

DENTAL BENEFITS

2024

Members living outside of California may enroll in the Dental PPO plan. To both maximize and manage your PPO dental benefits, log on to: www.myuhcdental.com to locate a provider, view benefits, order ID cards and review claims history. A summary of the Dental PPO benefits is listed below. Please review the Certificate of Coverage, available at www.dsasd.org, for a more detailed description.

UnitedHealthcare Dental PPO		
Benefit Schedule	In-Network	Out-of-Network
Individual Deductible	\$0	\$0
Family Deductible	\$0	\$0
Calendar Year Maximum	\$1,000	
Preventive Services		
Routine Oral Exam	100%	100%
Cleaning		
Fluoride Treatment		
Sealant		
X-rays		
Basic Services		
Fillings	90%	90%
General Anesthesia		
Oral Surgery		
Endodontics		
Periodontics		
Major Services		
Crowns	60%	60%
Removable & Fixed Bridges		
Dentures		
Waiting Period for New Enrollees	12 months for Major Services	

UnitedHealthcare Dental Customer Service:

(877) 816-3596

Monday – Friday: 5:00 am to 8:00 pm PST

VISION BENEFITS

2024

The Vision program is offered through United Healthcare. United Healthcare’s Vision program provides affordable, quality vision care nationwide. United’s network includes over 25,000 private practice and retail chain providers, the most notable chains being Wal-Mart, Sam’s Club and Costco (exam visits only). You can locate a United Healthcare Vision provider by calling the 24-hour toll-free provider locator at: (800) 839-3242 or by logging on to: www.myuhcvision.com.

With United, you can visit any provider you choose, but you maximize your savings when you visit a network provider. A summary of the Vision benefits is listed here. Please refer to the Certificate of Coverage, available at www.dsasd.org, for a complete description of your benefits.

UnitedHealthcare Vision Plan

	In-Network	Out-of-Network
Exams	Covered in Full	\$45
Lenses		
Single Vision	Covered in Full	Up to \$45
Bifocal	Covered in Full	Up to \$65
Trifocal	Covered in Full	Up to \$85
Lenticular	Covered in Full	Up to \$85
Frame Allowance (Retail)	Up to \$130	Up to \$47
Frame Allowance (Private Practice)	Up to \$130	Up to \$47
Elective Contact Lenses*	Up to \$125	Up to \$125
Necessary Contact Lenses*	Covered in Full	Up to \$250
Frequency		
Exams	Once every 12 months	
Frames	Once every 12 months	
Lenses	Once every 12 months	

*Contact lenses in lieu of lens and frame benefits

United Healthcare Vision Contact
 Customer Service: (800) 638-3120
 Monday – Friday: 5:00 am to 8:00 pm PST
 Saturday: 6:00 am to 3:30 pm PST
 Provider Locator: (800) 839-3242
 Website: www.myuhcvision.com

