

# UNITED CONCORDIA DENTAL

<http://www.uccifedvip.com>

**A Nationwide Dental PPO Plan**



## 2015

**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.

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

**Enrollment Options for this Plan:**

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

**A - (Excellent)  
A.M. Best Rating**  
*(A.M. Best Insurance Reports, 2014)*

Authorized for distribution by the:



**United States  
Office of Personnel Management**

Healthcare and Insurance  
[www.opm.gov/healthcare-insurance](http://www.opm.gov/healthcare-insurance)

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## Introduction

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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 the United Concordia FEDVIP under United Concordia's contract OPM01-FEDVIP-01AP-12 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

United Concordia Companies, Inc.  
4401 Deer Path Road  
Harrisburg, PA17110

1-877-394-8224  
[www.uccifedvip.com](http://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. You and your family members do not have a right to benefits that were available before January 1, 2015, unless those benefits are also shown in this brochure.

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, if they are also listed on the coverage.

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

United Concordia Companies, Inc. is responsible for the selection of in-network providers in your area. Contact us at 1-877-394-8224 for the names of participating providers or to request a provider directory. You may also go to our website at [www.uccifedvip.com](http://www.uccifedvip.com). Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate the dentist. Nomination forms are available on our website [www.uccifedvip.com](http://www.uccifedvip.com). Just click on **More, then Our Network to Nominate Your Dentist**, or call us at 1-877-394-8224 and we will send one to you. You cannot change plans, outside of Open Season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

**United Concordia and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.**

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, [www.uccifedvip.com](http://www.uccifedvip.com) then click on the "Private Policy" link at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling 877-394-8224.

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## FEDVIP Program Highlights

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<b>A Choice of Plans and Options</b>	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, 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 <a href="http://www.opm.gov/healthcare-insurance/dental-vision/">www.opm.gov/healthcare-insurance/dental-vision/</a> for more information.
<b>Enroll Through BENEFEDES</b>	You enroll through the Internet at <a href="http://www.BENEFEDS.com">www.BENEFEDS.com</a> . Please see Section 2, Enrollment, for more information.
<b>Dual Enrollment</b>	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.
<b>Coverage Effective Date</b>	If you sign up for a dental and/or vision plan during the 2014 Open Season, your coverage begins on January 1, 2015. Premium deductions start with the first full pay period beginning on/after January 1, 2015. You may use your benefits as soon as your enrollment is confirmed.
<b>Pre-Tax Salary Deduction for Employees</b>	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
<b>Annual Enrollment Opportunity</b>	Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 10, 2014 through December 8, 2014. 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. Please see Section 2, Enrollment, for more information.
<b>Continued Group Coverage After Retirement</b>	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 also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.
<b>Waiting Period</b>	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be continuously enrolled in this Plan for the entire waiting period.

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## **How We Have Changed For 2015**

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We have made the following change for 2015:

- "Federal Dental Program Network", is our new name for the participating provider network serving our FEDVIP members.

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## Section 1 Eligibility

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<b>Federal Employees</b>	<p>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 or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB Program or a Health Insurance Marketplace (Exchange) plan is not required.</p>
<b>Federal Annuitants</b>	<p>You are eligible to enroll if you:</p> <ul style="list-style-type: none"><li>• 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;</li><li>• retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.</li></ul> <p>Your FEDVIP enrollment will continue 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 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage ends if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.</p>
<b>Survivor Annuitants</b>	<p>If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.</p>
<b>Compensationers</b>	<p>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/illness 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.</p>
<b>Family Members</b>	<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 (may include children of your same-sex domestic partner*) 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 <b>NOT</b> the same. For more information on family member eligibility visit the website at <a href="http://www.opm.gov/healthcare-insurance/dental-vision">www.opm.gov/healthcare-insurance/dental-vision</a> or contact your employing agency or retirement system.</p> <p>*If you would marry but you live in a state that does not allow same-sex couples to marry.</p>
<b>Not Eligible</b>	<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"><li>• Deferred annuitants</li><li>• Former spouses of employees or annuitants</li><li>• FEHB Temporary Continuation of Coverage (TCC) enrollees</li><li>• Anyone receiving an insurable interest annuity who is not also an eligible family member</li></ul>

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## Section 2 Enrollment

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### 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](http://www.BENEFEDES.com)) sponsored by OPM.** 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.

If you are currently enrolled in FEDVIP and do not want to change plans, **your enrollment will continue automatically. Please Note:** your plans' premiums may change for 2015.

**Note:** You cannot enroll or change enrollment 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 are not 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; however, the additional family members are not 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 enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

### Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

### Opportunities to Enroll or Change Enrollment

#### *Open Season*

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 10, 2014 through December 8, 2014 Open Season. Coverage is effective January 1, 2015.

During future annual Open Seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective dates of these Open Season enrollments and changes are 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 may 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
- an employee returning 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 and confirms your enrollment.

#### *Qualifying Life Event*

A qualifying life event (QLE) is an event that allows you to enroll or change your enrollment outside of an Open Season.



