

United Concordia

<http://www.uccifedvip.com>

UNITED CONCORDIA
Insuring America's Dental Health

2007

A Nationwide Dental PPO Plan

Who may enroll in this plan: All Federal employees and annuitants in the United States and overseas who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program

Enrollment Options for this Plan:

- **High Option – Self Only**
- **High Option – Self Plus One**
- **High Option – Self and Family**

This Plan has 5 enrollment regions, including overseas; please see the end of this brochure to determine your region and corresponding rates

Authorized for distribution by the:



**United States
Office of Personnel Management**

Center for
Retirement and Insurance Services
<http://www.opm.gov/insure>



Federal Employees
Dental And Vision Insurance Program

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of United Concordia under United Concordia Companies, Inc.'s contract OPM-06-00060-9 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

United Concordia Companies, Inc.
4401 Deer Path Road
Harrisburg, PA 17110

1-877-394-8224
www.uccifedvip.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

This dental Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

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Program Highlights

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|---|--|
| A choice of plans and options | You can select from several national, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/insure/dentalvision for more information. |
| Enroll through BENEFEDS | You enroll through the Internet at www.BENEFEDS.com . See page 6 for more information. |
| Coverage effective date | If you sign up for a dental and/or vision plan during the 2006 Open Season, your coverage will begin on December 31, 2006. Premium deductions will start with the first full pay period beginning on/after January 1, 2007. You can use your benefits as soon as your coverage becomes effective. |
| Pre-tax salary deduction for employees | Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. |
| Annual enrollment opportunity | Each year, an open season will be held, during which you can enroll or change your dental and/or vision plan enrollment. This year the Open Season runs from November 13, 2006 through December 11, 2006. You do not need to re-enroll each open season unless you wish to change plans or plan options. Your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. See page 6 for more information. |
| Continued group coverage | Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may be able to continue enrollment after your death. See page 5 for more information. |
| Waiting period | The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in the same plan for the entire waiting period. |

Section 1 Eligibility

| | |
|----------------------------|---|
| Federal employees | If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required. |
| Federal annuitants | <p>You are eligible to enroll if you:</p> <ul style="list-style-type: none">retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government. <p>You may continue your FEDVIP enrollment into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for the 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You can enroll in FEDVIP again when you begin to receive your annuity.</p> |
| Survivor annuitants | If you are a survivor of a deceased Federal/ U.S. Postal Service employee or annuitant and you are receiving an annuity, you can enroll or continue the existing enrollment. |
| Compensationers | A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status. |
| Family members | <p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or contact your employing agency or retirement system.</p> |
| Not eligible | <p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none">Deferred annuitants;Former spouses of employees or annuitants;FEHB temporary continuation of coverage (TCC) enrollees. |

Section 2 Enrollment

Enroll through BENEFEDES

You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website (www.BENEFEDES.com) sponsored by OPM where you enter your name, personal information such as your address and Social Security Number, the agency you work for (or retirement system that pays your annuity), and the dental/vision plan you select. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

Enrollment types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the employed enrollee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Opportunities to enroll or change enrollment

Open season

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 13 through December 11, 2006 Open Season. Coverage is effective December 31, 2006.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

New hire / Newly eligible

You can enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;

or within 60 days of a return to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take.

| Qualifying Life Event | From Not Enrolled to Enrolled | INCREASE: Enrollment Type | DECREASE: Enrollment Type | Cancel | CHANGE: from one plan to another |
|--|-------------------------------|---------------------------|---------------------------|--------|----------------------------------|
| Acquiring an eligible family member | No | Yes | No | No | No |
| Losing a covered family member | No | No | Yes | No | No |
| Losing other dental/vision coverage (eligible or covered person) | Yes | Yes | No | No | No |
| Moving out of regional plan's service area | No | No | No | No | Yes |
| Return to pay status from active military duty | Yes | No | No | No | No |
| Annuity/compensation restored | Yes | No | No | No | No |

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Canceling an enrollment

You can cancel your enrollment only during the annual open season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date.

When coverage stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or

- cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Under FEDVIP, there is no 31-day extension of coverage, temporary continuation of coverage, spouse equity coverage, or right to convert to an individual policy.

