

# UNITED CONCORDIA<sup>®</sup> DENTAL

Protecting More Than Just Your Smile<sup>®</sup>



**Underwritten by**

United Concordia Insurance  
Company of New York in New York  
and United Concordia Insurance  
Company in all other states

**Association Benefits by**



**Customer Service & Billing by**



**MyBenefitsKeeper**

## Product Summary

<b>Deductible Options</b>	\$0 or \$50
<b>Network</b>	Elite <i>Plus</i>
<b>Eligibility</b>	Age 18 and older, their spouses/domestic partners, and their dependent unmarried children up to age 26 disabled dependent child(ren) can remain on the policy after age 26.
<b>Coverage Effective Date</b>	The 1 <sup>st</sup> of the following month
<b>Waiting Period</b>	<b>Defender Plan</b> Restorative Services - Benefit Waiting Period 6 Months <b>Guardian Plan</b> Restorative Services - Benefit Waiting Period 6 Months Major Services - Benefit Waiting Period 12 Months

---

**DISCLAIMER:** This advertisement is not a proposal of insurance. PPO Dental plans are administered, in part, by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company (California certificate of authority number 3739-0, is domiciled in Arizona at its statutory address, 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016) and United Concordia Insurance Company of New York. The Group Policy and Certificate of Insurance ("Plan Documents") include the schedule of benefits, schedule of exclusions and limitations and any applicable riders. In the event of conflict, the Plan Documents will govern. Plans have exclusions, limitations, waiting periods, alternate benefit provisions, eligibility requirements and cancellation terms which may affect benefits payable. Contact a representative to obtain details. For information about which companies are licensed in your state, visit the "Disclaimer" links at [www.unitedconcordia.com](http://www.unitedconcordia.com). Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (1-800-332-0366).

Notice to Colorado residents: Plans and policies offered by United Concordia Insurance Company do not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a standalone plan or as a covered benefit in another health plan. Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified standalone dental plan that includes pediatric dental coverage.

## Benefits

Benefit Category	Protector Plan	Defender Plan	Guardian Plan
<b>Maximums &amp; Deductibles</b>			
Calendar Year Deductible	\$0	\$50	\$50
Calendar Year Maximum	\$500	\$1,000	\$1,500
<b>Diagnostic/Preventive Services *</b>			
Oral Evaluations (Exams)	100%	100%	100%
Cleanings & Fluoride Treatments			
Sealants			
Bitewing X-rays			
Full Mouth X-rays			
Space Maintainers			
Palliative Treatment (Emergency)			
Adjunctive General Services Consultations			
<b>Restorative Services **</b>			
Simple Extractions	Not Covered	70%	70%
Amalgam Restorations			
Repairs of Crowns, Inlays, Onlays			
Resin Based Composite-Posterior (White Filling)			
Resin Based Composite -Anterior (White Fillings)			
<b>Major Services **</b>			
Surgical Removal	Not Covered	Not Covered	50%
Inlays, Onlays			
Single or Stainless Steel Crowns			
Root Canal Retreatment			
Endodontic Therapy (Root canals, etc.)			
Apicoectomy/Periradicular (Root Surgery)			
Periodontal Maintenance			
Nonsurgical and Surgical Periodontics			
General Anesthesia, Nitrous Oxide and/or IV Sedation			
Removable Complete and Partial Dentures			
Adjustments and Repairs of Complete and Partial Dentures			

**Disclaimer: \* No waiting period and Not applicable to the deductible. \*\*The following services, supplies or charges are excluded if started prior to Member's effective date.** Reimbursement is based on our schedule of maximum allowable charges (MACs). United Concordia Dental's standard exclusions and limitations apply. This is not an offer of coverage or proposal of insurance. In the event of conflict, the Plan Documents will govern. For complete details please refer to the Contract or Certificate of Insurance ("Plan Documents") which will include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions. Not all products are available in all jurisdictions.

## FAQ

### **Are there both In-Network and Out-of-Network Benefits?**

You may choose any licensed dentist to provide services under this plan. If you choose a non-participating provider, you may be balanced billed the difference between the providers full charge and the plans allowance.