The following chart lists the QLEs and the enrollment actions you may take:

<b>Qualifying Life Event</b>	<b>From Not Enrolled to Enrolled</b>	<b>Increase Enrollment Type</b>	<b>Decrease Enrollment Type</b>	<b>Cancel</b>	<b>Change from One Plan to Another</b>
<b>Marriage</b>	Yes	Yes	No	No	Yes
<b>Acquiring an eligible family member (non-spouse)</b>	No	Yes	No	No	No
<b>Losing a covered family member</b>	No	No	Yes	No	No
<b>Losing other dental/vision coverage (eligible or covered person)</b>	Yes	Yes	No	No	No
<b>Moving out of regional plan's service area</b>	No	No	No	No	Yes
<b>Going on active military duty, non-paystatus (enrollee or spouse)</b>	No	No	No	Yes	No
<b>Returning to pay status from active military duty (enrollee or spouse)</b>	Yes	No	No	No	No
<b>Returning to pay status from Leave without pay</b>	<b>Yes (if enrollment cancelled during LWOP)</b>	No	No	No	<b>Yes (if enrollment cancelled during LWOP)</b>
<b>Annuity/compensation restored</b>	Yes	Yes	Yes	No	No
<b>Transferring to an eligible position*</b>	No	No	No	Yes	No

\*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

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, except for enrollment because of the loss of dental or vision insurance. 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 pay period during which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

***Canceling an enrollment***

You may 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.

**Continuation of Coverage**

**Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans**

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

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

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan affects 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 2015. See [www.fsafeds.com](http://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 may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

You will be required to submit your out-of-network claim on behalf of the United Concordia Dental Plan to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA).

Your United Concordia participating provider claims will automatically be sent to FSAFEDS Health Care Flexible Spending Account (HCFSA).

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## Section 3 How You Obtain Care

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<b>Identification Cards/ Enrollment Confirmation</b>	<p>You 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. The ID card is neither a guarantee of benefits nor does your provider need it to render dental services. Your dentist may call 1-877-394-8224 to confirm your enrollment in the plan and the benefits available to you. You may print an ID card at <a href="http://www.uccifedvip.com">www.uccifedvip.com</a>.</p> <p>It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.</p>
<b>Where You Get Covered Care</b>	<p>You can receive care from any licensed dentist in the United States. However, when you use a participating provider, your out-of-pocket costs may be lower.</p>
<b>Plan Providers</b>	<p>We list plan providers in the provider directory, which we update weekly. The list is available on our website at: <a href="http://www.uccifedvip.com">www.uccifedvip.com</a> or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224).</p>
<b>In-Network</b>	<p>In-network care is provided by a participating dentist in United Concordia's Federal Dental Program Network. You can locate a participating provider by visiting our website at <a href="http://www.uccifedvip.com">www.uccifedvip.com</a>, or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224)</p>
<b>Out-of-Network</b>	<p>The plan allows for Out-of-Network benefits. The allowable charge will be based on United Concordia's Maximum Allowable Charge. A member will pay the coinsurance plus the difference between the allowed amount and the out-of-network provider's charge.</p>
<b>Emergency Services</b>	<p>All expenses for emergency services are payable as any other expense. If you receive services from an out-of-network dentist, benefits will be paid under the out-of-network plan provisions. You are responsible for the difference between the allowed amount and the providers charge.</p>
<b>Pre-Determination</b>	<p>Pre-determination is not necessary under this Plan. However, we do recommend that you request a pre-determination of benefits for more extensive treatments. This will assure both you and your dentist that the service is covered and indicate how much you can expect to pay out-of-pocket.</p>
<b>First Payor</b>	<p>When you visit a provider who participates with both, your FEHB plan and your FEDVIP plan, the FEHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge in these cases. You are responsible for the difference between the FEHB and FEDVIP benefit payments and the FEDVIP plan allowance. United Concordia Dental is responsible for facilitating the process with the FEHB first payor.</p> <p>Please ask your dentist to submit the charges to your FEHB plan. Please note that it is not your responsibility to submit any claim information or an explanation of benefits (EOB) to United Concordia Dental.</p> <p>United Concordia Dental may send you a letter asking for other insurance carrier information if we have an indication of other insurance (but not the carrier details) in order to determine the first payor. Any claims received during the questionnaire process are pended for return of the letter providing other insurance information.</p> <p>It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.</p>

**First Payor Example:**

<b>When the covered individual has FEHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB carrier</b>	<b>Services were performed by an In-Network Provider.</b>
Dentist submitted charge for a one surface amalgam filling	\$105.00
In-Network allowance of the Primary Plan	\$65.00
FEHB paid as primary carrier (\$24.00 applied to coinsurance)	\$41.00 (\$65.00 - \$24.00)
United Concordia Allowance	\$60.00
United Concordia benefits payable in the absence of other insurance (United Concordia as primary)	\$48.00 (\$60.00 at 80%)
Payment by United Concordia	\$19.00 (\$60.00 - \$41.00)
Patient's responsibility to the dentist	\$0.00 (\$60.00 - \$41.00 - \$19.00)

**Coordination of Benefits**

United Concordia Dental coordinates benefit payments with non-FEHB carriers. If you are the policy holder for both FEDVIP and a commercial carrier, the plan that has been in effect the longest is primary. We also coordinate benefit payments with any 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.