**FSAFEDS/High Deductible
Health Plans and
FEDVIP**

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSAs) or Limited Expense Health Care Flexible Spending Account (LEX HCFSAs), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2007. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

Section 3 How you get care

| | |
|---|--|
| Identification cards / Enrollment confirmation | You will receive an identification card (two cards if you enroll under the Self Plus One or Self and Family options), which will serve as confirmation of your enrollment. |
| Where you get covered care | You must visit a United Concordia National Fee-for-Service participating dentist to receive covered care, with three exceptions: you have a dental emergency, you live in an underserved area or you live outside the United States or Puerto Rico. |
| <ul style="list-style-type: none">• Plan providers | We list Plan providers in the provider directory, which we update periodically. The list is on our website at: www.uccifedvip.com . |
| <ul style="list-style-type: none">• In-network | In-network care is provided by a participating dentist in United Concordia's National Fee-for-Service Network. You can locate a participating provider by visiting our website at www.uccifedvip.com , or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224). |
| <ul style="list-style-type: none">• Out-of-network | Only if you have a dental emergency, live in an underserved area or are overseas, can you visit any licensed dentist for care, then submit a claim form and receipt to United Concordia for reimbursement. There is no coverage for out-of-network care other than in these three circumstances. |
| <ul style="list-style-type: none">• Overseas | If you live overseas, you can visit any dentist. You will then need to submit a claim form with a receipt, and you will be reimbursed in U.S. dollars, based on the current Citibank foreign exchange rate. |
| Pre-authorization | Pre-authorization is not necessary under this Plan. |
| Pre-certification | Pre-certification is not necessary under this Plan. We do recommend that you request a predetermination of benefits for more extensive treatments. This will assure both you and your United Concordia National Fee-for-Service dentist that the service is covered and let you know how much you can expect to pay out-of-pocket. |
| Coordination of benefits | <p>If you have dental or vision coverage through your FEHB plan and coverage under FEDVIP, your FEHB plan will be the first payor of any benefit payments. We are responsible for coordinating benefits with the primary payor.</p> <p>We will also coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.</p> <p>We may request that you verify/identify your health insurance plan(s) annually or at time of service.</p> |
| Rating areas | Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDES. Your rates might change because of the move. |
| Underserved areas | If you live in an area with limited access to a network provider and you receive covered services from an out-of-network provider, we will pay 100% of our plan allowance. You are responsible for any difference between the amount billed and our payment. You can find a list of our limited access areas at: www.uccifedvip.com or by calling 1-877-394-8224. |

Section 4 Your cost for covered services

This is what you will pay out-of-pocket for covered care:

| | |
|---------------------------------|--|
| Deductible | <p>A deductible is a fixed amount of expenses you must incur for certain covered services and supplies before we start paying benefits for them.</p> <p>Example: In our Plan, the deductible is \$75 per person/\$150 per family on Class B and Class C services.</p> |
| Coinsurance | <p>Coinsurance is the percentage of our allowance that you must pay for your care. Coinsurance does not begin until you meet your deductible.</p> <p>Example: In our Plan, you pay 50% of our allowance for major restorative services after meeting your deductible.</p> |
| Annual benefit maximum | <p>Our plan includes an annual benefit maximum of \$1,200. Once you reach this amount, you are responsible for all charges.</p> |
| Lifetime benefit maximum | <p>Our plan includes a lifetime benefit maximum for dependent orthodontic services of \$1,500, and a lifetime benefit maximum of \$2,000 for dental accident services. Once you reach this amount, you are responsible for all charges for these services.</p> |
| In-network services | <p>In-network services are services performed by a dentist who is part of United Concordia's National Fee-for-Service network. A network general dentist or network specialist must perform services in order for them to be covered, unless you have a dental emergency, live overseas or live in an underserved area. You can locate a participating dentist by visiting our website at www.uccifedvip.com or by calling 1-877-FYI-UCCI (1-877-394-8224).</p> |
| Out-of-network services | <p>There is no coverage for out-of-network services, which are services performed by a general dentist or specialist who does not participate in United Concordia's National Fee-for-Service network. There are three exceptions: if you have a dental emergency; if you live overseas, or if you live in an underserved area. You can determine if you live in an underserved area by visiting our website at www.uccifedvip.com or by calling 1-877-FYI-UCCI (1-877-394-8224).</p> |
| Emergency services | <p>If you have a dental emergency, which is defined as an acute condition occurring suddenly and unexpectedly, which usually includes pain, swelling or bleeding, and demands immediate professional dental services, and cannot visit your participating National Fee-for-Service dentist, you may visit any licensed dentist and United Concordia will cover emergency (palliative) treatment.</p> |
| Overseas services | <p>Overseas services are those performed by a dentist located anywhere other than in the 50 states, the District of Columbia and Puerto Rico.</p> |

Section 5 Dental services and supplies Class A Basic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible for the benefits in this Section.
- The annual benefit maximum is \$1,200 per covered person.

