

Nationwide access.

Exclusive dental benefits.

Member discounts.





Your service is greatly appreciated.

A very sincere thank-you for all that you do to serve the community. You deserve a hardworking dental plan, and it's an honor to offer you and your family benefits that take less bite out of your budget.

To help keep your teeth healthy, we offer the freedom to choose from dentists throughout the nation. With so many providers, it's easier to locate one who's nearby.





Recognized as the sixth most Military Friendly[®] Employer in the nation.

For the ninth consecutive year, UnitedHealth Group® has been designated as a Military Friendly Employer by Viqtory—based on efforts relating to recruiting, retention, training and more.



Value-added benefits for you and your family—at no additional cost.

- Discounts on health and wellness products through UnitedHealthcare's BenefitHub.
- Critical illness coverage for head, neck and oral cancer a \$2,000 financial benefit.
- · Enhanced member benefits for those managing certain chronic conditions or pregnancy.
- · Pop-up dental clinics,* which bring access to care to your place of employment.



Turn to a dental plan built to go above and beyond—just like you do.

Although they may be priced about the same, no two dental plans are really alike. UnitedHealthcare Dental offers federal employees benefits designed to do more.

You asked for:

Easy access.

Advantages for orthodontic needs.

International care.

You'll have:

A large network with 373,000 access points for care nationwide, plus pop-up dental clinics* where you work.

Includes up to a \$4,000 lifetime benefit for orthodontic care, available to all ages.

For those abroad, there's a dedicated global unit providing services in over 130 countries.



Who can enroll?

- Anyone who's eligible for the Federal Employees Health Benefits (FEHB) program—no matter what the medical plan.
- Most retirees, including uniformed services retirees, are eligible for FEDVIP Dental coverage.

^{*}Hosted pop-up clinics are at the discretion of each local federal agency; agency Federal Benefit Officers may inquire with their respective UnitedHealthcare account manager for more information.



What does the plan include?



Dental coverage.

Twice per year, you'll receive a dental exam and cleaning. Preventive care services do not apply to your annual maximum. With these dental benefits, you'll find a healthy amount of coverage for a wide range of dental needs.

Diagnostic Services, Class A

- Oral evaluations
- Radiographs
- Labs and other diagnostic tests
- Oral cancer screening

Preventive Services, Class A

- Dental prophylaxis (cleaning)
- Fluoride treatment
- Sealants
- Space maintainers

Intermediate Services, Class B

- Restorations
- Emergency treatment
- Simple extractions
- Oral surgery
- Periodontics
- Endodontics

Major Services, Class C

- Inlays/onlays/crowns
- Dentures and removable prosthetics
- Fixed partial dentures
- Implants

Orthodontic	Standar	d Option	High Option		
Services, Class D	In Network	Out of Network	In Network	Out of Network	
Orthodontia eligibility	Child and Adult	Child and Adult	Child and Adult	Child and Adult	
Lifetime ortho max	\$2,000*	\$2,000*	\$4,000**	\$4,000**	
Deductible applies	No	No	No	No	
Waiting period applies	No	No	No	No	

^{* \$2,000} lifetime maximum per person combined for in-network or out-of-network.

 $^{^{\}star\star}$ \$4,000 lifetime maximum per person combined for in-network or out-of-network.



Standard Option

High Option

	In Network	Out of Network	In Network	Out of Network	
Service type	You Pay		You Pay		
Preventive and diagnostic services, Class A (Basic)	0%	10%	0%	10%	
Intermediate services, Class B	45%	60%	30%	40%	
Major services, Class C	65%	80%	50%	60%	
Annual benefit maximum for Class A, B and C services*	\$1,500 per person	\$1,000 per person	Unlimited	Unlimited	
Orthodontic services, Class D	50%	50%	50%	50%	
Waiting period for Class A, B, C and D services	No	No	No	No	
Deductibles	None	Self: \$100	None	Self: \$50	
		Self plus One: \$200		Self plus One: \$100	
		Self and Family: \$300		Self and Family: \$150	
		Class A, B, and C services		Class B and C services	

This is intended as a summary only. For a detailed description of your benefits, exclusions and limitations, please refer to the Certificate of Coverage at **uhcfeds.com**. Click the **DENTAL PLANS** button.

^{*}The Annual Benefit Maximums within each option are combined between in and out-of-network services. Note: The total Annual Benefit Maximum will never be greater than the in-network Annual Benefit Maximum.



What's the cost?

- Find your state and the first 3 digits of your ZIP code below.
- Match that Rating Area to your enrollment type and plan option.