United Concordia Dental is the primary payor if we do not have an indication of other insurance on our enrollment files and there is no indication of other insurance on the claim form.

**COB In-Network Examples:**

<b>When United Concordia is secondary to a Non-FEHB dental carrier</b>	<b>Services were performed by an In-Network provider</b>
Provider submitted charge for a two surface amalgam filling	\$131.00
In Network allowance of the Primary Plan	\$70.00
Payable by Primary Carrier (\$5.00 applied to coinsurance)	\$65.00 (\$70.00 - \$5.00)
United Concordia Allowance	\$60.00
United Concordia benefit in absence of other insurance (United Concordia as primary)	\$48.00 (\$60.00 at 80%)
Payable by United Concordia (The total payment by the primary and secondary plan cannot exceed the provider charge)	\$5.00 (\$70.00 - \$65.00)
Patient responsibility	\$0.00 (\$70.00 - \$65.00 - \$5.00)

**COB Out-of-Network Examples:**

<b>When the covered individual has FEHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB carrier</b>	<b>Services were performed by an Out-of-Network Provider.</b>
Provider submitted charge for a one surface amalgam filling	\$105.00
In Network allowance of the Primary Plan	N/A
FEHB paid as primary carrier (\$24.00 applied to coinsurance)	\$41.00
United Concordia's Maximum Allowable Charge	\$80.00
United Concordia benefits payable in the absence of other insurance (United Concordia as primary)	\$48.00 (\$80.00 at 60%)
Payment by United Concordia	\$48.00
Patient's responsibility to the provider	\$16.00 (\$105.00 - \$41.00 - \$48.00) <b>Since the provider does not participate in either network, he is allowed to balance bill the member.</b>
<b>When United Concordia is secondary to a Non-FEHB dental carrier</b>	<b>Services were performed by an Out-of-Network provider</b>
Provider submitted charge for a two surface amalgam filling	\$131.00
In Network allowance of the Primary Plan	N/A
Payable by Primary Carrier (\$5.00 applied to coinsurance)	\$65.00
United Concordia's Maximum Allowable Charge	\$80.00
United Concordia benefit in absence of other insurance (United Concordia as primary)	\$48.00 (\$80.00 at 60%)
Payable by United Concordia (The total payment by the primary and secondary plan cannot exceed the provider charge)	\$48.00
Patient responsibility	\$18.00 (\$131.00 - \$65.00 - \$48.00) <b>Since the provider does not participate in either network, he is allowed to balance bill the member.</b>

**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 BENEFEDS. Your rates may change because of the move.

**Limited Access Area**

If you live in a limited access area and you receive covered services from an out-of-network provider, we pay 100% of our plan allowance. Applicable co-insurance, plan maximums and other benefit features apply. You are responsible for any difference between the amount billed and our payment. To find out if you are in a limited access area, please call United Concordia's customer service representatives at 1-877-FYI-UCCI (1-877-394-8224) Monday - Friday, 8 a.m. to 8 p.m., ET.

**Alternate Benefit**

The alternate benefit provision determines how payment is made when there are two or more clinically acceptable covered dental services available to satisfactorily correct the same dental condition. This provision states that United Concordia provides coverage for the less expensive service available, while still ensuring that you receive the quality care you need. Should the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond the allowance for the alternate service, even if an in-network provider.

Situations where this provision may apply include; posterior fillings which are given an alternate benefit of amalgams, an amalgam or composite filling may be the alternate benefit of a crown or onlay.

**Dental Review**

United Concordia Dental reviews claims that report single crowns, onlays, fixed bridgework, implants, impacted third molars, operative periodontics or services that are of a complex or questionable nature. Your dentist must submit supporting documentation such as x-rays or charting that are required for certain services.

All claims submitted for periodontal soft tissue grafts will require submission of diagnostic materials and Advisor review.

The following diagnostic materials must be submitted for review:

1. Periodontal charting completed within the past 12 months of the areas(s) being treated, which must include:
  - a. Pocket depths
  - b. Amount of recession measured from the CEJ to the gingival margin
  - c. An indication of the amount of keratinized gingiva remaining
2. A narrative (statement) explaining the reason why the graft(s) is needed.

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## Section 4 Your Cost For Covered Services

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

**Coinsurance**                      Coinsurance is the percentage of our allowance that you must pay for your care. The allowance will be based on United Concordia Dental's Maximum Allowable Charge.

	You Pay In-Network	You Pay Out-of-Network
Class A	0%	20%
Class B	20%	40%
Class C	50%	60%
Orthodontics	50%	50%

**Annual Benefit Maximum**                      Our Plan includes an annual benefit maximum of \$10,000 per covered person for combined Class A, B and C covered services. Once you reach this amount, you are responsible for all charges for the remainder of the calendar year.

**Lifetime Benefit Maximum**                      Our Plan includes a lifetime benefit maximum of \$3,000 per covered person for Class D orthodontic services and a lifetime benefit maximum of \$2,000 per covered person for dental accident services. Once you reach this amount, you are responsible for all charges for these services.

**In-Network Services**                      In-network services are services performed by a dentist who is part of United Concordia's Federal Dental Program Network. Using a participating dentist may result in lower out-of-pocket-costs. You can locate a participating dentist by visiting our website at [www.uccifedvip.com](http://www.uccifedvip.com) or by calling 1-877-FYI-UCCI (1-877-394-8224).