You Pay:

- **High Option**
 - In-Network: 0%**
 - Out-of-Network: 100% of charges**

Diagnostic and Treatment Services

D0120 Periodic oral evaluation – *Limited to two every 12 months*

D0140 Limited oral evaluation – problem focused – *Limited to one per patient per provider every 12 months*

D0150 Comprehensive oral evaluation – *Limited to two every 12 months*

D0180 Comprehensive periodontal evaluation – *Limited to two every 12 months*

D0210 Intraoral – complete series (including bitewings)

D0220 Intraoral – periapical first film

D0230 Intraoral – periapical – each additional film

D0240 Intraoral – occlusal film

D0270 Bitewing – single film

D0272 Bitewings – two films

D0274 Bitewings – four films

D0277 Vertical bitewings – 7 to 8 films

D0330 Panoramic film

D0425 Caries susceptibility tests

D0999 Unspecified diagnostic procedure

Preventative Services

D1110 Prophylaxis – adult – *Limited to two every 12 months*

D1120 Prophylaxis – child – *Limited to two every 12 months*

D1201 Topical application of fluoride (including prophylaxis) – child

D1203 Topical application of fluoride (excluding prophylaxis) – child – *Limited to two every 12 months*

D1204 Topical application of fluoride (excluding prophylaxis) – adult – *Limited to two every 12 months*

D1205 Topical application of fluoride (including prophylaxis) – adult

D1351 Sealant – per tooth – *Limited to permanent molars through age 18. One sealant per tooth in a 3-year period*

D1510 Space maintainer – fixed – unilateral – *Limited to members under age 19*

D1515 Space maintainer – fixed – bilateral – *Limited to members under age 19*

D1520 Space maintainer – removable – unilateral – *Limited to members under age 19*

D1525 Space maintainer – removable – bilateral – *Limited to members under age 19*

D1550 Re-cementation of space maintainer – *Limited to members under age 19*

Additional Procedures covered as Basic Services

D9110 Palliative treatment of dental pain – minor procedure

Not covered:

- *Plaque control programs*
 - *Oral hygiene instruction*
 - *Dietary instructions*
 - *Sealants for teeth other than permanent molars*
 - *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*
-

Class B Minor

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is: \$75 per person (\$150 per family, including self plus one). The calendar year deductible applies to all benefits in this Section.
- The annual benefit maximum is \$1,200 per covered person.

You Pay:

- **High Option**
 - In-Network: 20% of our network allowance**
 - Out-of-Network: 100% of charges**

Minor Restorative Services

D2140 Amalgam – one surface, primary or permanent – *Limited to one in 24 months for replacement restorations*

D2150 Amalgam – two surfaces, primary or permanent – *Limited to one in 24 months for replacement restorations*

D2160 Amalgam – three surfaces, primary or permanent – *Limited to one in 24 months for replacement restorations*

D2161 Amalgam – four or more surfaces, primary or permanent – *Limited to one in 24 months for replacement restorations*

D2330 Resin-based composite – one surface, anterior – *Limited to one in 24 months for replacement restorations*

D2331 Resin-based composite – two surfaces, anterior – *Limited to one in 24 months for replacement restorations*

D2332 Resin-based composite – three surfaces, anterior – *Limited to one in 24 months for replacement restorations*

D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior) – *Limited to one in 24 months for replacement restorations*

D2910 Re-cement inlay – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*

D2920 Re-cement crown – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*

D2930 Prefabricated stainless steel crown – primary tooth – *Covered through age 14; Limited to one per patient, per tooth, per lifetime*

D2931 Prefabricated stainless steel crown – permanent tooth – *Covered through age 14; Limited to one per patient, per tooth, per lifetime*

D2951 Pin retention – per tooth, in addition to restoration

Not Covered:

- *Restorations, including veneers, which are placed for cosmetic purposes only*
- *Gold foil restorations*

Endodontic Services

D3220 Therapeutic pulpotomy (excluding final restoration)

D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – *Limited to primary incisor teeth for members up to age 6, and for primary molars and cuspids up to age 11 and is limited to one per tooth per lifetime.*

D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration). *Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to one per tooth per lifetime.*

Periodontal Services

D4341 Periodontal scaling and root planning-four or more teeth per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4342 Periodontal scaling and root planning-one to three teeth, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4910 Periodontal maintenance – *Limited to up to 4 periodontal cleanings and 2 routine cleanings within a 12 month period but the total cannot exceed 4 in 12 months.*

D4999 Unspecified periodontal procedure

Prosthodontic Services

D5410 Adjust complete denture – maxillary – *Integral within 6 months of the initial or replacement denture*

