



Shine bright with a healthy smile!

Feel the difference



Your smile deserves care at every age. Routine dental checkups help keep your teeth healthy and can even catch early signs of other health issues. With UHC Dental, staying on top of your oral health is simple—and affordable.

Why UHC Dental?

- Access to a large network of dental care providers
- Routine checkups
- Annual oral cancer screenings for adults
- Enhanced prenatal benefits

Dental cost and benefits at a glance

2026-27 Policy year (8/1/26 - 7/31/27)	Student	Student and Spouse	Student and Two or more Children	Student and Family
Rate	\$197.44	\$395.01	\$395.01	\$592.58

Get Started

Visit myuhc.com to:

- Find a provider
- Get directions

Visit uhcsr.com to:

- Access My Account to obtain your Dental ID card

Benefit Information	In-Network**	Out-of-Network***
Total benefit amount per plan year	\$ 750.00 per person	\$ 750.00 per person
Annual deductible	\$ 50.00 per person \$150.00 per family	\$ 50.00 per person \$150.00 per family
Diagnostic and preventive services*	100%	100%
Basic services*	80%	80%
Major services	Not covered	Not covered

How to enroll

Visit uhcsr.com to enroll. All students and their dependents can enroll in an individual dental plan. Students must manually sign up each Fall during open enrollment, which ends **09/4/26**

Reminder: This is an annual plan. Continuing students may only enroll in the Fall for this annual coverage. However, newly enrolled Spring students have the option to enroll in Spring coverage.

Need help?

Call **1-877-816-3596**

*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. For a complete list of amounts, please refer to your Certificate of Coverage.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage. Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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 and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, contact the company.

ATTENTION: Language assistance services, free of charge, are available to you. Please visit: <https://www.uhcsr.com/nondiscrimination-and-language-assistance-notice>