

# Brighten your smile

with dental coverage in all  
UCare Medicare Plans



## All UCare Medicare Plans include dental coverage, and some give you the flexibility to purchase optional dental coverage.

- UCare **Prime** and **Aware** include an annual dental allowance for no extra premium.
- UCare **Essentials Rx, Standard, Value, and Value Plus** include preventive dental coverage for no extra premium. You may add up to \$2,000 in annual comprehensive dental coverage with **Choice Dental**, for an additional \$25 per month.
- UCare **Complete** and UCare Medicare Plans with M Health Fairview & North Memorial Health **Care Core** and **Care Advantage** include up to \$2,000 coverage annually for both preventive and comprehensive dental for no extra premium.
- UCare **Classic** includes rich preventive dental coverage for no extra premium. You may add up to \$2,500 in comprehensive dental coverage with **Classic Choice Dental**, for an additional \$25 per month.

If your plan has the option to add comprehensive dental coverage, you can enroll in the coverage when you first enroll in your health plan. Just check the box on your enrollment form. You are still eligible to enroll in dental coverage during your first covered month, and after that, each year during the Annual Election Period (October 15 – December 7) for coverage beginning January 1. (Forms cannot be accepted before October 15.)

**Current members:** A separate enrollment form is required if you did not enroll when you first joined UCare. Classic Choice and Choice Dental can be added during the Annual Election Period.

## Questions?

### UCare Medicare Plans

Call 1-877-523-1518 (TTY users call 1-800-688-2534)  
8 am – 5 pm, Monday – Friday

### UCare Medicare Plans with M Health Fairview & North Memorial Health

Call 1-855-432-7029 (TTY users call 1-800-688-2534)  
8 am – 5 pm, Monday – Friday

Visit [ucare.org/dental](https://ucare.org/dental) to learn more.

# 2021 Overview of dental benefits

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX UCARE STANDARD UCARE VALUE PLUS UCARE VALUE	UCARE COMPLETE UCARE MEDICARE PLANS WITH M HEALTH FAIRVIEW & NORTH MEMORIAL HEALTH CARE CORE AND CARE ADVANTAGE	UCARE CLASSIC
Coverage includes	\$250 yearly allowance	\$500 yearly allowance	Routine dental with optional coverage available	Comprehensive dental coverage at no additional cost	Routine dental with optional coverage available
Premium	\$0	\$0	<b>+ \$25</b> per month	\$0	<b>+ \$25</b> per month
Deductible	\$0	\$0	\$75 per year	\$75 per year (does not apply to preventive services or periodontal maintenance cleanings)	\$50 per year
Annual plan maximum	\$250	\$500	\$2,000	\$2,000	\$2,500
Oral examinations	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	One per year* (two total with purchase of optional coverage)	Two per year	Two per year*
Routine cleanings			One per year* (two total with purchase of optional coverage)	Two per year	Three per year*
X-rays			Annual bitewing* (full mouth every 5 years with purchase of optional coverage)	Annual bitewing and full mouth every 5 years	Annual bitewing and full mouth every 5 years*
Fluoride treatment			Covered*	Covered	Covered*
Periodontal maintenance cleanings			One per year* (more with purchase of optional coverage)	Covered	Three per year*
Basic restorative services (e.g., fillings, root canals, periodontal services)			30% coinsurance with purchase of optional coverage	50% coinsurance	20% coinsurance with purchase of optional coverage
Major restorative procedures (e.g., crowns, bridges, implants)			60% coinsurance with purchase of optional coverage	70% coinsurance	50% coinsurance with purchase of optional coverage

**\*These services are included without purchase of optional coverage and no deductible applies. These services do not apply to annual plan maximum.**

You will get the most coverage by using a network dentist. UCare Medicare Plans use the Delta Dental Medicare Advantage Network administered by Delta Dental of Minnesota (Delta Dental). You can find a list of network providers online at [ucare.org/dental](http://ucare.org/dental), or you can call the number on the front page for assistance.

Unlike most other dental plans, UCare Medicare Plans include out-of-network coverage. If you receive services from an out-of-network licensed dental provider, you will be responsible for submitting your bills and paying the cost share and any difference between the actual billed charge and the UCare dental fee schedule.

Out-of-network/non-contracted providers are under no obligation to treat UCare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, you or your provider can ask us for a pre-service organization determination. Please call our Customer Service number or see your Evidence of Coverage for more information.

Benefits, provider network, premium, deductible and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply.

#### Statement of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612 676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612 676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

## Limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limits apply to all plans.

**Endodontics:** Limited to one (1) per tooth per lifetime

**Periodontics** (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.

**Oral/maxillofacial surgery:** Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).

**Major restorative services:** Benefit for the replacement of a crown or an onlay will be provided only after a five (5) year period, measured from the last date the covered dental service was performed.

**Prosthetics — removable and fixed:** A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after five (5) years

**Implant services:** Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #19)

## Exclusions of Services

While some of the exclusions shown below may be covered services under the terms of the Evidence of Coverage for non-dental services, the following are not covered dental services under this comprehensive dental benefit package:

1. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement
2. Dental services that are not necessary or specifically covered
3. Hospitalization or other facility charges
4. Prescription drugs
5. Any dental procedure performed solely as a cosmetic procedure
6. Charges for dental procedures completed prior to the member's effective date of coverage
7. Anesthesiologist services
8. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain

occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings.

9. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
10. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
11. Oral hygiene instruction and periodontal exam
12. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.
13. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
14. Analgesia (nitrous oxide)
15. Removable unilateral dentures
16. Temporary procedures
17. Splinting
18. Consultations by the treating provider and office visits.
19. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. **Exception:** This exclusion will not apply for any member who has been continuously covered under the comprehensive dental benefit package for more than 24 months.
20. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
21. Veneers (bonding of coverings to the teeth)
22. Orthodontic treatment procedures
23. Corrections to congenital conditions, other than for congenital missing teeth
24. Athletic mouth guards
25. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the Evidence of Coverage
26. Space maintainers

UCare Minnesota and UCare Health, Inc. are HMO-POS plans with Medicare contracts. Enrollment in UCare Minnesota and UCare Health depends on contract renewal. Benefits, provider network, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply.