United Healthcare® Dental

Dental plans made for big smiles



2027 UnitedHealthcare FEDVIP dental plans offer coverage for healthy smiles and confident tomorrows. Enjoy benefits at 385,000 access points.*

Every Standard and High plan offers:

- 2 annual dental exams/cleanings
- $0 deductibles for network services
- 24/7 teledentistry with $0 copay
- Orthodontia coverage for all ages

Learn more inside and visit **uhcfeds.com**

*As of July 2026.

Dental coverage from day one



From routine cleanings to orthodontics and major dental care, our plans offer the benefits you need – with no waiting period.

Preventive services, class A

- Dental prophylaxis (cleaning)
- Fluoride treatment
- Sealants
- Space maintainers

Diagnostic services, class A

- Oral evaluations
- Labs and other diagnostic tests
- Radiographs
- Oral cancer screening

Intermediate services, class B

- Restorations
- Emergency treatment
- Simple extractions
- Oral surgery
- Periodontics
- Endodontics

Major services, class C

- Inlays/Onlays/Crowns
- Dentures and removable prosthetics
- Fixed partial dentures
- Implants

Orthodontic services, class D

	Standard plan		High plan	
	Network	Out-of-network	Network	Out-of-network
Service type	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

	Standard plan		High plan	
	Network	Out-of-network	Network	Out-of-network
Orthodontic services, class D	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

For a detailed description of your benefits, exclusions and limitations, refer to the Certificate of Coverage at **uhcfeds.com** > **Dental Plans**. In the event of any conflict between the Certificate of Coverage and this summary, the Certificate of Coverage will control.

*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 network Annual Benefit Maximum.
**$2,000 lifetime maximum per person combined for network or out-of-network.
***Child Ortho $4,000; Adult Ortho $2,000; lifetime maximum per person combined for network and out-of-network. Child Ortho coverage is available through age 18. Adult Ortho coverage begins at age 19.

Need help? Call **1-866-315-2321 (TTY 711).** ¿Habla Español? Podemos ayudar.

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** and explore coverage options

Please note: If you live outside of the U.S. 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
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
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
International	All	5

What's the cost?

Standard plan biweekly

Rating area	Self only	Self plus one	Self and family
1	$12.56	$25.12	$37.68
2	$14.20	$28.40	$42.60
3	$15.26	$30.52	$45.79
4	$16.08	$32.17	$48.25
5	$18.66	$37.31	$55.97

Standard plan monthly

Self only	Self plus one	Self and family
$27.21	$54.43	$81.64
$30.77	$61.53	$92.30
$33.06	$66.13	$99.21
$34.84	$69.70	$104.54
$40.43	$80.84	$121.27

High plan biweekly

Rating area	Self only	Self plus one	Self and family
1	$22.39	$44.79	$67.18
2	$23.53	$47.07	$70.60
3	$24.78	$49.55	$74.33
4	$28.45	$56.90	$85.36
5	$33.42	$66.84	$100.26

High plan monthly

Self only	Self plus one	Self and family
$48.51	$97.05	$145.56
$50.98	$101.99	$152.97
$53.69	$107.36	$161.05
$61.64	$123.28	$184.95
$72.41	$144.82	$217.23

Our dental plan is national and international.

How to enroll

Enroll during Federal Benefits Open Season, Nov. 9–Dec. 14, 2026 (midnight ET), or, if you're a new hire, within 60 days of your start date.

Visit BENEFEDS.gov

Call 1-877-888-FEDS (TTY 711)
International 1-571-730-5942

Questions? Give us a call at **1-866-315-2321 (TTY 711)**.
¿Habla Español? Podemos ayudar.



Who is eligible?

FEDVIP dental coverage is available to eligible federal employees, retirees, Postal Service employees, military members and their eligible family members. Coverage eligibility varies by program and family status.

View BENEFEDS.gov for complete eligibility information.

What's next?

After enrolling, you'll receive welcome materials and access to your member account and digital ID card. Coverage begins January 1, 2027, for Open Season enrollments.

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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ES26-5892135a 10/26 © 2026 United HealthCare Services, Inc. All Rights Reserved.

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