring for intravenous moderate (conscious) sedation/analgesia, deep sedation/general anesthesia, and nitrous oxide/analgesia - anxiolysis. Medications used for these procedures is considered included in the procedure code and cannot be billed for separately.	n/a	50%*
D9222, D9223	Deep Sedation/General Anesthesia	Unlimited per plan year		n/a	50%*
D9230	Nitrous Oxide	Unlimited per plan year		\$0*	\$0*
D9239, D9243	IV sedation	Unlimited per plan year		n/a	50%*
Splints					
D7880	Splint used to treat the TMJ	One procedure every three plan years	Covers occlusal orthotic devices provided for treatment of TMJ dysfunction	n/a	50%*
D9943	Adjustment of occlusal guard	Two procedures per plan year	Not covered within 6 months of occlusal guard delivery	n/a	50%*

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D9944	Top or bottom, full-arch hard occlusal guard	One procedure every three plan years	Only covered in association with documented tooth clenching or grinding. Does not cover any type of sleep apnea, snoring or TMD appliances.	n/a	50%*

*Providers are paid based on Maximum Allowable Charge (MAC). You may be billed by the out-of-network provider for any amount greater than the payment made by the plan to the provider or any services not covered by the plan. Generally, an out-of-network provider will submit a claim on your behalf. If your provider does not submit the claim on your behalf and you pay for out-of-network services, please call the number on the back of your UnitedHealthcare ID card for assistance on how to submit your request for reimbursement.

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.

12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice.
14. Any services not listed above are not covered.



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

The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.