



Dental benefits: Broker quick reference guide

With our diverse set of dental options, your clients can choose the plan that best fits their business.

**United
Healthcare®**
Dental

Flexible PPO plans designed to fit your clients' needs

Plan codes	Plan benefits	
P plans	<ul style="list-style-type: none"> Traditional PPO In and out-of-network coverage 	<ul style="list-style-type: none"> UCR and MAC options Incentive and passive plans available
A plans	<ul style="list-style-type: none"> Endo/Perio/Oral in Class III Full mouth and panoramic X-rays shift from Class I to Class II 	<ul style="list-style-type: none"> MAC or 70% UCR
H plans (PMM)	<ul style="list-style-type: none"> Known as FlexAppeal Preventive MaxMultiplier Operates like a traditional PPO 	<ul style="list-style-type: none"> Preventive and diagnostic services not applied to the annual maximum Requires 5 eligible employees
X plans	<ul style="list-style-type: none"> Known as FlexAppeal Enhanced Operates like a traditional PPO Includes additional cleanings 	<ul style="list-style-type: none"> Includes dental implants Requires 5 eligible employees
S plans	<ul style="list-style-type: none"> Known as the Exclusive Network Dental Plan Operates like a modernized DHMO, without the typical pain points Most preventive and diagnostic services covered at 100% in the network 	<ul style="list-style-type: none"> Includes dental implants, adult orthodontia and certain cosmetic procedures Requires 2 eligible employees

The experience and scope to support any size client

- **125K+** unique PPO providers¹
- **85K** Exclusive Network access points¹
- **30+** years of dental benefits experience¹
- **25M** dental members¹

Wellness benefits designed to boost coverage and health

UnitedHealthcare dental plans automatically include:

- **Discount marketplace** – offering additional savings for Dental and Vision members
- **Maternity benefit** – including additional cleanings and maintenance for the entire term of the pregnancy and 3 months post-delivery (charges do not apply to the annual maximum)
- **Oral cancer screenings** – i.e., routine, early-detection screenings for adults (may include a brush biopsy)

To learn more, visit the UnitedHealthcare Specialty benefits hub at uhc.com/benefithub.

Two easy ways to access information

1. With myuhc.com[®], members can get personalized support and easily manage their dental activity wherever they want.
2. For info on the go, the UnitedHealthcare[®] app offers members plan information at their fingertips – anytime, anywhere.

Members can:

- View and print dental ID cards
- Locate network dentists
- Review their plan coverage
- Estimate the cost of care
- Check their claims

Frequently asked questions

Get quick answers to your, and your clients', most common questions.

What is the Consumer MaxMultiplier (CMM)?

Included in PPO plans, our Consumer MaxMultiplier® program rewards members for keeping up with dental care by adding dollars to next year's annual maximum.

How are award dollars earned?

Based on the out-of-network (OON) annual maximum, the CMM program awards members for:

- Visiting their dentist at least once a year
- Staying under the claim's threshold (varies by plan design)
- Staying in network (earns bonus dollars)

How are award dollars used?

Award dollars are applied to claims that go beyond the annual maximum, and can be transferred from other carriers (carry-over dollars will vary by plan design). Unused award dollars can roll over each year, up to a specific annual maximum.

What is the cleaning coverage frequency?

It is a rolling benefit – no more than 2 regular cleanings within 12 consecutive months. For example, if a member has their teeth cleaned on Dec. 27, 2024 and then again on May 5, 2025, their next cleaning would have to be after Dec. 27, 2025. Otherwise, they would have 3 cleanings within 12 consecutive months, which is not part of the benefit.

What is the standard time frame for the plan deductible and annual maximum?

It is calendar year only.

For NB/NCEA: Will the deductible and annual maximum start over if moved mid-year from another carrier?

Yes. Members get a brand-new benefit as long as they don't ask to transfer the deductible/annual credit.

Are dental ID cards printed?

Dental ID cards are digital-only. Members can access them through myuhc.com or the UnitedHealthcare app. Hard copies of digital ID cards may be ordered using the member's name, member number (or SSN) and date of birth. Note that for the Exclusive Network Dental Plan (ENDP) (DHMO), Georgia and Minnesota, physical dental ID cards are mandated.

If a member is seeking services and doesn't have their dental ID card, they will need to provide their SSN.

What are the plan network names?

MAC: National Options PPO 20

UCR: National Options PPO 30

ENDP: National Exclusive Network Dental Plan

What does UCR stand for?

Usual, customary and reasonable. With UCR, the OON percentage of benefits is based on usual and customary fees that dentists charge in the geographical area in which the expenses are incurred.

What does MAC stand for, and when should it be sold?

Maximum allowable charge. With MAC, the OON percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by our most highly discounted network provider.

Note that while the MAC plans provide very competitive rates, it is because the network is smaller than the UCR plan network, so it may not be a viable option for rural areas. Use Network 360 to make sure the network is comprehensive enough when selling a MAC plan.



