United Concordia Dental

www.uccifedvip.com

877-394-8224

2021

A NationwideDental PPO Plan

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

IMPORTANT
- Rates: Back Cover
- Summary of Benefits: Page 42

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
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self and Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employees Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The law 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. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-38, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of the United Concordia FEDVIP under United Concordia's contract OPM02-FEDVIP-02AP-14 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

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, 2021, 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. 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. 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 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.

Discrimination is Against the Law

United Concordia complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, United Concordia does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

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FEDVIP Program Highlights

A Choice of Plans and Options	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. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit www.opm.gov/dental or www.opm.gov/vision for more information.
Enroll Through BENEFEDS	You enroll online at www.BENEFEDS.com. Please see Section 2, Enrollment, for more information.
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) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2020 Open Season, your coverage begins on January 1, 2021. Premium deductions start with the first full pay period beginning on/after January 1, 2021. You may use your benefits as soon as your enrollment is confirmed.
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. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars.
Annual Enrollment Opportunity	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 9, 2020 through midnight EST December 14, 2020. 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.
Continued Group Coverage After Retirement	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.
Waiting Period	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 of 12 months. Waiting period may be waived if you submit proof of prior orthodontic coverage in 2020.

How We've Changed for 2021

How we have changed for 2021:

Added a Standard Option

Added coverage for resin based composite filings- posterior teeth(white filings)

Changes for High Option only- Added a $2500 annual maximum per person for Implant Services

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 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.

Federal Annuitants

You are eligible to enroll if you:

- 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.

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.

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.

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 may 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/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.

TRICARE-eligible individual

An individual who is eligible for FEDVIP dental coverage based on the individual's eligibility to previously be covered under the TRICARE Retiree Dental Program or an individual eligible for FEDVIP vision coverage based on the individual's enrollment in a specified TRICARE health plan. Retired members of uniformed services and National Guard/Reserve components, including "gray-area" retirees under age 60 and their families are eligible for FEDVIP dental coverage. These individuals, if enrolled in a TRICARE health plan, are also eligible for FEDVIP vision coverage. In addition, uniformed services active duty family members who are enrolled in a TRICARE health plan are eligible for FEDVIP vision coverage.

Family Members

Except with respect to TRICARE-eligible individuals, 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. FEDVIP rules and FEHB rules for family member eligibility are **NOT** the same. For more information on family member eligibility visit the website at www.opm.gov/healthcare-insurance/dental-vision/ or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unremarried widow, unremarried widower, unmarried child, an unremarried former spouse who meets the U.S Department of Defense's 20-20-20 or 20-20-15 eligibility requirements, and certain unmarried persons placed in your legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active duty uniformed service members. **Note:** If you are an active duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.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 2021.

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 BENEFEDS.

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.

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) cannot 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, annuitant, or TRICARE-eligible individual, you may enroll in a dental and/or vision plan during the November 9, through midnight EST December 14, 2020, Open Season. Coverage is effective January 1, 2021.

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 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.
- a TRICARE-eligible individual

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS 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:

Qualifying Life Event	From Not Enrolled to Enrolled	Increase Enrollment Type	Decrease Enrollment Type	Cancel	Change from One Plan to Another
Marriage	Yes	Yes	No	No	Yes
Acquiring an eligible family member (non-spouse)	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
Going on active military duty, non-paystatus (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes	No	No	No	No
Returning to pay status from Leave without pay	**Yes (if enrollment cancelled during LWOP)**	No	No	No	**Yes (if enrollment cancelled during LWOP)**
Annuity/ compensation restored	Yes	Yes	Yes	No	No
Transferring to an eligible position*	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 for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when you:

- no longer meet the definition of an eligible employee, annuitant, or TRICARE-eligible individual;
- as a Retired Reservist you begin active duty;
- as sponsor or primary enrollee leaves active duty
- 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;
- cancel the enrollment during Open Season;
- a Retired Reservist begins active duty; or
- the sponsor or primary enrollee leaves active duty.

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.

If you have an HCFSA or LEX HCFSA FSAFEDS account and you haven't exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over up to $550 of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31. You must also actively reenroll in a health care or limited expense account during the NEXT Open Season to be carryover eligible. Your reenrollment must be for at least the minimum of $100. If you do not reenroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st, your funds will not be carried over.

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.

For a health care or limited expense account, each participant must contribute a minimum of $100 to a maximum of $2,750.

Current FSAFEDS participants must re-enroll to participate next year. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. **Note: FSAFEDS is not open to retired employees, or to TRICARE eligible individuals.**

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).

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

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 www.uccifedvip.com.

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.

Where You Get Covered Care

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.

Plan Providers

We list plan providers in the provider directory, which we update weekly. The list is available on our website at: www.uccifedvip.com or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224).

In-Network

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 www.uccifedvip.com, or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224)

Out-of-Network

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.

Emergency Services

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.

Pre-Determination

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.

FEHB First Payor

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. United Concordia will coordinate benefits not to exceed members responsibility and not pay more than the member is responsible for.

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.

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.

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.

