



# A dental plan you can count on. It matters.

UnitedHealthcare dental plans give you easy access to quality care wherever you are and whenever you need it. With a UnitedHealthcare FEDVIP Dental plan, you'll enjoy coverage for standard dental services like exams, cleanings and orthodontics, as well as benefits that go beyond dental alone – like an allowance for critical illnesses and member discounts on state-of-the-art hearing aids.

**Finding a plan that's right for you is easy. Learn more inside or visit [uhcfeds.com](https://uhcfeds.com).**





# A dental plan that brings a smile to your face

## UnitedHealthcare dental plans by the numbers

**24/7**  
access

Your teledentistry benefits offer 24/7 access to advice and guidance with at-home telephone and video consultations.

**390,000**  
access points

You can choose from nearly 390,000\* access points and receive coverage for annual checkups and easy access to a range of dental services.

**130**  
countries

For those abroad, there are services available in over 130 countries.

\*390,000 access points as of July, 2024



# Use your pearly white perks

Get **exclusive discounts** on 200+ items and services on the online FEDVIP BenefitHub:



Pet insurance made for pet parents



Discounts on state-of-the-art hearing aids



Get convenient care at UnitedHealthcare Dental Days – pop-up dental clinics at your work – brought to you by JetDental



Plus, discounts on gym memberships, nutritional services and much more

## Keep your smile on the right path

Your plan includes:

- Comprehensive orthodontic coverage for both children and adults **(with no waiting period)**
- Online or in-person services for children and adults
- Teledentistry
- Pop-up dental clinics
- No waiting periods for any services
- Aligner options
- Critical Illness Benefit: If you are diagnosed with oral, head or neck cancer, you are eligible to receive \$2,000 to use any way you need

## Get extra when you need it most

If you are managing one or more of the following conditions, you are eligible for **Enhanced Coverage** for select services, like additional cleanings and periodontal maintenance:

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



# What does the plan include?

## Dental coverage with no waiting period

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

<b>Preventive Services, Class A</b> <ul style="list-style-type: none"> <li>Dental prophylaxis (cleaning)</li> <li>Fluoride treatment</li> <li>Sealants</li> <li>Space maintainers</li> </ul>	<b>Diagnostic Services, Class A</b> <ul style="list-style-type: none"> <li>Oral evaluations</li> <li>Labs and other diagnostic tests</li> <li>Radiographs</li> <li>Oral cancer screening</li> </ul>	<b>Intermediate Services, Class B</b> <ul style="list-style-type: none"> <li>Restorations</li> <li>Emergency treatment</li> <li>Simple extractions</li> <li>Oral surgery</li> <li>Periodontics</li> <li>Endodontics</li> </ul>	<b>Major Services, Class C</b> <ul style="list-style-type: none"> <li>Inlays/Onlays/Crowns</li> <li>Dentures and removable prosthetics</li> <li>Fixed partial dentures</li> <li>Implants</li> </ul> <b>Orthodontic Services, Class D</b>
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Service type	Standard Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	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	\$3,000 per person
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 Self plus One: \$200 Self and Family: \$300 Class A, B and C services	None	Self: \$50 Self plus One: \$100 Self and Family: \$150 Class B and C services

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

This is intended as a summary only. For a detailed description of your benefits, plan changes, and exclusions and limitations, please refer to the Certificate of Coverage at [uhcfeds.com](http://uhcfeds.com). Click the **DENTAL PLANS** button. In the event of any conflict between the Certificate of Coverage and this summary, the Certificate of Coverage will control.

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

\*\*Child Ortho \$4,000; Adult Ortho \$2,000; lifetime maximum per person combined for in-network and out of network. Child Ortho is up to age 19. Adult Ortho is 19 and older.

\*\*\*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.





# Find your rating area

- Find your state and the first 3 digits of your ZIP code below
- Match that Rating Area to your enrollment type and plan option
- Visit [uhcfeds.com](https://uhcfeds.com) and explore coverage options

**⚠ Please note:** If you live outside of the US or its territories and do not have a zip code, use the International rating area of 5.

