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 a 60 month period, measured from the date the corresponding appliance (denture or bridge) was last used.
- 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 Minnesota and UCare Health, Inc. are HMO-POS plans with Medicare contracts. Enrollment in UCare Minnesota and UCare Health depends on contract renewal. EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare 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.

Learn more
Visit ucare.org/dental

Hours of operation
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

- UCare Medicare Plans
  1-877-52 3-1518 (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 users call 1-800-688-2534)
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](http://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.

### 2023 Overview of dental benefits

<table>
<thead>
<tr>
<th>UCare Prime</th>
<th>Care Wise</th>
<th>UCare Aware</th>
<th>UCare Value</th>
<th>Choice Dental</th>
<th>UCare Complete</th>
<th>Classic Choice Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage includes</strong></td>
<td></td>
<td></td>
<td></td>
<td>Routine dental with optional coverage available</td>
<td>Routine dental with optional coverage available</td>
<td>Routine dental with optional coverage available</td>
</tr>
<tr>
<td>Premium</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>+ $25 per month</td>
<td>$0</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$75 per year (does not apply to preventive services or periodontal maintenance cleanings)</td>
<td>$75 per year</td>
<td>$100 per year (does not apply to preventive services or periodontal maintenance cleanings)</td>
</tr>
<tr>
<td>Annual plan maximum</td>
<td>$400</td>
<td>$300</td>
<td>$600</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Oral examinations</td>
<td>Covered up to $400 allowance limit</td>
<td>Covered up to $300 allowance limit</td>
<td>Covered up to $600 allowance limit</td>
<td>Two per year</td>
<td>One per year” (two total with purchase of optional coverage)</td>
<td>Two per year</td>
</tr>
<tr>
<td>Routine cleanings</td>
<td>Covered up to $400 allowance limit</td>
<td>Covered up to $300 allowance limit</td>
<td>Covered up to $600 allowance limit</td>
<td>Two per year</td>
<td>Two per year</td>
<td>Two per year</td>
</tr>
<tr>
<td>X-rays</td>
<td>Annual bitewing and full mouth every 5 years</td>
<td>Annual bitewing* (full mouth every 5 years with purchase of optional coverage)</td>
<td>Annual bitewing and full mouth every 5 years</td>
<td>Annual bitewing and full mouth every 5 years*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride treatment</td>
<td>Covered</td>
<td>Covered*</td>
<td>Covered</td>
<td>Covered*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal maintenance cleanings</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| *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.

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.

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).