

Limitations

Endodontics: Limited to one per tooth per lifetime.

Periodontics: 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 boney 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.

Implant services: Implant services will be deemed medically necessary if replacement of a single tooth is needed due to major jaw injury, replacing a single missing anterior (front) tooth. Limited to replacement of a single tooth. Services for dental implant for cosmetic reasons (for example, to improve appearance) will not be covered. Coverage for implants is limited to one per lifetime per tooth. See also #18.

Exclusions of services

While some of the exclusions shown below may be covered services under the terms of the *Evidence of Coverage* (EOC), the following are not covered dental services under the dental rider:

1. Dental services that are not necessary or specifically covered.
2. Hospitalization or other facility charges.
3. Prescription drugs.
4. Any dental procedure performed solely as a cosmetic procedure.
5. Charges for dental procedures completed prior to the member's effective date of coverage.
6. Anesthesiologist services.
7. 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.

8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the EOC.
9. Any artificial material implanted or grafted into soft tissue, surgical removal of implants, and implant procedures not listed in the EOC.
10. Oral hygiene instruction.
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the EOC.
13. Analgesia (nitrous oxide).
14. Removable unilateral dentures.
15. Temporary procedures.
16. Splinting.
17. Consultations by the treating provider and office visits.
18. 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 *UCare Comprehensive Dental* benefit package for more than 24 months.
19. Occlusal analysis, occlusal guards (night guards), and occlusal adjustments (limited and complete).
20. Veneers (bonding of coverings to the teeth).
21. Orthodontic treatment procedures.
22. Corrections to congenital conditions, other than for congenital missing teeth.
23. Athletic mouth guards.
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC.
25. Space maintainers.

**Smile.
You're with UCare.**



**UCare
Comprehensive Dental**

UCare Comprehensive Dental enhances the preventive coverage for Classic (HMO-POS) and select Group* (HMO-POS) plans.

See inside for an overview of benefits.

Premium	\$21/month
Deductible	\$25 per covered person, per coverage year. Not applicable to diagnostic and preventive services.
Annual maximum	\$1,000 per covered person per coverage year, in addition to the preventive dental included in your Classic or Group plan.

Join UCare Comprehensive Dental today!

You can enroll when you first enroll in your Classic or Group plan by completing the online form or the printed enrollment form included in your enrollment kit. If you do not join by the end of your first covered month, you can enroll during the Annual Election Period (10/15-12/7) for coverage beginning Jan. 1.

Questions?

We are available 8 a.m. to 8 p.m., daily.

UCare for Seniors Classic

612-676-3500 or
1-877-523-1518 (toll free)

UCare for Seniors Group

612-676-6900 or
1-877-598-6574 (toll free)

TTY machine users call 612-676-6810 or 1-800-688-2534 (toll free).

Visit dentalcareforu.org to find out what new dental services are covered in 2012, and learn about our See-A-Dentist GuaranteeSM, Mobile Dental Clinic, and more!

*Only Group members who have a Group Plan with preventive dental benefits are eligible for UCare Comprehensive Dental.



2012 UCare Comprehensive Dental overview of benefits

Type of dental services	Coverage
Basic Services <ul style="list-style-type: none"> Silver or resin fillings. Emergency treatment for relief of pain (minor procedures). General anesthesia or I.V. sedation. 	UCare pays 80% of the allowed amount. You pay 20%.
Endodontics <ul style="list-style-type: none"> Root canal therapy on permanent teeth, including pulpotomies. Indirect pulp-cap. Root canal retreatment (mutually exclusive of final restoration). 	UCare pays 80% of the allowed amount. You pay 20%.
Periodontics <ul style="list-style-type: none"> Full-mouth debridement. Non-surgical periodontics: Procedures necessary for the treatment of diseases of the gingival (gums). Surgical periodontics: The surgical procedures necessary for the treatment of the gingival (gums) and bone supporting the teeth. 	UCare pays 80% of the allowed amount. You pay 20%.
Oral/Maxillofacial Surgery <ul style="list-style-type: none"> Surgical and non-surgical extractions for tooth removal, including pre- and post-operative care. Bone grafting as part of surgical procedure. 	UCare pays 80% of the allowed amount. You pay 20%.
Major Restorative Services <ul style="list-style-type: none"> Emergency services – major procedures. Special restorative procedures to restore lost tooth structure as a result of tooth decay or fracture. Crowns, when the amount of lost tooth structure does not enable the placement of a filling material. Cast onlays for treatment of severe carious lesions and severe fracture when the tooth cannot be restored with amalgam, porcelain, or plastic crown. 	UCare pays 50% of the allowed amount. You pay 50%.
Prosthetics <ul style="list-style-type: none"> Repairs and adjustments on removable and fixed bridges, standard partial dentures, and full dentures for the replacement of fully extracted permanent teeth. 	UCare pays 50% of the allowed amount. You pay 50%.

Type of dental services	Coverage
Implant services <ul style="list-style-type: none"> Surgical placement of an implant body to replace missing natural tooth. Prefabricated or custom abutment to support placement of a bridge or prosthetic. Crown, porcelain or ceramic over implant body. 	UCare pays 50% of the allowed amount. You pay 50%.
NEW – Find out what new dental codes are covered in 2012 at dentalcareforu.org .	

Unlike most other dental plans, with *UCare Comprehensive Dental*, you may use an out-of-network dentist, but services must be obtained within the United States and territories. Using an out-of-network dentist may cost you more. Please see your *Summary of Benefits* and/or *Evidence of Coverage* for details.



UCare Minnesota and UCare Wisconsin, Inc. are health plans with Medicare contracts. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. You must continue to pay your Medicare Part B premium. Limitations, co-payments, and restrictions may apply.