State	ZIP	Rating Area	State	ZIP	Rating Area	State	ZIP	Rating Area
AK	995-999	5	KS	664, 665, 667-679	1	ОН	434-436, 438-449, 453-458	1
AL	350-352, 354-369	1	KY	400-409, 411-418, 420-427	1	OK	730, 731, 734-741, 743-749	1
AR	716-729	1	KY	410, 459	2	OR	970-973	5
AZ	850-853	4	LA	700, 701, 703-708, 710-714	1	OR	974-979	3
AZ	855-857, 859, 860, 863, 865	2	MA	010, 011, 013	4	PA	150-171, 175-179, 182,	1
AZ	864	3	MA	012, 014-027, 055	3	PA	184-188	1
	900-908, 910-928, 930, 931,		MD	205-212, 214, 216, 217, 219	3	PA	172-174, 189-196	3
CA	933-935, 939-941,	5	MD	215, 218	1	PA	180, 181, 183	5
	943-952, 954		ME	039-042	3	PR	006, 007, 009	1
CA	932, 936-938, 953, 955,	3	ME	043-049	2	RI	028, 029	3
0/1	960, 961		MI	480-485	3	SC	290-296, 298, 299	2
CA	942, 956-959	4	MI	486-499	2	SC	297	3
CO	800-806	4	MN	550, 551, 553-555, 563	5	SD	570-577	1
CO	807, 811, 813-816	2	MN	556-562,564-567	2	TN	370-385	1
CO	808-810, 812	3	MO	630, 631, 633, 640, 641,	2	TX	733, 786, 787	4
CT	060-063	4	IVIO	644, 645, 649		TX	739, 755-759, 763-769,	1
CT	064-069	5	MO	634-639, 646-648, 650-658	1	1 X	776-785, 788-799, 885	1
DC	200, 202-205	3	MS	386-397	1	TV	750-754, 760-762, 770, 772-775	3
DE	197-199	3	MT	590-599	1	TX		
FL	320-329, 335-339, 341, 342,	1	NC	270-279, 283-289	2	UT	840-847	5
1 -	344, 346, 347	'	NC	280-282	3	VA	201, 203, 205, 220-227,	3
FL	330-334, 349	3	ND	580-588	1	VA	230, 232, 238	3
GA	300-303, 305, 306, 311, 399	3	NE	680, 681	2	VA	228, 229, 239-246	1
GA	304, 307-310, 312-319, 398	1	NE	683-693	1	VA	231, 233-237	2
GU	969	5	NH	030-033, 038	3	VI	008	1
HI	967-968	3	NH	034-037	4	VT	050-053, 056-059	3
IA	500-514, 516, 520-528	1	NJ	070-079, 085-089	5	VT	054	4
IA	515	2	NJ	080-084	3	WA	980-986, 988-994	5
ID	832-838	3	NM	870, 871, 873-875, 877-884	1	WI	530-532, 534, 535,	3
IL	600-609, 613	3	NV	889-891	3	VVI	537-539, 541-549	
IL	610-612, 614-619, 623-629	1	NV	893-895, 897, 898	4	WI	540	5
IL	620	2	NY	005, 100-119, 124-126	5	WV	247-253, 255-268	1
IL	622	2	NY	063	4	WV	254	3
IN	460-462, 470, 472, 473	2	NY	120-123, 128	3	WY	820-831	1
IN	463-464	3	NY	127, 129-139, 144-149	2	WY	834	3
IN	465-469, 471, 474-479	1	NY	140-143	1	Inter-	All	5
KS	660-662, 666	2	ОН	430-433, 437, 450-452	2	national		0

	1	High Option Bi-Weel	dy	High Option Monthly		
Rating Area	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$18.50	\$36.98	\$55.47	\$40.08	\$80.12	\$120.19
2	\$19.83	\$39.66	\$59.49	\$42.97	\$85.93	\$128.90
3	\$22.63	\$45.25	\$67.88	\$49.03	\$98.04	\$147.07
4	\$24.61	\$49.22	\$73.83	\$53.32	\$106.64	\$159.97
5	\$27.62	\$55.24	\$82.85	\$59.84	\$119.69	\$179.51
	Sta	andard Option Bi-We	eekly	Standard Option Monthly		
Rating Area	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$9.99	\$19.99	\$29.98	\$21.65	\$43.31	\$64.96
2	\$10.72	\$21.43	\$32.15	\$23.23	\$46.43	\$69.66
3	\$12.21	\$24.42	\$36.63	\$26.46	\$52.91	\$79.37
4	\$13.27	\$26.55	\$39.82	\$28.75	\$57.53	\$86.28
5	\$14.88	\$29.75	\$44.63	\$32.24	\$64.46	\$96.70



When and how do you enroll?

Sign up during Federal Benefits Open Season, **Nov. 9 – Dec. 14, 2020, at midnight ET.** If you are a new hire, you have 60 days from your start date to enroll.

1-877-888-3337 (TTY: 1-877-889-5680)

BENEFEDS.com



What's next?

We'll mail you a confirmation letter and a welcome kit with your dental plan ID card. Your coverage will begin Jan. 1, 2021, if you sign up during Open Season.

Questions? Visit uhcfeds.com or call 1-866-315-2321 (TTY 711).



Receive enhanced benefits for chronic conditions—and pregnancy.

We offer 100% coverage for select services, like additional cleanings and periodontal maintenance, for 8 health conditions:

- Asthma
- Cerebrovascular disease
- Coronary artery disease/cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Kidney disease
- Pregnancy
- Rheumatoid arthritis

Full coverage with no balance billing when seeing a network provider. No referral required. Services don't count toward your deductible or annual maximum.

