



Individual Dental 201 Plan Benefits Summary

Benefit Category	201 PLAN	
	Policy Pays	Waiting Period
Class I – Diagnostic/Preventive Services		
Exams	100%	None
All X-rays		
Cleanings		
Fluoride Treatments		
Palliative Treatment (Emergency)		
Sealants		
Class II – Basic Services		
Space Maintainers	80%	6 months
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures & Dentures		
Basic Restorative (Fillings)		
Simple Extractions		
Class III – Major Services		
Complex Oral Surgery	0%	None
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	\$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.



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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 policy number IN01-0309UCIC in AZ, CA, and WV, under IN01-0310UCIC in CO, CT, MI, MS, NM, and SC, under ARIN01-0310UCIC in AR, under FLIN01-0309 in FL, under GAIN01-UCIC0310 in GA, under ININ01-0310UCIC in IN, under LAIN01-0310UCIC in LA, under MAIN01-0310UCIC in MA, under OHIN01-0310UCIC in OH, under OKIN01-0310UCIC in OK, under ORIN01-0310UCIC in OR, under RIIN01-0310UCIC in RI, under TNIN01-0310UCIC in TN, under TXIN01-0309 in TX, under VAIN01-0310UCIC in VA and under 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 policy number IN01-0310UCLH in DE, IL and KY, under DCIN01-0310UCLH in DC, under MDIN01-0310UCLH in MD, under MOIN01-0310UCLH in MO and under PAIN01-0309 in PA.
- United Concordia Dental Corporation of Alabama when issued in AL. Benefits are offered under policy number IN01-0310UCAL 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, 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, select **Resources** and click on **Appointment Information**.

Schedule of Exclusions and Limitations

This Schedule describes services, supplies or charges that are excluded from coverage (Exclusions), or for which coverage is limited by age or frequency (Limitations), subject to any applicable provisions in the State Law Provisions Addendum attached to this Policy. Only American Dental Association procedure codes may be billed under this Policy.

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. 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 after the Policyholder is made whole.
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 (This exclusion does not apply to services provided by a hospital or other institution of the State or of a county or a municipal corporation of this State, regardless of whether such hospital or other institution is deemed charitable).
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, subject to the Proof of Loss provision.
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 and semi-precision attachments, prosthetic customization or characterization, intentional re-implantation, coping and intentional root canal treatment). Specialized procedures include techniques and procedures used in a non-conventional manner or that go beyond standard treatment procedures.

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.
28. Any charge for services that the appropriate regulatory board determines were provided as a result of a referral prohibited by state law.

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.