



# Brighten your smile

with dental coverage in all UCare Medicare and EssentiaCare plans

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

- UCare **Aware** and **Care Wise** include an annual dental allowance for no extra premium.
- UCare **Essentials Rx, Standard, Value Plus, EssentiaCare Secure** and **Grand** include \$2,000 plan maximum in routine dental coverage for no extra premium. You may add \$2,000 in annual restorative dental coverage with **Choice Dental**, for an additional \$25 per month.
- UCare **Complete, Value** and **Care Core** include up to \$2,000 coverage annually for both routine and restorative dental for no extra premium.
- UCare **Classic** includes \$2,500 plan maximum in routine dental coverage for no extra premium. You may add \$2,500 in restorative dental coverage with **Classic Choice Dental**, for an additional \$25 per month.

## How to enroll

**New members:** You can enroll in dental coverage during your first covered month, and after that, each year during the Annual Election Period (Oct. 15 – Dec. 7) for coverage beginning Jan. 1. (Forms can't be accepted before Oct. 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 (Oct. 15 – Dec. 7). Visit [ucare.org/dental](https://ucare.org/dental) to find the form.

### Learn more

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

- **UCare Medicare Plans**  
1-877-523-1518 (TTY 1-800-688-2534)
- **UCare Medicare with M Health Fairview & North Memorial Health**  
1-855-432-7029 (TTY 1-800-688-2534)
- **EssentiaCare**  
1-855-432-7027 (TTY 1-800-688-2534)



# 2024 Overview of dental benefits

	Care Wise with M Health Fairview & North Memorial	UCare Aware	UCare Value	Choice Dental UCare Essentials Rx, UCare Standard, UCare Value Plus, EssentiaCare Secure, EssentiaCare Grand	UCare Complete, Care Core with M Health Fairview & North Memorial	Classic Choice Dental UCare Classic
Coverage includes	\$850 yearly allowance	\$600 yearly allowance	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available
Premium	\$0	\$0	\$0	<b>+\$25</b> per month	\$0	<b>+\$25</b> per month
Deductible	\$0	\$0	\$75 per year (does not apply to preventive services or periodontal maintenance cleanings)	\$75 per year	\$100 per year (does not apply to preventive services or periodontal maintenance cleanings)	\$50 per year
Annual plan maximum	\$850	\$600	\$2,000	\$2,000	\$2,000	\$2,500
Oral examinations	Covered up to \$850 allowance limit	Covered up to \$600 allowance limit	Two per year	One per year* (two total with purchase of optional coverage)	Two per year	Two per year*
Routine cleanings			Two per year	One per year* (two total with purchase of optional coverage)	Two per year	Three per year*
X-rays			Annual bitewing and full mouth every 5 years	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	Covered*
Periodontal maintenance cleanings			Covered	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	30% coinsurance with purchase of optional coverage	50% coinsurance	20% coinsurance with purchase of optional coverage
Major restorative procedures (e.g., crowns, bridges, dentures, implants)			60% coinsurance	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. Members must be enrolled in plan for 24 consecutive months before coverage applies to bridges, dentures, prosthetics and implants.

You will get the most coverage by using a network dentist. UCare Medicare, UCare Medicare with M Health Fairview & North Memorial and EssentiaCare Secure and Grand plans use the Delta Dental National Medicare Advantage Network administered by Delta Dental of Minnesota (Delta Dental). You can find a list of network providers online at [ucare.org/dental](https://ucare.org/dental), or you can call the number on the front page for assistance.

Unlike most other dental plans, these plans include out-of-network coverage. If you receive services from an out-of-network licensed dental provider, for most plans, you will be responsible for submitting your bills and paying the cost share and any difference between the actual billed charge and the Delta Dental dental fee schedule. If you have a plan with a dental allowance, you can use your allowance dollars at both in-and out-of-network dental providers, however, you get the best value at in-network providers.

Out-of-network/non-contracted providers are under no obligation to treat UCare or EssentiaCare 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.

## 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).

## Dental coverage limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations 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.
- Bone grafting: 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 60 month 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 60 months.
- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

## Dental coverage exclusions

These exclusions are specific to dental coverage. Some of these exclusions may be covered under your medical benefit:

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 Evidence of Coverage
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
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 Evidence of Coverage
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 a UCare Medicare Plan 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 Evidence of Coverage
25. Space maintainers

UCare is an HMO-POS/PPO plan with a Medicare contract. Enrollment in UCare 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.