D5411 Adjust complete denture – mandibular – *Integral within 6 months of the initial or replacement denture*

D5421 Adjust partial denture – maxillary – *Integral within 6 months of the initial or replacement denture*

D5422 Adjust partial denture – mandibular – *Integral within 6 months of the initial or replacement denture*

D5510 Repair broken complete denture base

D5520 Replace missing or broken teeth – complete denture (each tooth)

D5610 Repair resin denture base

D5620 Repair cast framework

D5630 Repair or replace broken clasp

D5640 Replace broken teeth – per tooth

D5650 Add tooth to existing partial denture

D5660 Add clasp to existing partial denture

D5710 Rebase complete maxillary denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5711 Rebase complete mandibular denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5720 Rebase maxillary partial denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5721 Rebase mandibular partial denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5730 Reline complete maxillary denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5731 Reline complete mandibular denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5740 Reline maxillary partial denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5741 Reline mandibular partial denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5750 Reline complete maxillary denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5751 Reline complete mandibular denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5760 Reline maxillary partial denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5761 Reline mandibular partial denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

D5850 Tissue conditioning (maxillary)

D5851 Tissue conditioning (mandibular)

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D6930 Recement fixed partial denture – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*

D6980 Fixed partial denture repair, by report

Oral Surgery

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 Removal of impacted tooth – soft tissue

D7230 Removal of impacted tooth – partially bony

D7240 Removal of impacted tooth – completely bony

D7250 Surgical removal of residual tooth roots (cutting procedure)

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7280 Surgical access of an unerupted tooth

D7310 Alveoloplasty in conjunction with extractions – per quadrant

D7311 Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant

D7320 Alveoloplasty not in conjunction with extractions – per quadrant

D7321 Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant

D7471 Removal of exostosis

D7510 Incision and drainage of abscess – intraoral soft tissue

D7910 Suture of recent small wounds up to 5 cm

D7971 Excision of pericoronal gingiva

Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is: \$75 per person (\$150 per family, including self plus one). The calendar year deductible applies to all benefits in this Section.
- The annual benefit maximum is \$1,200 per covered person.

You Pay:

- **High Option**
In-Network: 50% of our network allowance
Out-of-Network: 100% of charges

Major Restorative Services

D0160 Detailed and extensive oral evaluation – problem focused, by report – *Limited to one per patient per provider per lifetime*

D2542 Onlay – metallic – two surfaces – *Limited to one per 5 years*

D2543 Onlay – metallic – three surfaces – *Limited to one per 5 years*

D2544 Onlay – metallic – four or more surfaces – *Limited to one per 5 years*

D2642 Onlay – porcelain/ceramic – two surfaces – *Limited to one per 5 years*

D2643 Onlay – porcelain/ceramic – three surfaces – *Limited to one per 5 years*

D2644 Onlay – porcelain/ceramic – four or more surfaces – *Limited to one per 5 years*

D2662 Onlay – composite/resin – two surfaces – *Limited to one per 5 years*

D2663 Onlay – composite/resin – three surfaces – *Limited to one per 5 years*

D2664 Onlay – composite/resin – four or more surfaces – *Limited to one per 5 years*

D2710 Crown – resin laboratory – *Limited to one per 5 years*

D2712 Crown – 3/4 resin-based composite (indirect) – *Limited to one per 5 years*

D2720 Crown – resin with high noble meta l – *Limited to one per 5 years*

D2721 Crown – resin with predominantly base metal – *Limited to one per 5 years*

D2722 Crown – resin with noble metal – *Limited to one per 5 years*

D2740 Crown – porcelain/ceramic substrate – *Limited to one per 5 years*

D2750 Crown – porcelain fused to high noble metal – *Limited to one per 5 years*

D2751 Crown – porcelain fused to predominately base meta l- *Limited to one per 5 years*

D2752 Crown – porcelain fused to noble metal – *Limited to one per 5 years*

D2780 Crown – 3/4 cast high noble metal – *Limited to one per 5 years*

D2781 Crown – 3/4 cast predominately base metal – *Limited to one per 5 years*

D2782 Crown – 3/4 cast noble metal – *Limited to one per 5 years*

D2783 Crown – 3/4 porcelain/ceramic – *Limited to one per 5 years*

D2790 Crown – full cast high noble metal – *Limited to one per 5 years*

D2791 Crown – full cast predominately base metal – *Limited to one per 5 years*

D2792 Crown – full cast noble metal – *Limited to one per 5 years*

D2794 Crown – titanium – *Limited to one per 5 years*

D2950 Core buildup, including any pins – *Limited to one per 5 years*

D2954 Prefabricated post and core, in addition to crown – *Limited to one per 5 years*

Major Restorative Services - continued on next page

Major Restorative Services (cont.)