**Out-of-Network Services**                      You may use any licensed dentist; however benefits received out-of-network could result in higher out-of-pocket costs. A member will pay the coinsurance plus the difference between the allowance amount and the out of network providers charge.

If you live in a limited access area, your benefits will be paid at the in-network benefit level for covered services. You can determine if you live in an underserved area by visiting our website at [www.uccifedvip.com](http://www.uccifedvip.com) or by calling 1-877-FYI-UCCI (1-877-394-8224).

**Emergency Services**                      All expenses for emergency services are payable as all other expenses. If you receive services from an out-of-network provider, you will be responsible for the difference between the allowed amount and the provider's charge.

**Dental Accident**                      A dental accident is an injury to sound natural teeth and supporting structures caused by a violent external force such as a fall or blow to the mouth.

United Concordia pays 100% of the program allowance for covered services specifically related to accidental dental injuries up to a lifetime maximum of \$2,000. This benefit is separate from the services through the annual maximum of \$10,000. Further, benefits paid for covered services related to the accident(s) in excess of \$2,000 accrue to the annual benefit maximum.

For a complete list of services covered as dental accident services, call 1-877-FYI-UCCI (1-877-394-8224).

**Plan Allowance**                      The amount we use to determine our payment for covered services. We determine our Plan allowance as follows: for care rendered to members who reside in limited access areas, the 75<sup>th</sup> 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 90<sup>th</sup> percentile of Ingenix data for the District of Columbia.



## 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 plan benefits.
- The annual benefit maximum is \$10,000 per covered person.

**You Pay:**

***High Option***

- **In-Network: 0%**
- **Out-of-Network: 20% coinsurance plus the difference between the allowed amount and the provider's charge.**

### Diagnostic and Treatment Services

D0120 Periodic oral evaluation – *Limited to two every 12 months in combination with D0150, D0180, D0145*

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

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver

D0150 Comprehensive oral evaluation – new or established patient – *Limited to two every 12 months in combination with D0120, D0180, D0145*

D0180 Comprehensive periodontal evaluation – new or established patient – *Limited to two every 12 months in combination with D0120, D0180, D0145*

D0210 Intraoral – complete series of radiographic images

D0220 Intraoral – periapical first radiographic image

D0230 Intraoral – periapical – each additional radiographic image

D0240 Intraoral – occlusal radiographic image

D0250 Extraoral – first film

D0260 Extraoral – each additional film

D0270 Bitewing – single radiographic image

D0272 Bitewings – two radiographic image

D0273 Bitewings – three radiographic image

D0274 Bitewings – four radiographic image

D0277 Vertical bitewings – 7 to 8 radiographic image

D0330 Panoramic radiographic image

D0425 Caries susceptibility tests

D0999 Unspecified diagnostic procedure

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### Preventive Services

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

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

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D1206 Topical application of fluoride varnish – *Limited to two every 12 months*

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D1208 Topical application of fluoride excluding varnish – *Limited to two every 12 months*

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

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D1352 Preventive resin restoration in moderate to high caries risk patient- permanent tooth

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D1510 Space maintainer – fixed – unilateral – *Limited to one per three years for members under age 19*

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D1515 Space maintainer – fixed – bilateral – *Limited to one per three years for members under age 19*

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D1520 Space maintainer – removable – unilateral – *Limited to one per three years for members under age 19*

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D1525 Space maintainer – removable – bilateral – *Limited to one per three years for members under age 19*

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D1550 Re-cement or re-bond of space maintainer – *Limited to one per six months for members under age 19*

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### Additional Procedures covered as Basic Services

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D9110 Palliative treatment of dental pain – minor procedure

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D1999 Unspecified preventive procedure, by report only

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**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 Intermediate

**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. Services listed may be subject to Dental Review or an Alternate Benefit may be paid.
- There is no calendar year deductible for the plan benefits.
- The annual benefit maximum is \$10,000 per covered person.

**You Pay:**

**High Option**

- **In-Network: 20% of our network allowance**
- **Out-of-Network: 40% coinsurance plus the difference between the allowed amount and the provider's charge.**

### 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*
- D2391 Resin-based composite-one surface-posterior- Alternate benefit applies
- D2392 Resin-based composite- two surfaces- posterior- Alternate benefit applies
- D2393 Resin-based composite- three surfaces- posterior- Alternate benefit applies
- D2394 Resin-based composite – four or more surfaces- posterior Alternate benefit applies
- D2910 Re-cement or re-bond inlay, onlay, partial coverage restoration – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
- D2920 Re-cement or re-bond 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
- D6092 Re-cement implant/abutment supported crown – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
- D6093 Re-cement implant/abutment supported fixed partial denture – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*

**Not Covered:**

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

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**Endodontic Services**

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D3110 Pulp cap – direct(excluding final restoration) – Integral to restorative procedures

D3120 Pulp cap – indirect(excluding final restoration) – Integral to restorative procedures

D3220 Therapeutic pulpotomy (excluding final restoration)

D3221 Gross pulpal debridement primary & permanent – Integral to restorative procedures