### **How does a Deductible affect a Covered Person's Benefits?**

Deductibles are per person, per calendar year. A covered person must pay any applicable deductible amount before covered benefits are payable under the plan chosen unless otherwise stated.

### **How are Covered Expenses determined?**

Reimbursement for Covered Services is based on the Maximum Allowable Charge for participating dentists. See your reimbursement addendum attached to the Certificate of insurance for information on reimbursement for non-participating dentists.

### **How does a Benefit Waiting Period affect a Covered Person's Benefits?**

If a Covered person receives service for a procedure before the Benefit Waiting Period for that procedure ends, that procedure is not covered under the Policy. The Benefit Waiting Periods for Covered Procedures are listed in the Schedule of Covered Procedures and vary by service category.

### **Who pays the Percentage of covered expense list in this brochure?**

The Percentage of Covered Expense is the percentage of the Covered Expense that We will pay for a Covered Procedure. The percentage applicable to a Covered Person may vary by Covered Procedure and is shown in the Schedule of Benefits.

### **What if a Covered Person has more than one plan covering similar procedures?**

When a Covered Person has dental coverage under more than one Plan, as defined below, the benefits payable between the Plans will be coordinated.

### **Benefit Coordination:**

Benefits will be adjusted so that the total payment under all Plans is no more than 100 percent of the total Allowable Expense, as defined in the policy. In no event will total benefits paid exceed the total payable in the absence of COB.

If a Covered Person's Benefits paid under this Plan are reduced due to COB, each benefit will be reduced proportionately. Only the amount of any benefit actually paid will be charged against any applicable Plan Year Maximum Benefit.

**Disclaimer:** This is a PPO plan. This is not a discount plan. Third party administrators will pay for covered services according to the plan design. All applicable co-pays, deductibles or co-insurance, outlined by the plan design, are to be paid directly to the dental office at the time service is rendered. Please ask the dentist or office staff to explain all charges before treatment begins. (In all states except MA, NJ and VA.) This is not an offer of coverage or proposal of insurance. In the event of conflict, the Plan Documents will govern. For complete details please refer to the Contract or Certificate of Insurance ("Plan Documents") which will include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions. Not all products are available in all jurisdictions.



# EXCLUSIONS

*The following services, supplies or charges are excluded:*

---

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limitation, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).

2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).

3. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Company's benefits would be in excess to the third-party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.

For Group Policies issued and delivered in Georgia, Missouri and Virginia, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

For Group Policies issued and delivered in North Carolina, services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act are excluded only to the extent such services or supplies are the liability of the employee according to a final adjudication under the North

Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

For Group Policies issued and delivered in Maryland, this exclusion does not apply.

4. For prescription and non-prescription drugs, vitamins or dietary supplements.

For Group Policies issued and delivered in Arizona and New Mexico, this exclusion does not apply.

5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.

For Group Policies issued and delivered in Washington, this exclusion does not apply when required dental services and procedures are performed in a dental office for covered persons under the age of seven (7) or physically or developmentally disabled.

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

6. Which are Cosmetic in nature as determined by the Company (for example but not limitation, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

For Group Policies issued and delivered in New Jersey, this exclusion does not apply for Cosmetic services for newly born children of Members.

For Group Policies issued and delivered in Washington, this exclusion does not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.

7. Elective procedures (for example but not limitation, the prophylactic extraction of third molars).

8. For congenital mouth malformations or skeletal imbalances (e.g. treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).

For Group Policies issued and delivered in Kentucky, Minnesota and Pennsylvania, this exclusion shall not apply to newly born children of Members including newly adoptive children, regardless of age.

For Group Policies issued and delivered in Colorado, Hawaii, Indiana, Missouri, New Jersey and Virginia, this exclusion shall not apply to newly born children of Members.

For Group Policies issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age.

For Group Policies issued and delivered in Washington, this exclusion shall not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.

9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Schedule of Benefits or a Rider.

10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jawbone and the complex of muscles, nerves and other tissues related to the joint.

For Group Policies issued and delivered in New York, diagnostic services and treatment of jaw joint problems related to a medical condition are excluded unless specifically covered under the Certificate. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jawbone and the complex of muscles, nerves and other tissues related to the joint.