D2962 Labial veneer (porcelain laminate) – laboratory – *Limited to one per 5 years on anterior teeth only – by report*

D2980 Crown repair, by report

D2999 Unspecified restorative procedure, by report

Not covered:

- *Gold foil restorations*
- *Sedative restorations*
- *Restorations for cosmetic purposes only*
- *Composite resin inlays*

Endodontic Services

D3310 Anterior root canal (excluding final restoration)

D3320 Bicuspid root canal (excluding final restoration)

D3330 Molar root canal (excluding final restoration)

D3332 Incomplete endodontic therapy – *By report and is not covered when the patient discontinues treatment*

D3346 Retreatment of previous root canal therapy-anterior

D3347 Retreatment of previous root canal therapy-bicuspid

D3348 Retreatment of previous root canal therapy-molar

D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)

D3999 Unspecified endodontic procedure, by report

D3410 Apicoectomy/periradicular surgery – anterior

D3421 Apicoectomy/periradicular surgery – bicuspid (first root)

D3425 Apicoectomy/periradicular surgery – molar (first root)

D3426 Apicoectomy/periradicular surgery (each additional root)

D3450 Root amputation – per root

D3920 Hemisection (including any root removal) – not including root canal therapy

Periodontal Services

D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4240 Gingival flap procedure, including root planing, four or more contiguous teeth or bounded teeth spaces per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4241 Gingival flap procedure, including root planning, one to three teeth, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4249 Clinical crown lengthening-hard tissue – *Limited to one per tooth per lifetime*

D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4266 Guided tissue regeneration – resorbable barrier, per site

D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)

Periodontal Services - continued on next page

Periodontal Services (cont.)

D4270 Pedicle soft tissue graft procedure *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4271 Free soft tissue graft procedure (including donor site surgery) *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4273 Subepithelial connective tissue graft procedures (including donor site surgery) *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis – *Limited to one per lifetime*

Prosthodontic Services

D5110 Complete denture – maxillary – *Limited to one in 5 years*

D5120 Complete denture – mandibular – *Limited to one in 5 years*

D5130 Immediate denture – maxillary – *Limited to one in 5 years*

D5140 Immediate denture – mandibular – *Limited to one in 5 years*

D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) – *Limited to one in 5 years*

D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth) – *Limited to one in 5 years*

D5213 Maxillary partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth) *Limited to one in 5 years*

D5214 Mandibular partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – *Limited to one in 5 years*

D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) – *Limited to one in 5 years*

D5860 Over denture complete – *Limited to one in 5 years; allowance is based on that of a standard denture*

D5861 Over denture complete – *Limited to one in 5 years; allowance is based on that of a standard denture*

D5899 Unspecified removable prosthodontic procedure, by report

D6053 Implant/abutment supported removable denture for completely edentulous arch – *Limited to one in 5 years*

D6054 Implant/abutment supported removable denture for partially edentulous arch – *Limited to one in 5 years*

D6056 Implant related prefab abutment – *Limited to one in 5 years*

D6057 Implant related custom abutment – *Limited to one in 5 years*

D6059 Implant related abutment supported porcelain/metal crown – *Limited to one in 5 years*

D6060 Implant related abutment supported porcelain/metal crown base metal – *Limited to one in 5 years*

D6061 Implant related abutment supported porcelain/metal crown noble metal – *Limited to one in 5 years*

D6062 Implant related abutment supported cast metal crown high noble – *Limited to one in 5 years*

D6063 Implant related abutment supported cast metal crown base metal – *Limited to one in 5 years*

D6064 Implant related abutment supported cast metal crown noble metal – *Limited to one in 5 years*

D6065 Implant related implant supported porcelain ceramic crown – *Limited to one in 5 years*

D6066 Implant related implant supported porcelain/metal crown – *Limited to one in 5 years*

D6067 Implant related implant supported metal crown high noble – *Limited to one in 5 years*

D6068 Implant related abutment supported retainer/porcelain – *Limited to one in 5 years*

D6069 Implant related abutment supported retainer/porcelain/metal high noble – *Limited to one in 5 years*

D6070 Implant related abutment supported retainer/porcelain/metal base metal – *Limited to one in 5 years*

D6071 Implant related abutment support retainer/porcelain/metal noble metal – *Limited to one in 5 years*

D6072 Implant related abutment supported retainer/cast metal high noble – *Limited to one in 5 years*