Frequently asked questions

What happens if a member has braces when they switch to UnitedHealthcare?

UnitedHealthcare will take over ortho payments until the lifetime ortho maximum is reached OR the end of treatment, whichever comes first. This assumes UnitedHealthcare did not receive a prior carrier report.

The best practice is to get a pre-treatment estimate so members know what to expect.

How are waiting periods waived?

For groups new to UnitedHealthcare, the waiver applies to all initial enrolling employees, regardless of whether they were enrolled under the prior carrier or not. To waive the wait period, they will need proof of prior coverage for major services and proof of prior coverage for the preceding plan year.

For new members of current UnitedHealthcare groups with a wait period, a letter of creditable coverage from the former dental carrier is required and must be provided within 63 days of the termination of the prior dental coverage.

Does UnitedHealthcare pay out-of-network dentists directly?

UnitedHealthcare pays all dentists directly. We can't require out-of-network dentists to accept payments from us, but most do.

How can members find a dentist in the network?

Members have two easy options:

1. Log in to myuhc.com and use the **Find a Dentist** tool. A list of network dentists will display. (Members can also use the search tool, but must choose their network from the list. The network name is printed on their member ID card.)
2. Call the number on their digital dental ID card. If a network dental provider is not available within a reasonable distance, the member may be directed to an out-of-network dental provider. Please refer to official dental plan documents for all plan coverage details.

Can members request that their dentist be added to the network?

Yes. They should visit myuhc.com and fill out the Provider Nomination form. Or they can call the number on their digital dental ID card.



What happens if a member started dental work on a different insurance plan?

The member's prior plan should pay for any dental work that was started until it's finished. For example, if a member's dentist did prep work for a crown on Dec. 29 but didn't place the crown until after they switched to UnitedHealthcare on Jan. 1, their old dental plan should cover the charges for the whole procedure. They should submit a claim to their old plan for that second dental bill. (In some cases, depending on what their old plan covered, they may need to pay the bill themselves.) UnitedHealthcare will cover any dental care received after Jan. 1.

Do UnitedHealthcare dental plans have a missing tooth clause?

Yes. The clause excludes payment for teeth missing prior to the effective coverage date. Also, the clause only applies to plans with a waiting period; non-waiting period plans do not have a missing tooth clause.

Do UnitedHealthcare dental plans have a late entrant provision?

No. If a member doesn't enroll in a timely manner, they will have to wait to join the plan during the next annual open enrollment period, unless there is a qualifying event.

Savings when the members stay in the network

The example below shows the member's out-of-pocket responsibility when going out-of-network (OON) with MAC and UCR plans, as compared to staying in the network.³ For definitions of MAC and UCR, see the FAQs.

Exams, X-rays, cleaning and crowns	Network	OON MAC	OON UCR
A. Provider-billed	\$1,787	\$1,787	\$1,787
B. Network discount	\$669	\$0	\$0
C. Amount allowed	\$1,118	\$796	\$1,775
D. Dental plan paid	\$681.80	\$473.40	\$1,038
E. Member responsibility	\$436.20	\$1,313.60	\$749



[Learn more](#)

Contact your UnitedHealthcare representative

**United
Healthcare[®]
Dental**

NOT FOR CONSUMER USE.

**Savings* defined as line A minus line B

¹ As of July 2024.

² Online enrollment is available in most instances; contact your account representative for details.

³ Example is for illustrative purposes only and assumes that the annual deductible has been met. Billed and allowed amounts vary by provider. Out-of-network providers set their own rates and may bill members for the difference between their rates and what UnitedHealthcare pays.

The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX, DPOL.12.TX (Rev. 9/16) and DPOL.18.TX and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX, DCERT.IND.12.TX, and DCOC.18.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA, policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA or policy form number DPOL.18.VA with associated COC form number DCOC.18.VA.

The Exclusive Network Dental Plan in Georgia is underwritten by UnitedHealthcare of Georgia, Inc. Administrative services provided by Dental Benefit Provider, Inc., United HealthCare Services, Inc. or their affiliates.

The Exclusive Network Dental Plan in Ohio is underwritten by UnitedHealthcare of Ohio, Inc. Administrative services provided by Dental Benefit Provider, Inc., United HealthCare Services, Inc. or their affiliates.

The New York Exclusive Network Dental Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services.

The Texas Exclusive Network Dental Plan from UnitedHealthcare is offered by National Pacific Dental, Inc. Benefits for the UnitedHealthcare dental DHMO plans are offered by National Pacific Dental, Inc. National Pacific Dental, Inc. is wholly owned by Dental Benefit Providers, Inc., a UnitedHealth Group company. Plans sold in Texas use contract form number DHMO.CNT.11.TX or DCNT.DHMO.19.TX and associated EOC form number DHMO.EOC.11.TX, DHMO.EOC.16.TX or DEO.DHMO.19.TX.

Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX.

Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.