For Group Policies issued and delivered in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of temporomandibular joint disorder (TMD) rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease or injury and such procedures are covered under the Certificate or the Schedule of Benefits.

For Group Policies issued and delivered in Minnesota, this exclusion does not apply.

## EXCLUSIONS (Cont.)

11. For treatment of fractures and dislocations of the jaw.

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

12. For treatment of malignancies or neoplasms.

13. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.

15. Preventive restorations.

16. Periodontal splinting of teeth by any method.

17. For duplicate dentures, prosthetic devices or any other duplicative device.

18. For which in the absence of insurance the Member would incur no charge.

19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.

20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.

For Group Policies issued and delivered in Oklahoma, this exclusion does not apply.

21. For treatment and appliances for bruxism (night grinding of teeth).

22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.

For Group Policies issued and delivered in Maryland, failure to furnish the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible, and, except in the absence of legal capacity of the Member, not later than one (1) year from the time the claim is otherwise required.

23. Incomplete treatment (for example but not limitation, patient does not return to complete treatment) and temporary services (for example but not limitation, temporary restorations).

24. Procedures that are:

- Part of a service but are reported as separate services; or
- Reported in a treatment sequence that is not appropriate; or
- Misreported or that represent a procedure other than the one reported.

25. Specialized procedures and techniques (for example but not limitation, precision attachments, copings and intentional root canal treatment).

26. Fees for broken appointments.

27. Those specifically listed on the Schedule of Benefits as "Not Covered" or "Plan Pays 0%".

28. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Company will apply.

29. Orthodontic services, supplies, and appliances.

30. For prosthetic services (e.g. full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member's eligibility under the Group Policy.

For Group Policies issued and delivered in Georgia and North Carolina, this exclusion does not apply.

For Group Policies issued and delivered in Maryland, this exclusion does not apply to prosthetic services placed five (5) years after the Member's Effective Date for services.

**Disclaimer:** Only American Dental Association procedure codes are covered. Exclusions and limitations may differ by state. This is not an offer of coverage or proposal of insurance. For complete details please refer to the Certificate of Insurance ("Plan Documents") which will include a complete listing of covered services, limitations, exclusions, waiting periods (if applicable), eligibility, cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. Not all products are available in all jurisdictions.

# LIMITATIONS

*Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:*

---

1. Full mouth x-rays - one (1) every 5 year(s).
2. Bitewing x-rays - one (1) set(s) per 12 months under age nineteen (19) and one (1) set(s) per 18 months age nineteen (19) and older.
3. Oral Evaluations:
  - Comprehensive and periodic - two (2) of these services per 1 calendar year(s). Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition, or the patient is absent from the office for three (3) or more year(s).
  - Limited problem focused and consultations - one (1) of these services per dentist per patient per 12 months.
  - Detailed problem focused - one (1) per dentist per patient per 12 months per eligible diagnosis.
4. Prophylaxis - two (2) per 1 calendar year(s).
5. Fluoride treatment - one (1) per calendar year(s) under age fourteen (14).
6. Space maintainers - one (1) per five (5) year period for Members under age fourteen (14) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
7. Sealants - one (1) per tooth per 3 year(s) under age sixteen (16) on permanent first and second molars.
8. Replacement of restorative services only when they are not, and cannot be made, serviceable:
  - Basic restorations - not within 24 months of previous placement of any basic restoration.
  - Single crowns, inlays, onlays - not within 5 year(s) of previous placement of any of the procedures in this category.
  - Buildups and post and cores - not within 5 year(s) of previous placement of any of the procedures in this category.
  - Replacement of natural tooth/teeth in an arch - not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
9. Recementation - one (1) per 3 years. Recementation during the first 12 months following insertion any preventive, restorative or prosthodontic service by the same dentist is included in the preventive, restorative or prosthodontic service benefit.
10. Intraoral Films:
  - Periapical - four (4) per 12 months per dentist if not performed in conjunction with definitive procedure(s).
  - Occlusal - two (2) per 24 months under age eight (8).
11. Periodontal Services:
  - Full mouth debridement - one (1) per lifetime.
  - Periodontal maintenance following active periodontal therapy - two (2) per calendar year in addition to routine prophylaxis.
  - Periodontal scaling and root planing - one (1) per 36 months per area of the mouth.
  - Surgical periodontal procedures - one (1) per 36 months per area of the mouth.
  - Guided tissue regeneration - one (1) per tooth per lifetime.
12. Prefabricated stainless-steel crowns - one (1) per tooth per lifetime for Members under age fourteen (14).
13. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 year(s) thereafter.
14. Pulpal therapy - one (1) per primary tooth per lifetime only when there is no permanent tooth to replace it.
15. Root canal retreatment - one (1) per tooth per lifetime.
16. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
17. General anesthesia and IV sedation: a total of 60 minutes per session.