D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development – *Limited to permanent teeth only, one per tooth per lifetime*

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

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**Periodontal Services**

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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; requires submission of diagnostic materials*

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; requires submission of diagnostic materials*

D4910 Periodontal maintenance – *Limited 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

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**Prosthodontic Services**

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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

D5670 Replace all teeth and acrylic on cast metal framework (maxillary)

D5671 Replace all teeth and acrylic on cast metal framework (mandibular)

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*

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*Prosthodontic Services - continued on next page*

### Prosthodontic Services (cont.)

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*

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*

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*

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)

D6092 Re-cement or re-bond implant/abutment support

D6093 Re-cement or re-bond implant abutment supported fixed partial dentures

D6930 Re-cement or re-bond 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

D7111 Extraction, Coronal remnants deciduous tooth

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

D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

D7220 Removal of impacted tooth – soft tissue

D7230 Removal of impacted tooth – partially bony

D7240 Removal of impacted tooth – completely bony

D7241 Removal of impacted tooth-completely bony,with unusual surgical complications

D7250 Surgical removal of residual tooth roots (cutting procedure)

D7251 Coronectomy – intentional partial tooth removal

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

D7921 Collection and application of autologous blood concentrate product

D7971 Excision of pericoronal gingiva

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## 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. Services listed may be subject to Dental Review or an Alternate Benefit may be paid.
- All claims submitted for periodontal soft tissue grafts will require submission of diagnostic materials and Advisor review.

The following diagnostic materials must be submitted for review:

1. Periodontal charting completed within the past 12 months of the areas(s) being treated, which must include:
  - a. Pocket depths
  - b. Amount of recession measured from the CEJ to the gingival margin
  - c. An indication of the amount of keratinized gingiva remaining
2. A narrative (statement) explaining the reason why the graft(s) is needed.
  - There is no calendar year deductible for the plan benefits.
  - The annual benefit maximum is \$10,000 per covered person.

**You Pay:**

***High Option***

- **In-Network: 50% of our network allowance**
- **Out-of-Network: 60% coinsurance plus the difference between the allowed amount and the provider's charge.**

### Major Restorative Services

- D0160 Detailed and extensive oral evaluation – problem focused, by report – *Limited to one per patient per provider per lifetime*
- D2520 Inlays – metallic – two surfaces – *Limited to one per 5 years*
- D2510 Inlays – metallic – one surface – *Limited to one per 5 years*
- D2530 Inlays-metallic – three or more surfaces – *Limited to one per 5 years*
- 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*
- 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 metal – *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*

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### Major Restorative Services (cont.)

D2791 Crown – full cast predominately base metal – <i>Limited to one per 5 years</i>
D2792 Crown – full cast noble metal – <i>Limited to one per 5 years</i>
D2794 Crown – titanium – <i>Limited to one per 5 years</i>
D2950 Core buildup, including any pins – <i>Limited to one per 5 years</i>
D2954 Prefabricated post and core, in addition to crown – <i>Limited to one per 5 years</i>
D2980 Crown repair, by report
D2981 Inlay repair necessitated by restorative material failure, by report
D2982 Onlay repair necessitated by restorative material failure, by report
D2983 Veneer repair – by report
D2990 Resin infiltration of incipient smooth surface lesions
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 – <i>By report and is not covered when the patient discontinues treatment</i>
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, pulp space disinfection, etc.)
D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3355 Pulpal regeneration – initial visit
D3356 Pulpal regeneration – interim medication replacement
D3357 Pulpal regeneration – completion of treatment
D3999 Unspecified endodontic procedure, by report
D3410 Apicoectomy surgery – anterior
D3421 Apicoectomy surgery – bicuspid (first root)
D3425 Apicoectomy – molar (first root)
D3426 Apicoectomy (each additional root)
D3427 Periradicular surgery without apicoectomy
D3430 Retrograde filling – per root
D3450 Root amputation – per root
D3920 Hemisection (including any root removal) – not including root canal therapy

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**Periodontal Services**

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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*

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

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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*

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

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

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

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

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

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

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D4275 Soft tissue allograft

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D4276 Combined connective tissue and double pedicle graft, per tooth

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D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

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D4278 Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*

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

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D4381 Localized delivery of agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

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**Prosthodontic Services**

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

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

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

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

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

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

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

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

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

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D5863 Overdentures complete maxillary

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D5864 Overdentures partial maxillary

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D5865 Overdentures complete mandibular

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D5866 Overdentures partial mandibular

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D5899 Unspecified removable prosthodontic procedure, by report

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D6010 Surgical placement of implant body: endosteal implant- Dentally necessary only – *Limited to one in 5 years*

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D6011 Second stage implant surgery – Dentally necessary only – *Limited to one in 5 years*

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*Prosthodontic Services - continued on next page*



