



## Individual Dental 501 Plan Benefits Summary

| Benefit Category   | 501 PLAN  |                           |
|--|---|---------------------------|
|  | Policy Pays                                     | Waiting Period            |
| Diagnostic/Preventive Services                                       |   |                           |
| Exams  | 0%  | None                      |
| All X-rays   |   |                           |
| Cleanings  |   |                           |
| Fluoride Treatments  |   |                           |
| Palliative Treatment (Emergency)                                     | 60%   |                           |
| Basic Services   |   |                           |
| Sealants   | 0%  | 6 months                  |
| Space Maintainers  |   |                           |
| Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures & Dentures |   |                           |
| Basic Restorative (Fillings)   | 60%   |                           |
| Simple Extractions   |   |                           |
| Major Services   |   |                           |
| Complex Oral Surgery   | 60%   | 6 months                  |
| Endodontics (Root canals, etc.)                                      |   |                           |
| General Anesthesia and/or Nitrous Oxide and/or IV Sedation           |   |                           |
| Nonsurgical Periodontics   |   |                           |
| Surgical Periodontics  |   |                           |
| Crowns, Inlays, Onlays   |   |                           |
| Prosthetics (Fixed Partial Dentures, Dentures)                       |   |                           |
| Annual Deductible and Maximum (per insured person)                   | Deductible                                      | Maximum                   |
|  | \$50 per Contract Year<br>(Class II & III Only) | \$1,500 per Contract Year |

This summary provides a very brief description of the important features of our dental insurance policy. This document is not the insurance policy; in the event of conflict, the policy will control. The insurance policy sets forth in detail the rights and obligations of both you and us as the insurance carrier underwriting the policy. Dependent children are eligible to age 26 in all states unless otherwise specified.

The percentage in the Policy Pays column is the percentage of the policy's maximum allowable charge that the policy will pay for covered services provided by either a participating dentist or a nonparticipating dentist. Participating dentists accept the maximum allowable charge as payment in full. Nonparticipating dentists may bill you for the difference between their charge and the maximum allowable charge paid by the policy. All services listed on this benefit summary are subject to the attached exclusions and limitations and policy renewal and termination provisions. Waiting periods as shown on this Benefit Summary and other terms may apply.



**iDental.com**  
**1-866-568-6099**

## Important Regulatory Information

United Concordia individual dental insurance policies are underwritten by one of the following licensed subsidiaries of United Concordia Companies, Inc. (UCCI), which subsidiaries have sole financial responsibility for these policies.

- United Concordia Insurance Company when issued in AR, AZ, CA, CO, CT, FL, GA, IN, LA, MA, MI, MS, NM, OH, OK, OR, RI, SC, TN, TX, VA, WA and WV. Benefits are offered under the following policy numbers in the state(s) listed: IN01-0312UCIC in MI, MS, NM, and WV; IN01-0310UCIC in CO, CT and SC; IN01-0309UCIC in AZ and CA; ARIN01-0312UCIC in AR; FLIN01-0309 in FL; GAIN01-0312UCIC in GA; ININ01-0310UCIC in IN; LAIN01-0312UCIC in LA; MAIN01-0312UCIC in MA; OHIN01-0310UCIC in OH; OKIN01-0312UCIC in OK; ORIN01-0312UCIC in OR; RIIN01-0312UCIC in RI; TNIN01-0312UCIC in TN; TXIN01-0312UCIC in TX; VAIN01-0310UCIC in VA; and, WAIN01-0811UCIC in WA.
- United Concordia Life and Health Insurance Company when issued in DC, DE, IL, KY, MD, MO and PA. Benefits are offered under the following policy numbers in the state(s) listed: IN01-0312UCLH in DE and KY; DCIN01-0312UCLH in DC; IN01-0310UCLH in IL; MDIN01-0310UCLH in MD; MOIN01-0712UCLH in MO; and, PAIN01-0312UCLH in PA.
- United Concordia Dental Corporation of Alabama when issued in AL. Benefits are offered under policy number IN01-0312UCAL in AL.

The amount of benefits and cost depend upon the individual dental product selected. United Concordia policies cover dental benefits only. Policies are only available in the states listed above, and are not available in any U.S. territories or other countries. Not all products are available in all jurisdictions.