D6073 Implant related abutment supported retainer/cast metal base metal – *Limited to one in 5 years*

D6074 Implant related abutment supported retainer/cast metal noble metal – *Limited to one in 5 years*

D6075 Implant related implant supported retainer/ceramic – *Limited to one in 5 years*

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

| |
|---|
| D6076 Implant related implant supported retainer/porcelain/metal – <i>Limited to one in 5 years</i> |
| D6077 Implant related implant supported retainer/cast metal high noble – <i>Limited to one in 5 years</i> |
| D6078 Implant related implant/abutment fixed partial – edentulous – <i>Limited to one in 5 years</i> |
| D6079 Implant related implant/abutment fixed dental – <i>Limited to one in 5 years</i> |
| D6094 Abutment supported crown – titanium – <i>Limited to one in 5 years</i> |
| D6194 Abutment supported retainer crown for fixed partial denture – titanium – <i>Limited to one in 5 years</i> |
| D6210 Pontic – cast high noble metal – <i>Limited to one in 5 years</i> |
| D6211 Pontic – cast predominately base metal – <i>Limited to one in 5 years</i> |
| D6212 Pontic – cast noble metal – <i>Limited to one in 5 years</i> |
| D6214 Pontic – titanium – <i>Limited to one in 5 years</i> |
| D6240 Pontic – porcelain fused to high noble metal – <i>Limited to one in 5 years</i> |
| D6241 Pontic – porcelain fused to predominately base metal – <i>Limited to one in 5 years</i> |
| D6242 Pontic – porcelain fused to noble metal – <i>Limited to one in 5 years</i> |
| D6245 Pontic – porcelain/ceramic – <i>Limited to one in 5 years</i> |
| D6545 Retainer – cast metal for resin bonded fixed prosthesis – <i>Limited to one in 5 years</i> |
| D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis – <i>Limited to one in 5 years</i> |
| D6602 Inlay, cast high noble metal, two surfaces – <i>Limited to one in 5 years</i> |
| D6603 Inlay, cast high noble metal, three or more surfaces – <i>Limited to one in 5 years</i> |
| D6604 Inlay, cast predominantly base metal, two surfaces – <i>Limited to one in 5 years</i> |
| D6605 Inlay, cast predominantly base metal, three or more surfaces – <i>Limited to one in 5 years</i> |
| D6606 Inlay, cast noble metal, two surfaces – <i>Limited to one in 5 years</i> |
| D6607 Inlay, cast noble metal, three or more surfaces – <i>Limited to one in 5 years</i> |
| D6611 Onlay, cast high noble metal, three or more surfaces – <i>Limited to one in 5 years</i> |
| D6613 Onlay, cast predominantly base metal, three or more surfaces – <i>Limited to one in 5 years</i> |
| D6615 Onlay, cast noble metal, three or more surfaces – <i>Limited to one in 5 years</i> |
| D6710 Crown – indirect resin based composite – <i>Limited to one in 5 years</i> |
| D6720 Crown – resin processed to high noble metal – <i>Limited to one in 5 years</i> |
| D6721 Crown – resin processed to base metal – <i>Limited to one in 5 years</i> |
| D6722 Crown – resin processed to noble metal – <i>Limited to one in 5 years</i> |
| D6740 Crown – porcelain/ceramic – <i>Limited to one in 5 years</i> |
| D6750 Crown – porcelain fused to high noble metal – <i>Limited to one in 5 years</i> |
| D6751 Crown – porcelain fused to predominately base metal – <i>Limited to one in 5 years</i> |
| D6752 Crown – porcelain fused to noble metal – <i>Limited to one in 5 years</i> |
| D6780 Crown – 3/4 cast high noble metal – <i>Limited to one in 5 years</i> |
| D6781 Crown – 3/4 cast predominately base metal – <i>Limited to one in 5 years</i> |
| D6782 Crown – 3/4 cast noble metal – <i>Limited to one in 5 years</i> |
| D6783 Crown – 3/4 porcelain/ceramic – <i>Limited to one in 5 years</i> |
| D6790 Crown – full cast high noble metal – <i>Limited to one in 5 years</i> |
| D6791 Crown – full cast predominately base metal – <i>Limited to one in 5 years</i> |
| D6792 Crown – full cast noble metal – <i>Limited to one in 5 years</i> |
| D6794 Crown – titanium – <i>Limited to one in 5 years</i> |
| D6972 Prefabricated post and core, in addition to fixed partial denture retainer |
| D6973 Core buildup for retainer, including any pins |
| D6999 Unspecified fixed prosthodontic procedure, by report |

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D7999 Unspecified oral surgery

Not covered:

- *Implant services other than those listed above*
 - *Cast unilateral removable partial dentures*
 - *Precision attachments, personalization, precious metal bases, and other specialized techniques*
 - *Replacement of dentures that have been lost, stolen or misplaced*
 - *Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date*
-

Class D Orthodontic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible for the benefits in this Section.
- The waiting period for orthodontic services is 24 months. The person receiving services must be covered under this Plan for the entire waiting period.
- The lifetime maximum for orthodontic services is \$1,500.