## Prosthodontic Services (cont.)

- D6012 Surgical placement of interim implant body for transitional prosthesis; endosteal implant – Dentally necessary only – *Limited to one in 5 years*
- D6013 Surgical placement of mini implant – Dentally necessary only – *Limited to one in 5 years*
- D6040 Surgical placement; epostal implant – Dentally necessary only – *Limited to one in 5 years*
- D6050 Surgical placement; transosteal implant – Dentally necessary only – *Limited to one in 5 years*
- D6055 Dental implant supported connecting bar- Dentally necessary only – *Limited to one in 5 years*
- D6056 Prefabricated abutment – includes modification and placement – *Limited to one in 5 years*
- D6057 Custom fabricated abutment – includes placement – *Limited to one in 5 years*
- D6058 Abutment supported porcelain/ceramic crown – *Limited to one in 5 years*
- D6059 Abutment supported porcelain/fused to metal crown(high noble metal) – *Limited to one in 5 years*
- D6060 Abutment supported porcelain/fused to metal crown (base metal) – *Limited to one in 5 years*
- D6061 Abutment supported porcelain/fused to metal crown (noble metal) – *Limited to one in 5 years*
- D6062 Abutment supported cast metal crown (high noble) – *Limited to one in 5 years*
- D6063 Abutment supported cast metal crown (base metal) – *Limited to one in 5 years*
- D6064 Abutment supported cast metal crown (noble metal) – *Limited to one in 5 years*
- D6065 Implant supported porcelain ceramic crown – *Limited to one in 5 years*
- D6066 Implant supported porcelain/fused to metal crown (titanium, titanium alloy,high noble metal) – *Limited to one in 5 years*
- D6067 Implant supported metal crown (titanium,titanium alloy, high noble metal) – *Limited to one in 5 years*
- D6068 Abutment supported retainer/porcelain/ceramic fixed partial denture – *Limited to one in 5 years*
- D6069 Abutment supported retainer/porcelain/fused to metal (high noble) – *Limited to one in 5 years*
- D6070 Abutment supported retainer/porcelain/fused to metal fixed partial denture – *Limited to one in 5 years*
- D6071 Abutment support retainer/porcelain/fused to metal fixed partial denture(noble metal) – *Limited to one in 5 years*
- D6072 Abutment supported retainer/cast metal fixed partial denture(high noble) – *Limited to one in 5 years*
- D6073 Abutment supported retainer/cast metal fixed partial denture (base metal) – *Limited to one in 5 years*
- D6074 Abutment supported retainer/cast metal fixed partial denture (noble metal) – *Limited to one in 5 years*
- D6075 Implant supported retainer/ceramic fixed partial denture – *Limited to one in 5 years*
- D6076 Implant supported retainer/porcelain/metal fixed partial denture (titanium, titanium alloy,high noble metal) – *Limited to one in 5 years*
- D6077 Implant supported retainer/cast metal (titanium, titanium alloy, high noble metal)– *Limited to one in 5 years*
- NOTE: An implant is a covered procedure of the plan only if determined to be dentally necessary. United Concordia Dental Advisors will review the clinical documentation submitted by your treating dentist. If the Dental Advisor determines the implant is not dentally necessary no benefits will be allowed for the individual implant or implant procedures, the Alternate Benefit provision will apply. (see definitions for Alternate Benefit)*
- D6080 Implant maintenance procedures wghen prostheses are removed and reinserted, cleansing of prosthesis, and abutments- Dentally necessary only – *Limited to one in 5 years*
- D6090 Repair implant supported prosthesis, by report – *Limited to one in 5 years*
- D6091 Replacement of semi-precious attachment – *Limited to one in 5 years*
- D6094 Abutment supported crown – titanium – *Limited to one in 5 years*
- D6095 Repair implant abutment, by report – *Limited to one in 5 years*
- D6100 Implant removal, by report – *Limited to one in 5 years*
- D6110 Implant/abutment support supported removable denture edentulous arch-maxillary-*Limited to one in 5 years*
- D6111 Implant/abutment supported removable denture for edentulous arch mandibular-*Limited to one in 5 years*
- D6112 Implant/abutment supported removable denture for partially edentulous arch-maxillary-*Limited to one in 5 years*

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*Prosthodontic Services - continued on next page*

## Prosthodontic Services (cont.)

D6113 Implant/abutment supported removable denture for partially edentulous arch-mandibular- <i>Limited to one in 5 years</i>
D6114 Implant/abutment supported fixed denture for edentulous arch- maxillary – <i>Limited to one in 5 years</i>
D6115 Implant/abutment supported fixed denture for edentulous arch-mandibular – <i>Limited to one in 5 years</i>
D6116 Implant/abutment supported fixed denture for partially edentulous arch-maxillary – <i>Limited to one in 5 years</i>
D6117 Implant/abutment supported fixed denture for partially edentulous arch- mandibular – <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>
D6549 Resin retainer - for resin bonded fixed prosthesis - <i>Limited to one in 5 years</i>
D6601 Inlay, porcelain/ceramic, three or more surfaces – <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>
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>
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>
D7999 Unspecified oral surgery

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*Prosthodontic Services - continued on next page*

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## Prosthodontic Services (cont.)