The policyholder may return any United Concordia Policy for a full refund of premium, within ten days of its delivery if, after examination, the Policyholder is not satisfied for any reason. United Concordia policies renew from year to year as long as premium is paid timely unless United Concordia elects not to renew with 60 days advance notice in only the following situations: fraud or material misrepresentation by or with the knowledge of the policyholder or an insured dependent; except in GA, MI, MS, OH, PA, TN, VA, and WA, the policyholder or an insured dependent engages in intentional and abusive noncompliance with material provisions of the policy; or United Concordia ceases to renew all policies issued in a given state. The dental plan chosen, billing frequency, age, and place of residence are factors used in determining premium rates. Any change in premium will be made at renewal with at least 60 days advance notice. The policyholder may elect not to renew or to terminate the policy, in which case the policyholder may not apply for new dental insurance for self or dependents for three (3) years from the policy termination date. United Concordia may terminate the policy for non-payment of premium in accordance with the terms of the policy, including the grace period.

United Concordia Insurance Company is not licensed in AL, DE, DC, IL, KY, MD, MO, NJ, NY, NC and PA. 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. The administrative office of UCCI and its licensed subsidiaries is located at 4401 Deer Path Road, Harrisburg, PA 17110.

## Producer Appointment

United Concordia will not accept business submitted by or pay commission to producers who are not appointed. A producer's quotation of rates to individuals or submission of business to United Concordia constitutes acceptance of and agreement to comply with this rule. To review and complete appointment information, visit the Producer section of [www.UnitedConcordia.com](http://www.UnitedConcordia.com), select **Resources** and click on **Appointment Information**.

## Standard Exclusions and Limitations

Benefits are subject to exclusions and limitations that may differ by state. Consult your insurance policy for a full listing of exclusions and limitations.

### **EXCLUSIONS – The following services, supplies or charges are excluded:**

1. Started prior to the Insured Person's Effective Date or after the Termination Date of coverage under the Policy (e.g. multi-visit procedures such as endodontics, crowns, fixed partial dentures, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (e.g. 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 Insured Person(s) 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.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are Cosmetic in nature as determined by the Company (e.g. bleaching, veneer facings, personalization or characterization of crowns, fixed partial dentures and/or dentures).
7. Elective procedures (e.g. 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).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically indicated on the Schedule of Benefits.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Policy. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (e.g. 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 Insured Person 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.
21. For treatment and appliances for bruxism (e.g. night grinding of teeth).
22. For any claims submitted to the Company by the Insured Person or on behalf of the Insured Person in excess of twelve (12) months after the date of service.
23. Incomplete treatment (e.g. patient does not return to complete treatment) and temporary services (e.g. temporary restorations).
24. Procedures that are:
  - part of a service but are reported as separate services
  - reported in a treatment sequence that is not appropriate
  - misreported or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (e.g. precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. 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.

**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 6 months under age fourteen (14) and one (1) set(s) per 12 months age fourteen (14) and older.
3. Oral Evaluations:
  - Comprehensive and periodic – two (2) of these services per 12 months. 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 12 months. One (1) additional for Insured Person under the care of a medical professional during pregnancy.
5. Fluoride treatment – two (2) per 12 months under age nineteen (19).
6. Space maintainers – one (1) per three (3) year period for Insured Person under age nineteen (19) 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. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Insured Persons under age fifteen (15).
9. Periodontal Services:
  - Full mouth debridement – one (1) per lifetime.
  - Periodontal maintenance following active periodontal therapy – two (2) per 12 months in addition to routine prophylaxis.
  - Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
  - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
  - Guided tissue regeneration – one (1) per tooth per lifetime.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
  - Basic restorations – not within 12 months of previous placement.
  - Single crowns, inlays, onlays – not within 5 year(s) of previous placement.
  - Buildups and post and cores – not within 5 year(s) of previous placement.
  - Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
11. 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.
12. Pulpal therapy – one (1) per eligible tooth per lifetime. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior molars under age twelve (12).
13. Root canal retreatment – one (1) per tooth per lifetime.
14. Recementation – one (1) per 12 months. Recementation during the first 12 months following insertion of the crown or fixed partial dentures by the same dentist is included in the crown or fixed partial dentures benefit.
15. 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 Insured Person to the less costly treatment. However, if the Insured Person and the dentist choose the more expensive treatment, the Insured Person is responsible for the additional charges beyond those allowed under this ABP. This limitation does not apply to covered implantology services.
16. Implantology services are limited to one (1) per tooth per lifetime and to Insured Persons age eighteen (18) and older.