You Pay:

- **High Option**

In-Network: 50% of our network allowance

Out-of-Network: 100% of charges

Orthodontic Services – limited to members up to age 19

D8010 Limited orthodontic treatment of the primary dentition

D8020 Limited orthodontic treatment of the transitional dentition

D8030 Limited orthodontic treatment of the adolescent dentition

D8050 Interceptive orthodontic treatment of the primary dentition

D8060 Interceptive orthodontic treatment of the transitional dentition

D8070 Comprehensive orthodontic treatment of the transitional dentition

D8080 Comprehensive orthodontic treatment of the adolescent dentition

D8210 Removable appliance therapy

D8220 Fixed appliance therapy

D8660 Pre-orthodontic treatment visit

D8670 Periodic orthodontic treatment visit (as part of contract)

D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))

D8999 Unspecified orthodontic procedure

Not covered:

- *Orthodontic care for persons age 19 and over*
 - *Repair of damaged orthodontic appliances*
 - *Replacement of lost or missing appliance*
 - *Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth*
-

General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is: \$75 per person (\$150 per family). The calendar year deductible applies to all benefits in this Section.
- The annual benefit maximum is \$1,200 per covered person.

You Pay:

- **High Option**
 - In-Network: 20% of our network allowance**
 - Out-of-Network: 100% of charges**

Anesthesia Services

D9220 Deep sedation/general anesthesia – first 30 minutes – *Covered by report*

D9221 Deep sedation/general anesthesia – each additional 15 minutes – *Covered by report*

Intravenous Sedation

D9241 Intravenous conscious sedation/analgesia – first 30 minutes – *Covered by report*

D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes – *Covered by report*

Consultations

D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

Office Visits

D9440 Office visit – after regularly scheduled hours

Medications

D9610 Therapeutic drug injection, by report

Post Surgical Services

D9930 Treatment of complications (post-surgical) unusual circumstances, by report

Miscellaneous Services

D9940 Occlusal guard, by report – *Limited to one per 12 month period for patients age 13 or over; not covered when performed for TMJ*

D9941 Fabrication of athletic mouthguard – *Limited to one per 12 month period*

D9974 Internal bleaching – per tooth – *Limited to one per endodontically treated tooth per 3 year period*

D9999 Unspecified adjunctive procedure

00160 Detailed and extensive oral evaluation – problem focused, by report

00170 Re-evaluation – limited, problem focused (established patient; not post-operative visit)

00190 Anesthesia for procedures on facial bones or skull; not otherwise specified

00192 Anesthesia for procedures on facial bones or bones or skull; radical surgery (including prognathism)

01999 National anesthesia codes – Covered when general anesthesia or intravenous sedation is covered

Not covered:

- *Nitrous oxide*
- *Oral sedation*

Section 6 General exclusions – things we don't cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Any dental service or treatment not specifically listed as a covered service;
- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the law or regulation of any governmental unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
- Services and treatment performed prior to your effective coverage date including orthodontic treatment;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary, or which are not recommended or approved by the treating dentist (Services determined to be unnecessary or which do not meet accepted standards of dental practice are not billable to you by a participating dentist unless the dentist notifies you of your liability prior to treatment and you choose to receive the treatment. Participating dentists should document such notification in their records.);
- Services and treatment not meeting accepted standards of dental practice;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Adjunctive dental care services are covered by other medical insurance even when provided by a general dentist or oral surgeon.

Section 7 The claims filing and disputed claims processes

How to file a claim for covered services

A United Concordia participating National Fee-for-Service dentist will file the claim for you, so in most instances, you will not have to file the claim yourself. If you do need to file a claim, you and the dentist should complete the appropriate sections, and you should then mail the claim to:

United Concordia Companies, Inc.

P.O. Box 69421

Harrisburg, PA 17106-9421

You can download a claim form from our website at www.uccifedvip.com

Deadline for filing your claim

Your United Concordia participating dentist or you must file a claim within 12 months after the month in which a service is provided.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Step Description

1 Ask us in writing to reconsider our initial decision. You must file an appeal with us within 180 days of receipt of the initial decision. Please submit with your appeal, the appropriate written comments from the treating dentist, supporting documents, dental records and other information relating to the claim(s).