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***Not covered:***

- Implant services other than those listed above. An implant is a covered procedure of the plan only if determined to be dentally necessary. United Concordia Dental Advisors will review the clinical documentation submitted by your treating dentist. If the Dental Advisor determines the implant is not dentally necessary no benefits will be allowed for the individual implant or implant procedures, the Alternate Benefit provision may apply. (see definitions for Alternate Benefit)
  - 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 plan benefits.
- The waiting period for orthodontic services is 12 months. The person receiving services must be covered under this plan for the entire waiting period.
- The lifetime maximum for orthodontic services is 3,000 per covered person

**You Pay:**

***High Option***

- **In-Network: 50% of our network allowance**
- **Out-of-Network: 50% coinsurance plus the difference between the allowed amount and the provider's charge.**

### Orthodontic Services

D8010 Limited orthodontic treatment of the primary dentition

D8020 Limited orthodontic treatment of the transitional dentition

D8030 Limited orthodontic treatment of the adolescent dentition

D8040 Limited orthodontic treatment of adult 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

D8090 Comprehensive orthodontic treatment of the adult dentition

D8210 Removable appliance therapy

D8220 Fixed appliance therapy

D8660 Pre-orthodontic treatment examination to monitor growth and development

D8670 Periodic orthodontic treatment visit

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

D8690 Alternate billing

D8999 Unspecified orthodontic procedure

***Not covered:***

- *Repair of damaged orthodontic appliances*
- *Replacement of lost or missing appliance*
- *Orthodontic services for an enrolled dependent who has not met the 12 month waiting period requirement under the plan.*
- *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*

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## General Services

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### 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 plan benefits.
- The annual benefit maximum is \$10,000 per covered person.

### You Pay:

#### *High Option*

- **In-Network: 20% of our network allowance**
- **Out-of-Network: 40% coinsurance plus the difference between the allowed amount and the provider's charge.**

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### Anesthesia Services

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

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

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### Intravenous Sedation

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

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

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### Consultations

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

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### Office Visits

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D9440 Office visit – after regularly scheduled hours

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### Medications

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D9610 Therapeutic drug injection, by report

D9612 Therapeutic parenteral drugs, two or more administrations, different medications

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### Post Surgical Services

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

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### Miscellaneous Services

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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*

#### **Not covered:**

- Nitrous oxide
- Oral sedation

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## Section 6 International Services and Supplies

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<b>International Claims Payment</b>	You will need to submit a claim form with a receipt to be reimbursed in U.S. dollars based on the current Citibank foreign exchange rate.
<b>Finding an International Provider</b>	If you live overseas, you may visit any dentist. You are responsible for submitting a claim form with a receipt.
<b>Filing International Claims</b>	Submit the claim form and receipt to:  United Concordia Companies, Inc. P.O. Box 69416 Harrisburg, PA 17106-9416  You can download a claim form from our website at <a href="http://www.uccifedvip.com">www.uccifedvip.com</a> .
<b>Customer Service Website and Phone Numbers</b>	You may contact Customer Service at 1-877-394-8224 or by visiting our website at <a href="http://www.uccifedvip.com">www.uccifedvip.com</a> .
<b>International Rates</b>	There is one international region. Please see the rate table for the actual premium amount.

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## Section 7 General Exclusions – Things We Do Not Cover

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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 benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- 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 (TMJD);
- 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 that may be covered under the FEHB or other medical insurance even when provided by a general dentist or oral surgeon;
- Services or treatment provided by a member of your immediate family or a member of the immediate family of your spouse;

- Those submitted by a dentist which are for the same services performed on the same date for the same member by another dentist;
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- Those for which the member would have no obligation to pay in the absence of this or any similar coverage;
- Those which are for unusual procedures and techniques and may not be considered generally accepted practices by the American Dental Association;
- Those performed by a dentist who is compensated by a facility for similar covered services performed for members;
- Plaque control programs, oral hygiene instruction, and dietary instructions;
- 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;
- Gold foil restorations;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;
- Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);
- Nitrous oxide;
- Oral sedation.



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## Section 8 Claims Filing and Disputed Claims Processes

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### How to File a Claim For Covered Services

A United Concordia participating Federal Dental Program Network dentist files the claim for you. If you do need to file a claim, you and the dentist should complete the appropriate claim form sections, and you should then mail the claim to the address below. You can download a claim form from our website at [www.uccifedvip.com](http://www.uccifedvip.com).

United Concordia Companies, Inc.  
PO. Box 69416  
Harrisburg, PA 17106-9416

### Deadline For Filing Your Claim

Your United Concordia Federal Dental Program Network 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.**

#### Disputed Claims Steps

**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 in a thorough, appropriate and timely manner to ensure that you are afforded a full and fair review of claims for benefits.

**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 Dental 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 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 Dental 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.

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## Section 9 Definitions of Terms We Use in This Brochure

