

The information in this brochure only provides highlights of the UniCare Individual Fee-For-Service Dental Insurance Plan. For more detailed information, be sure to read the UniCare Individual Fee-For-Service Dental Insurance Plan you will receive if enrolled.

Provided by:

TEXAS
DENTAL

Fee-For-Service Insurance Plans
Individuals and Families



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UniCare Life & Health
Insurance Company (UniCare)

Individual and Family Fee-For-Service Dental Insurance Plan

Good oral health is a real quality of life issue, affecting both mental and physical wellness. UniCare Life & Health Insurance Company (UniCare) offers the Individual and Family Fee-For-Service Dental Insurance Plan to help keep your teeth healthy and your smile bright. This dental insurance plan gives you the option of going to any dentist you choose. Dedicated professionals have contracted with UniCare to provide a wide range of dental services such as routine check-ups, cleanings, fillings, crowns and dental surgery.

The dental insurance plan was designed with two goals in mind. The first and foremost is to promote good dental hygiene and preventive care, important elements in a total health care package. The second goal is to provide you with the dental care you need in a convenient, cost-conscious manner, thus providing many dental services at reduced costs.

The dental insurance plan features coverage for low-cost preventive and diagnostic care, basic dental care, and a benefit schedule that can help you offset the high cost of major dental care. Please read the following information for details about how the plan works, specific benefit information and certain exclusions and limitations that apply.

How the Individual and Family Fee-For-Service Dental Insurance Plan Works

A large number of dentists in Texas have agreed to provide services at contracted rates to UniCare plan members.

When you choose a contracting dentist*, you will receive care at negotiated discounted rates — what we term "The UniCare Advantage." Should you choose a noncontracting dentist, the plan still provides benefits, but your out-of-pocket expense may be greater as the negotiated fees do not apply to noncontracting dentists. You are responsible for any charges in excess of the stated benefit for both contracting and noncontracting dentists.

Your current dentist may already be a contracting dentist. Before you choose a dentist, be sure to check the Provider Finder on the UniCare Web site at www.unicare.com or call UniCare Dental Services at (888) 209-7852.

It could save you money.

The insurance plan lets you know up front in flat dollar amounts how much the plan pays for covered services. This means that you are able to easily calculate how much you will have to pay once you have determined your dentist's fee for the specific procedure(s) listed.

If your current dentist is not a contracting dentist, and you would like him or her to become one, please notify UniCare in one of the following ways:

- Call (800) 262-4496
- Send an e-mail to:
dentist.referral@wellpoint.com

* Dentists are independent contractors not affiliated with UniCare. Only you and your dentist can decide what dental care is appropriate for you and your family.

The following is an example* of how negotiated fees may save you money. Negotiated fees may vary among contracting dentists.

Contracting Dentist	
If the billed charges are	\$905
And UniCare's negotiated rate is	\$625
UniCare will pay the amount specified in the benefit schedule	\$170**
Therefore, you pay the difference between the negotiated amount and the scheduled benefit	\$455

Noncontracting Dentist	
If the billed charges are	\$905
UniCare will pay the amount specified in the benefit schedule	\$170
Therefore, you pay the difference between the billed amount and the scheduled benefit	\$735

* Dentists are independent contractors not affiliated with UniCare. Only you and your dentist can decide what dental care is appropriate for you and your family.

** This assumes any deductible has been met and you have not reached your annual maximum. Billed charges and negotiated rates in the above table are determined by using an example of contracted and noncontracted fees for dentists in the Dallas, Texas area (ZIP codes 75226 and 75202) for ADA procedure code D2750. Negotiated rates may vary by contracting dentist, based on their contracted relationship with UniCare.

Calendar Year Deductible

You are responsible for a yearly \$50 per person deductible, with a maximum of three deductibles per family (\$150), before your benefits for covered services are available.

Calendar Year Maximum Benefit

All dental benefits are limited to a maximum \$1,000 payment by UniCare for expenses incurred by each enrolled member during a calendar year.

Waiting Periods

Preventive and diagnostic care begins on your plan effective date. Coverage for basic care begins after six continuous months and for major care after 12 continuous months of coverage.

