

## Keep your mouth healthy during pregnancy

When you're pregnant, you're eating for two. You're also brushing for two.

The Prenatal Dental Care program is for pregnant women throughout their pregnancy and three months after baby is born. This is because studies show that dental disease during pregnancy can affect your health and possibly even your baby's. This benefit provides coverage to women during pregnancy and three months after delivery for the following dental services:

- Dental cleanings
- Non-surgical gum treatment
- Gum maintenance (care to keep gums healthy after treatment is complete)

There are no limits on how often these services can be provided during this time. The dentist will decide how often these services are needed.

As part of this program, these services:

- **Are covered at 100%.** There's no cost to you if you see a dentist who is part of our network.<sup>2</sup>
- **Do not count toward your annual maximum.** This annual maximum is the most the dental plan will cover in a given year.
- Do not count toward your deductible. The
  deductible is the amount you must pay before
  your dental plan starts to pay.

With the Prenatal Dental Care program:

- You don't need a referral to get these services
- A waiting period does not apply to these services. A waiting period is the amount of time you have to wait before you can use your benefits.<sup>3</sup>



## You should know:

- If you are pregnant, see your dentist for a checkup.
   Tell the dentist you're pregnant. Give your doctor's name and your due date.
- Make sure your dentist puts your doctor's name and your due date on the claim form.
- Cleaning, scaling and other services are covered at 100%.



## Make an appointment with your dentist.

Simply make an appointment with your dentist for a checkup and cleaning. Tell the dentist your due date and the name of your doctor or nurse-midwife. Ask that your due date and the name of your doctor be added to the claim form. This way, your visit will be covered by this program.



## **Customer Care**

Questions? Call the Customer Care number on your member ID card.



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 UnitedHealthcare Insurance Company. 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 and associated COC form number DCOC.CER.06.VA.

<sup>&</sup>lt;sup>1</sup> Prenatal Dental benefit not available in the state of Washington.

<sup>&</sup>lt;sup>2</sup> If your plan provides coverage for out-of-network care and you receive these services from a non-network provider, you may have additional costs.

<sup>&</sup>lt;sup>3</sup> Note that some plans include waiting periods, while others do not. Your benefit document outlines the specific requirements for your plan.