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<b>Annual Benefit Maximum</b>	Our Plan includes an annual benefit maximum of \$10,000. Once you reach this amount, you are responsible for all charges.
<b>Annuitants</b>	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.
<b>BENEFEDS</b>	The enrollment and premium administration system for FEDVIP.
<b>Benefits</b>	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
<b>Class A Services</b>	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
<b>Class B Services</b>	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
<b>Class C Services</b>	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.
<b>Class D Services</b>	Orthodontic services.
<b>Dental Accident</b>	An injury to sound natural teeth and supporting structures caused by a violent external force such as a fall or blow to the mouth.
<b>Enrollee</b>	The Federal employee or annuitant enrolled in this Plan.
<b>FEDVIP</b>	Federal Employees Dental and Vision Insurance Program.
<b>Generally Accepted Dental Protocols</b>	"Conventional" methods of evaluation, diagnosis, prevention and/or treatment of diseases, conditions and/or dysfunctions relating to the oral cavity and its associated structures.
<b>Missing Tooth Clause</b>	The exclusion of any service or supply rendered to replace a tooth lost prior to the effective date of the coverage. If some teeth were missing prior to the effective date and others are extracted after the coverage was effective, services such as a bridge or denture are eligible for payment.
<b>Plan Allowance</b>	The amount we use to determine our payment for services. We determine our Plan allowance for members who reside in limited access areas as follows: the 75 <sup>th</sup> 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 90 <sup>th</sup> percentile of Ingenix data for the District of Columbia.
<b>Pre-Determination</b>	Pre-determination is not necessary under this Plan. However, we do recommend that you request a pre-determination of benefits for more extensive treatments. This will assure both you and your dentist that the service is covered and indicate how much you can expect to pay out-of-pocket.
<b>Preexisting Condition</b>	Any disease or condition of the teeth or supporting structures which were present on the effective date of coverage.
<b>Rating Areas</b>	Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move.

<b>Waiting period</b>	The amount of time that you must be enrolled in this Plan before you can receive orthodontic services.
<b>We/Us</b>	United Concordia Dental.
<b>You</b>	Enrollee or eligible family member.

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## Stop Health Care Fraud!

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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.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless he/she is disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure, prior to submitting your enrollment or obtaining benefits.

**Fraud or intentional misrepresentation of material fact is prohibited under the Plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the Plan when you are no longer eligible.**

## Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; please review the individual sections of this brochure for more detail.
- If you want to enroll or change your enrollment in this Plan, please visit [www.BENEFEDS.com](http://www.BENEFEDS.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

High Option Benefits	You Pay In-network	You Pay Out-of-network	Page
Class A (Basic) Services – preventive and diagnostic *	0%	20%	15
Class B (Intermediate) Services – includes minor restorative services *	20%	40%	17
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services *	50%	60%	20
Class D Services – orthodontic – after a 12 month waiting period; for each covered person subject to a \$3,000 lifetime maximum	50%	50%	26

\*Class A, B, and C Services are subject to a \$10,000 annual maximum benefit and a \$2,000 dental accident lifetime maximum

## Rate Information

### How to find your rate

- In the first chart below, look up your state or zip code to determine our rating area.
- In the second chart on the following page, match your Rating Area to our enrollment type and plan option.

### Premium Rating Areas by State/Zip Code (first three digits)

State		Rating Area	State		Rating Area	State		Rating Area
AK	Entire state	5	MD	Rest of state	4	PA	173-174	4
AL	Entire state	1	ME	038	5	PA	183	5
AR	Entire state	1	ME	Rest of state	3	PA	189-196	2
AZ	Entire state	1	MI	Entire state	2	PA	Rest of state	1
CA	900-908, 910-918, 922-931	3	MN	550-555	3	PR	Entire state	1
CA	939-941, 943-954	5	MN	Rest of state	2	RI	Entire state	5
CA	Rest of state	4	MO	Entire state	1	SC	Entire state	1
CO	Entire state	3	MS	Entire state	1	SD	Entire state	1
CT	Entire state	5	MT	Entire state	1	TN	Entire state	1
DC	Entire state	4	NC	Entire state	2	TX	Entire state	1
DE	Entire state	2	ND	Entire state	1	UT	Entire state	3
FL	330-334	3	NE	Entire state	1	VA	200-205, 220-227	4
FL	Rest of State	1	NH	Entire state	5	VA	231-232, 238	2
GA	Entire state	1	NJ	080-084	2	VA	Rest of state	1
HI	Entire state	4	NJ	Rest of state	5	VT	Entire state	3
IA	Entire state	1	NM	Entire state	2	WA	980-986	5
ID	Entire state	2	NV	897	4	WA	Rest of state	4
IL	600-608	3	NV	Entire state	4	WI	530-532, 534, 540	3
IL	Rest of state	1	NY	005, 063, 100-119, 124-126	5	WI	Rest of state	2
IN	463-464	3	NY	Rest of state	3	WV	254	4
IN	Rest of state	1	OH	440-443	3	WV	Rest of state	1
KS	Entire state	2	OH	430-432, 453-455	2	WY	Entire state	2
KY	Entire state	1	OH	Rest of state	1	VI	Entire area	5
LA	Entire state	1	OK	Entire state	1	GU	Entire area	5
MA	Entire state	5	OR	970-973	5	Inter-national		5
MD	219	2	OR	Rest of state	4	APO/ FPO		5

### Bi-weekly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family
1	\$13.75	\$27.51	\$41.25
2	\$15.44	\$30.89	\$46.32
3	\$17.13	\$34.26	\$51.41
4	\$18.83	\$37.6	\$56.48
5	\$20.52	\$41.03	\$61.55

### Monthly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family
1	\$29.79	\$59.61	\$89.38
2	\$33.45	\$66.93	\$100.36
3	\$37.12	\$74.23	\$111.39
4	\$40.80	\$81.58	\$122.37
5	\$44.46	\$88.90	\$133.36