Customer Service

UniCare Life & Health Insurance Company's professional dedicated enrollment units are available to assist you and to answer any questions you may have about your plan. The toll-free number is listed on the dental plan identification card you will receive once your enrollment is approved.

Benefit Schedules

To use our schedules, check your dentist's fee and then determine how much the plan pays. You can then easily calculate what you will pay for a specific service after your deductible has been met. The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower.



Preventive and Diagnostic Care

- Coverage begins on your plan effective date.
- A calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.
- Two oral examinations and two dental cleanings per member, per year.
- Total benefit for single and bitewing x-rays not to exceed benefit for full-mouth x-rays — \$31.

Procedure	The Plan Pays
Periodic Oral Exam limited to 2 per member, per year	\$13.00
Bitewing X-rays - 1 film	\$6.00
Bitewing X-rays - 2 films	\$11.00
Single (periapical) X-rays - first film	\$7.00
Single X-rays - additional films	\$7.00
Bitewing X-rays - 4 films	\$16.00
Full mouth X-rays limited to 1 set every 3 years	\$31.00
Routine cleaning limited to 2 per adult* per year	\$28.00
Routine cleaning limited to 2 per child* per year	\$21.00
Cleaning with fluoride limited to 2 per child* per year	\$28.00
Topical fluoride only limited to 2 per child* per year	\$9.00

- Adult—Any person or dependent 19 years or older covered by this plan.
- Child—Any person or dependent 18 years or younger covered by this plan.

Basic Dental Care

- Coverage begins after the dental insurance plan has been in effect for six continuous months.
- A calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.

Procedure	The Plan Pays
Filling - 1 surface	\$28.00
Filling - 2 surfaces	\$38.00
Filling - 3 surfaces	\$45.00
Filling - 4 or more surfaces	\$55.00
Extraction - erupted tooth or root	\$31.00
Surgical - removal of erupted tooth	\$55.00
Removal of impacted tooth - soft tissue	\$75.00
Removal of impacted tooth - partial bony	\$95.00
Removal of impacted tooth - complete bony	\$115.00



Major Dental Care

- Coverage begins after the dental insurance plan has been in effect for 12 continuous months.
- A calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.

Procedure	The Plan Pays
Scaling/root planing per quadrant	\$37.00
Gingivectomy - 1 to 3 teeth per quadrant	\$27.00
Gingivectomy - 4 or more contiguous teeth per quadrant	\$100.00
Root canal - 1 canal	\$110.00
Root canal - 2 canals	\$135.00
Root canal - 3 canals	\$170.00
Crown (except stainless steel)	\$170.00
Stainless steel crown	\$38.00
Pontic	\$170.00
Complete denture (upper or lower)	\$205.00
Partial denture (upper or lower)	\$205.00
Denture reline (chairside)	\$44.00
Denture reline (lab)	\$60.00

Eligibility and Enrollment

- To be eligible for enrollment, you must be:
- A resident of the state of Texas who properly applies for coverage and is accepted by UniCare Life & Health Insurance Company
 - A resident of the United States for at least six months, age 64 1/2 or younger
 - The applicant's lawful spouse of the opposite sex, age 64 1/2 or younger
 - The applicant's unmarried child or stepchild up to age 25
 - Not enrolled under any other UniCare individual or group dental plan
 - Unmarried grandchildren if they are dependents for federal income tax purposes at the time of application, up to age 25

Date Coverage Begins

The effective date of your coverage is printed on your identification card.

Your coverage will stay in effect with our consent, on a three-month basis if you have chosen quarterly coverage, or on a monthly basis if you have chosen the monthly checking account deduction program.

Premium Rates

The rates listed are monthly rates. Monthly payment is available only through the monthly checking account deduction program. If you prefer to pay quarterly, multiply the monthly rate by three.

UniCare Individual and Family Dental Fee-For-Service Plan Monthly Rates	
1 adult	\$20.50
2 adults	\$41.50
Adult with 1 child	\$31.50
Adult with 2 children	\$42.50
Adult with 3+ children	\$58.50
Family (1 child)	\$51.50
Family (2 children)	\$62.50
Family (3+ children)	\$79.00
1 child	\$11.00
2 children	\$21.50
3+ children	\$37.50

Counties with strong network access:

Bexar	Denton	Tarrant
Brazoria	El Paso	Travis
Brazos	Fort Bend	Victoria
Collin	Galveston	Washington
Colorado	Harris	Webb
Cormal	Jefferson	Williamson
Dallas	Montgomery	

Counties without strong network access:
A fewer number of contracting dentists are available in other areas. UniCare dental insurance plan members are entitled to the benefits of the negotiated amounts if they choose one of those contracting dentists. Benefits are still available for noncontracting dentists, as specified by the plan.