**Disclaimer:** Only American Dental Association procedure codes are covered. Exclusions and limitations may differ by state. This is not an offer of coverage or proposal of insurance. For complete details please refer to the Certificate of Insurance ("Plan Documents") which will include a complete listing of covered services, limitations, exclusions, waiting periods (if applicable), eligibility, cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. Not all products are available in all jurisdictions.

# Network

## Elite Plus Network

United Concordia's large, nationwide dentist network, combined with United Concordia's knowledge of local markets, means members can find affordable, quality care with great service no matter where they live. The Elite Plus network has more than 127,000 unique dentists at over 392,000 access points nationwide. Using a network dentist maximizes savings.

**Save money** — A network dentist saves members the difference between our negotiated fees and the dentist's regular charges. And, members stretch their benefit dollars by getting more services before reaching their annual maximum.

**Save time** — Network dentists file the claims for the members, saving members time and the hassle of paperwork.

**Save worry** — Every network dentist goes through a rigorous review, so members know they're getting high-quality care.

**Find a Dentist Tool:** Use the online search tool to find network dentists near home or work. Visit [UnitedConcordia.com/Find-a-Dentist](https://UnitedConcordia.com/Find-a-Dentist). Make sure to select your network: Elite Plus.



**Disclaimer:** Elite Plus network is not available in all states. Dentist count and access point count based on 2020 United Concordia internal research and reports. Counts subject to change. United Concordia policies cover dental benefits only. Elite Plus Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Members can still receive care from any licensed dentist. But benefits may differ, and the members out-of-pocket costs could be higher with a non-network dentist. For a complete listing of exclusions, limitations, renewal, cancellation and cost information, please refer to the master policy or certificate of coverage.



## Association



AFEUSA strives to bring the member the most current information on business, technology, and related processes to help the member grow the confidence needed to succeed. Entrepreneurship takes a much different shape today than in the past. In fact, the member may have a business and not even know it.

The member might be selling goods on eBay, repairing old cars and posting ads online, might be a grandmother who babysits kids, or an Uber or Lyft driver. We are always eager to chat with our members. We are here for you! With AFEUSA its success by association.

- Eric'sJobs.com
- Trapp Technology
- GoSmallBiz.com
- Office Depot and OfficeMax Discounts
- UPS Express Delivery Services
- E6 Agency
- Joel Weldon Consultant and Executive Speech Coach
- Avis and Budget Car Rental Discounts
- SkyMed Travel UNIVERSE
- SkyMed Travel
- Super Shuttle
- CarChex
- Gusto – Payroll, Benefits and HR Services
- ADP
- Take Charge America
- The Credit Clinic
- EJ Pro Lease
- goMerchant Integrated Payments
- Answer Financial
- True Car
- BurnAlong
- NeedyMeds
- Lens-Crafters Vision Club
- RX Valet
- Benefit Hub
- Home Chef
- Long-Term Care Resources
- Elder Care – Provided by Griswold Home Care
- Costco
- InfoArmor
- LegalShield
- IDShield

**Disclaimer:** The Benefits listed are not insurance and do not provide coverage, they only provide discounts and services. These benefits are not affiliated with United Concordia Insurance Company. Benefit discounts and services vary by state. Please refer to the AFEUSA Membership Benefits brochure for complete details.