



## Brighten your smile

All UCare Medicare and EssentiaCare plans include dental coverage — plus some give you the option to purchase additional coverage.

### How to enroll

#### New members:

- First year: Include dental when you first enroll, or enroll during your first covered month
- Following years: Enroll during Annual Enrollment Period (AEP) Oct. 15 – Dec. 7 for coverage beginning Jan. 1

#### Current members:

- Add Choice Dental or Classic Choice Dental
- Enroll at [ucare.org/medicare-dental](https://ucare.org/medicare-dental)

### Learn more

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

- UCare Medicare Plans 1-877-523-1518 (TTY 1-800-688-2534)
- EssentiaCare 1-855-432-7027 (TTY 1-800-688-2534)



**EssentiaCare**  
Essentia Health + UCare

# 2025 Overview of dental benefits

	UCare Aware	UCare Value	UCare Complete	UCare Essentials Rx, UCare Standard, UCare Value Plus, EssentiaCare Grand, EssentiaCare Secure		UCare Classic	
Summary	Includes \$600 allowance	Includes routine and restorative dental coverage	Includes routine and restorative dental coverage	Includes routine dental coverage	Add Choice Dental for restorative dental coverage	Includes routine dental coverage	Add Classic Choice Dental for restorative dental coverage
Monthly premium	Included with plan	Included with plan	Included with plan	Included with plan	\$29	Included with plan	\$29
Deductible per year (dental services only)	\$0	\$75	\$100	\$0	\$75	\$0	\$50
Annual plan maximum (dental services only)	\$600	\$2,000 for routine and restorative services	\$2,000 for routine and restorative services	\$2,000 for routine services	\$2,000 additional	\$2,500 for routine services	\$2,500 additional
Oral examinations	Covered up to \$600 allowance limit	Two exams	Two exams	One exam	One additional exam	Two exams	
Routine cleanings		Two cleanings	Two cleanings	One cleaning	One additional cleaning	Three cleanings	
X-rays		Annual bitewing and full mouth every five years	Annual bitewing and full mouth every five years	Annual bitewing	Full mouth every five years	Annual bitewing and full mouth every five years	
Fluoride treatments		Covered	Covered	Covered		Covered	
Periodontal maintenance cleanings		Covered	Covered	One cleaning	Covered	Three cleanings	
Basic restorative services (e.g., fillings, root canals, periodontal services)		30% coinsurance	50% coinsurance	Not covered	30% coinsurance	Not covered	20% coinsurance
Major restorative procedures (e.g., crowns, bridges, implants, dentures)		60% coinsurance	70% coinsurance	Not covered	60% coinsurance	Not covered	50% coinsurance

Preventive services and periodontal maintenance cleanings are not subject to the deductible.

You will get the most coverage by using a network dentist. UCare Medicare, EssentiaCare Secure and EssentiaCare Grand plans use the DentaQuest network administered by DentaQuest. 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 DentaQuest 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.

## Dental coverage limitations

Members must be enrolled in a plan for 24 consecutive months before coverage applies to bridges, dentures, prosthetics and implants. 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 Jan. 1 of each year. Limitations, copayments and restrictions may apply.

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).