State	ZIP	Rating Area
AK	995-999	5
AL	350-352, 354-369	1
AR	716-729	1
AZ	850-853	4
AZ	855-857, 859, 860, 863, 865	2
AZ	864	3
CA	900-908, 910-928, 930, 931, 933-935, 939-941, 943-952, 954	5
CA	932, 936-938, 953, 955, 960, 961	3
CA	942, 956-959	4
CO	800-806	4
CO	807, 811, 813-816	2
CO	808-810, 812	3
CT	060-063	4
CT	064-069	5
DC	200, 202-205	3
DE	197-199	3
FL	320-329, 335-339, 341, 342, 344, 346, 347	1
FL	330-334, 349	3
GA	300-303, 305, 306, 311, 399	3
GA	304, 307-310, 312-319, 398	1
GU	969	5
HI	967-968	3
IA	500-514, 516, 520-528	1
IA	515	2
ID	832-838	3
IL	600-609, 613	3
IL	610-612, 614-619, 623-629	1
IL	620	2
IL	622	2
IN	460-462, 470, 472, 473	2
IN	463-464	3
IN	465-469, 471, 474-479	1
KS	660-662, 666	2

State	ZIP	Rating Area
KS	664, 665, 667-679	1
KY	400-409, 411-418, 420-427	1
KY	410, 459	2
LA	700, 701, 703-708, 710-714	1
MA	010, 011, 013	4
MA	012, 014-027, 055	3
MD	205-212, 214, 216, 217, 219	3
MD	215, 218	1
ME	039-042	3
ME	043-049	2
MI	480-485	3
MI	486-499	2
MN	550, 551, 553-555, 563	5
MN	556-562, 564-567	2
MO	630, 631, 633, 640, 641, 644, 645, 649	2
MO	634-639, 646-648, 650-658	1
MS	386-397	1
MT	590-599	1
NC	270-279, 283-289	2
NC	280-282	3
ND	580-588	1
NE	680, 681	2
NE	683-693	1
NH	030-033, 038	3
NH	034-037	4
NJ	070-079, 085-089	5
NJ	080-084	3
NM	870, 871, 873-875, 877-884	1
NV	889-891	3
NV	893-895, 897, 898	4
NY	005, 100-119, 124-126	5
NY	063	4
NY	120-123, 128	3
NY	127, 129-139, 144-149	2
NY	140-143	1
OH	430-433, 437, 450-452	2

State	ZIP	Rating Area
OH	434-436, 438-449, 453-458	1
OK	730, 731, 734-741, 743-749	1
OR	970-973	5
OR	974-979	3
PA	150-171, 175-179, 182, 184-188	1
PA	172-174, 189-196	3
PA	180, 181, 183	5
PR	006, 007, 009	1
RI	028, 029	3
SC	290-296, 298, 299	2
SC	297	3
SD	570-577	1
TN	370-385	1
TX	733, 786, 787	4
TX	739, 755-759, 763-769, 776-785, 788-799, 885	1
TX	750-754, 760-762, 770, 772-775	3
UT	840-847	5
VA	201, 203, 205, 220-227, 230, 232, 238	3
VA	228, 229, 239-246	1
VA	231, 233-237	2
VI	008	1
VT	050-053, 056-059	3
VT	054	4
WA	980-986, 988-994	5
WI	530-532, 534, 535, 537-539, 541-549	3
WI	540	5
WV	247-253, 255-268	1
WV	254	3
WY	820-831	1
WY	834	3
Inter-national	All	5

## What's the cost?

Standard Option Biweekly

Rating Area	Self Only	Self Plus One	Self and Family
1	\$11.42	\$22.83	\$34.25
2	\$12.91	\$25.82	\$38.73
3	\$13.88	\$27.76	\$41.64
4	\$14.60	\$29.20	\$43.80
5	\$16.96	\$33.93	\$50.89