Terms of Coverage

Coverage under the dental insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce or over-age dependents, UniCare will offer a similar plan.)

UniCare may change the premiums of this plan with 30 days advance written notice to you. However, UniCare will not change the premium schedule for this plan on an individual basis, but only for all insureds in your class and plan.

Exclusions and Limitations

The UniCare Individual and Family Fee-For-Service Dental Insurance Plan does not provide benefits for:

- Unlisted services: Services not specifically listed in the benefit schedule of this plan.
- Excess amounts: Any amounts in excess of the maximum amount stated in the "calendar year maximum benefit" section or listed in the benefit schedule.
- Experimental or investigative procedures: Services or supplies that we consider to be experimental or investigative.
- Expenses before coverage begins: Services received before your effective date.
- End of coverage: Services received after your coverage ends.
- Services for which you are not legally obligated to pay: Services for which no charge would be made to you in the absence of insurance coverage.
- Workers' compensation: Any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law, or occupational disease law, even if you do not claim those benefits.
- War: Disease contracted or injuries sustained as result of war, declared or undeclared, or conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Government services: Any services provided by a local, state, county or federal government agency, including any foreign government.
- Services from relatives: Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption.
- Cosmetic dentistry: Any services performed for cosmetic purposes are not covered under this plan, unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this plan.
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist under the supervision and direction of a dentist.
- Replacement of an existing prosthesis that has been lost or stolen or that, in the opinion of the dentist, is or can be made satisfactory.
- Replacement of a fixed or removable prosthesis if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- Orthodontic services, braces, appliances and all related services.
- Diagnosis or treatment of the joint of the jaw and/or occlusion (the way upper and lower teeth meet), services, supplies, or appliances provided in connection with: (a) any treatment to alter, correct, fix, improve, remove, replace, reposition, restore, or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves, and other tissues for any reason or by any means; or (b) any treatment, including crowns, caps, and/or bridges to change the way the upper and lower teeth meet (occlusion); or (c) treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means, including the restoration of vertical dimension because teeth have worn down.
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include, but are not limited to: (a) changing the vertical dimension; (b) replacing or stabilizing lost tooth

- structure by attrition, abrasion, or erosion;
(c) realignment of teeth; (d) gnathological recording; (e) occlusal equilibration; and
(f) periodontal splinting.
- Oral examinations exceeding two visits per insured per year.
 - Prophylaxis treatments, exceeding two treatments per insured per year.
 - Fluoride applications for patients over 18 years of age. Fluoride applications exceeding two visits per year.
 - More than one set of full-mouth x-rays or its equivalent per insured in a three-year period.
 - Correction of congenital or development malformation for an insured person including, but not limited to, cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
 - Adjustment, repairs or relines to prosthesis, except following six months from initial placement and if the prosthesis was paid for under this plan.
 - Fixed bridges, removable cast partials and/or cast crown, with or without veneers for patients under 16 years of age.
 - Replacement of crowns and cast restorations, including porcelain crowns, if such replacement occurs within five years of the original placement.
 - Transfer of care: If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment or if more than one dentist renders services for one dental procedure, UniCare shall be liable only for the amount it would have been liable for had one dentist rendered the services.
 - Prescribed drugs, pre-medication or analgesia.

- Oral hygiene instruction.
- Malignancies and neoplasms: Services for treatment of malignancies and neoplasms are not covered services.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Implants: (materials implanted into or on bone or soft tissue), or the removal of implants are not benefits under this certificate. However, if implants are provided in association with a covered prosthetic appliance, UniCare will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and the prosthetic appliances.
- Services or supplies that are not medically necessary.
- Replacement of teeth missing prior to the effective date of coverage.
- Services for periodontics and fixed or removable prosthodontics within the first 12 months of the insured person's effective date.