2 We have 60 days from the date we receive your request to review the appeal.

3 If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must file the appeal to us within 30 days of the receipt of the first review decision. Any dentist advisor involved in reviewing the appeal will be different from and not in a subordinate position to the dentist advisor involved in the initial benefit determination.

4

If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, to review the decision. You must file the appeal in writing to United Concordia within 30 days of receipt of the original appeal decision. The appeal should be mailed, with the appropriate written comments from the treating dentist, supporting documents, dental records and any other information relating to the claim(s) to:

United Concordia Companies, Inc.

Member Appeals Department

P.O. Box 69420

Harrisburg, PA. 17106-9420

The independent third party will thoroughly review the appeal and provide the decision to United Concordia who will in turn respond to you in writing within 60 days of receipt of the third party review request. The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

Section 8 Definitions of terms we use in this brochure

| | |
|--|--|
| Annuitants | Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees. |
| BENEFEDS | The enrollment and premium administration system for FEDVIP. |
| Benefits | Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure. |
| Annual benefit maximum | The maximum annual benefit that you can receive per person. |
| Class A services | Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays. |
| Class B services | Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments. |
| Class C services | Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures. |
| Class D services | Orthodontic services. |
| Enrollee | The Federal employee or annuitant enrolled in this Plan. |
| FEDVIP | Federal Employees Dental and Vision Insurance Program. |
| Generally accepted dental protocols | "Conventional" methods of evaluation, diagnosis, prevention and/or treatment of diseases, conditions and/or dysfunctions relating to the oral cavity and its associated structures. |
| Plan allowance | The amount we use to determine our payment for out-of-network services. We determine our plan allowance as follows: for emergency care and care rendered to members who reside in underserved areas, the 75th percentile of Ingenix data for the provider's location; for care provided to members who live outside of the 50 states, the District of Columbia or Puerto Rico, the 90th percentile of Ingenix data for the District of Columbia. |
| Waiting period | The amount of time that you must be enrolled in this Plan before you can receive orthodontic services. |
| We / Us | United Concordia. |
| You | Enrollee or eligible family member. |

Stop health care fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call us at 1-877-968-7455 and explain the situation.

Summary of benefits for PLAN NAME- 2007

- **Do not rely on this chart alone.** On this page we summarize specific expenses we cover; for more detail, look inside.
- If you want to enroll or change your enrollment in this Plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.
- Below, an asterisk (*) means the item is subject to the \$75 per person/\$150 per family calendar year deductible.

| High Option Benefits | You Pay In-network | You Pay Out of network | Page |
|---|-----------------------|---------------------------|------|
| Class A (Basic) Services – preventive and diagnostic | 0% | 100% | 11 |
| Class B (Intermediate) Services – includes minor restorative services | 20%* | 100%* | 13 |
| Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services | 50%* | 100%* | 16 |
| Class A, B, and C Services are subject to a \$1,200 annual maximum benefit and a \$2,000 dental accident lifetime maximum | | | |
| Class D Services – orthodontic – after a 24 month waiting period; for dependents under the age of 19. \$1,500 Lifetime Maximum | 50% | 100% | 20 |

2007 rate information for the United Concordia FEDVIP

How to find your monthly rate

In the first chart below, look up your state or zip code to determine your Rating Area.

In the second chart on the next page, match your Rating Area to your enrollment type and plan option.

2007 Monthly Rates

| Rating Area | High Option Self Only | High Option Self Plus One | High Option Self and Family |
|--------------------|----------------------------------|--------------------------------------|--|
| 1 | \$25.09 | \$50.14 | \$75.23 |
| 2 | \$28.71 | \$57.42 | \$86.13 |
| 3 | \$31.16 | \$62.25 | \$93.41 |
| 4 | \$33.56 | \$67.12 | \$100.69 |
| 5 | \$37.22 | \$74.40 | \$111.58 |

2007 Bi-weekly Rates

| Rating Area | High Option Self Only | High Option Self Plus One | High Option Self and Family |
|--------------------|----------------------------------|--------------------------------------|--|
| 1 | \$11.58 | \$23.14 | \$34.72 |
| 2 | \$13.25 | \$26.50 | \$39.75 |
| 3 | \$14.38 | \$28.73 | \$43.11 |
| 4 | \$15.49 | \$30.98 | \$46.47 |
| 5 | \$17.18 | \$34.34 | \$51.50 |