High Option Biweekly

Rating Area	Self Only	Self Plus One	Self and Family
1	\$20.60	\$41.20	\$61.80
2	\$21.63	\$43.26	\$64.90
3	\$22.71	\$45.43	\$68.14
4	\$26.14	\$52.28	\$78.42
5	\$30.72	\$61.43	\$92.15

Standard Option Monthly

Self Only	Self Plus One	Self and Family
\$24.74	\$49.47	\$74.21
\$27.97	\$55.94	\$83.92
\$30.07	\$60.15	\$90.22
\$31.63	\$63.27	\$94.90
\$36.75	\$73.52	\$110.26

High Option Monthly

Self Only	Self Plus One	Self and Family
\$44.63	\$89.27	\$133.90
\$46.87	\$93.73	\$140.62
\$49.21	\$98.43	\$147.64
\$56.64	\$113.27	\$169.91
\$66.56	\$133.10	\$199.66

Our Dental Plan is national and international.

# Who is eligible?

Anyone who's eligible for the Federal Employees Health Benefits (FEHB) program/Postal Service Health Benefits (PSHB) program – no matter what the medical plan. Most retirees, including uniformed services retirees, are eligible for FEDVIP Dental coverage, including:

- Federal employees and their dependents up to age 22 (actual birthday)
- Federal annuitants and survivor annuitants and their dependents up to age 22
- TRICARE retired uniformed service members and their dependents, covered up to age 21 and up to age 23 if full-time students
- Postal Service employees, annuitants and their eligible family members
- Certain temporary, seasonal and intermittent federal employees

Visit **BENEFEDS.gov** for complete information and up-to-date eligibility.



## When and how to enroll

Sign up during Federal Benefits Open Season, Nov. 11 – Dec. 9, 2024 (Midnight EST); or, if you are a new hire, you have 60 days from your start date to enroll. FEDVIP benefits are selected individually and completely separate from your potential FEHBP benefits. You have the ability and flexibility to select the best plan for you and your family.



**Visit**  
**BENEFEDS.gov**



**Call**  
**1-877-888-FEDS (TTY: 1-877-889-5680)**

**Learn more**

Explore plans at [uhcfeds.com/smile](https://uhcfeds.com/smile)





## What's next?

After you enroll, UnitedHealthcare will mail you a welcome letter and a new member checklist to help you access your benefits, download a digital ID card and explore all of the benefits your new FEDVIP Dental plan has to offer. Your coverage will begin Jan. 1 of that plan year if you sign up during Open Season.

Questions? Visit [uhcfeds.com](https://uhcfeds.com) or call **1-866-315-2321 (TTY 711)**.

## A dental plan that serves you well

From first teeth to braces and beyond, our plans are designed to grow with you. You can count on UnitedHealthcare to help provide easier, more convenient and affordable access to dental care through all of life's stages.



**Recognized as one of the  
most Military Friendly®  
Employers in the nation.\***

\*UnitedHealthcare is a 2024 Gold Military Friendly® Employer and is No. 3 on the Military Spouse Friendly® Employer list.



Federal Employees Dental and Vision Insurance Program



# The fine print.

## We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Mail:** UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card. You can also file a complaint with the U.S. Dept. of Health and Human Services:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/complaints/index.html>

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

هذه الخدمة مجانية. نساعدك في التواصل مع مقدمي الخدمات الذين يتحدثون لغتك الأم. اتصل بنا على الرقم المجاني الموجود على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumaczenia. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação. ACHTUNG: Falls Sie Deutsch

(**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

Díí BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.

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Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX, DPOL.12.TX (Rev. 9/16) and DPOL.18.TX and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX, DCERT.IND.12.TX and DCOC.18.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA, policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA or policy form number DPOL.18.VA with associated COC form number DCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

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Federal Employees Dental and Vision Insurance Program