First Payor Example:

When the covered individual has FEHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB carrier	Services were performed by an In-Network Provider.
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:

When United Concordia is secondary to a Non-FEHB dental carrier	Services were performed by an In-Network provider
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:

When the covered individual has FEHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB carrier	**Services were performed by an Out-of-Network Provider.**
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) **Since the provider does not participate in either network, he is allowed to balance bill the member.**
When United Concordia is secondary to a Non-FEHB dental carrier	**Services were performed by an Out-of-Network provider**
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) **Since the provider does not participate in either network, he is allowed to balance bill the member.**

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 could pay 100% of our plan allowance. This is dependent on the applicable co-insurance, plan maximums and other benefit features that 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 the allowance 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, a partial denture may be an alternate benefit for implants.

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.

Section 4 Your Cost For Covered Services

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.

For the High Option your coinsurance is as follows:

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

For the Standard Option your coinsurance is as follows:

	You Pay In-Network	You Pay Out-of-Network
Class A	0%	40%
Class B	45%	60%
Class C	65%	80%
Orthodontics	50%	50%

Annual Benefit Maximum

For the High Option our Plan includes an Unlimited annual benefit maximum per covered person for combined Class A, B and C covered services, excluding implant related services. Implant related Services have a $2500 annual maximum per covered person.

For the Standard Option our Plan includes a $1,500 annual benefit maximum per covered person for combined Class A, B and C covered services.

Lifetime Benefit Maximum

For the High Option 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.

For the Standard Option our Plan includes a lifetime benefit maximum of $2,000 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 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 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 unlimited annual maximum. 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 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.

In-Progress Treatment

In-progress treatment for dependents of retiring active duty service members who were enrolled in the TRICARE Dental Program (TDP) will be covered for the 2021 plan year; regardless of any current plan exclusion for care initiated prior to the enrollee's effective date.

This requirement includes assumption of payments for covered orthodontia services up to the FEDVIP policy limits, and full payment where applicable up to the terms of FEDVIP policy for covered services completed (but not initiated) in the 2021 plan year such as crowns and implants.

This is not a requirement for carriers to provide in-progress coverage for orthodontia in a plan where an enrollee must meet a waiting period.

FEDVIP carriers will not cover in-progress treatment if you enroll in a FEDVIP plan that has a waiting period, or does not cover the service. Several FEDVIP dental plans have options that offer orthodontia coverage without a 12-month waiting period, and without age limits.

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.
- High Option annual benefit maximum is Unlimited per covered person.
- Standard Option annual benefit maximum is $1,500 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.**

Standard Option

- **In-Network: 0%**
- **Out-of-Network: 40% coinsurance plus the difference between the allowed amount and the provider's charge.**

Diagnostic and Treatment Services
D0120 Periodic oral evaluation – *Limited to two per calendar year 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 per calendar year in combination with D0120, D0180, D0145*
D0180 Comprehensive periodontal evaluation – new or established patient – *Limited to two per calendar year in combination with D0120, D0150, 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 – film
D0251 Extraoral-Posterior Dental Radiograph - *Limited to 1 per 12 month period. Not covered if related to TMJ.*
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
D0470 Diagnostic casts - *Limited to one per lifetime*
D0999 Unspecified diagnostic procedure

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Preventive Services
D1110 Prophylaxis – adult – *Limited to two per calendar year*
D1120 Prophylaxis – child – *Limited to two per calendar year*
D1206 Topical application of fluoride varnish – *Limited to two per calendar year*
D1208 Topical application of fluoride excluding varnish – *Limited to two per calendar year*
D1351 Sealant – per tooth – *Limited to permanent molars through age 18. One sealant per tooth in a 3-year period*
D1352 Preventive resin restoration in moderate to high caries risk patient- permanent tooth
D1353 Sealant repair (per tooth)- *Limited to through age 18 on permanent molars and 1 per tooth per 3 years.*
D1354 Interim caries arresting medication application - *Limited to members age 1 through 6, 2 treatments per tooth per 12 months; age 7 through 12, 1 treatment per 12 months*
D1510 Space maintainer – fixed – unilateral, per quadrant, excludes distal shoe space maintainer – *Limited to one per three years for members under age 19*
D1516 Space maintainer-fixed-bilateral,maxillary- *Limited to one per three years for members under age 19*
D1517 Space maintainer-fixed-bilateral,mandibular- *Limited to one per three years for members under age 19*
D1520 Space maintainer – removable – unilateral, per quadrant – *Limited to one per three years for members under age 19*
D1526 Space maintainer-removable-bilateral,maxillary – *Limited to one per three years for members under age 19*
D1527 Space maintainer-removable-bilateral,mandibular – *Limited to one per three years for members under age 19*
D1551 Re-cement or re-bond bilateral space maintainer, maxillary - *Limited to one per six months for members under age 19*
D1552 Re-cement or re-bond bilateral space maintainer, mandibular - *Limited to one per six months for members under age 19*
D1553 Re-cement or re-bond unilateral space maintainer, per quadrant - *Limited to one per six months for members under age 19*
D1575 Distal shoe space maintainer- fixed unilateral,per quadrant - *Limited to one per three years for members under age 19*
Additional Procedures covered as Basic Services
D9110 Palliative treatment of dental pain – minor procedure
D9310 Consultation other than requesting dentist - *Limited to one per patient per Provider per 12 months in combination with limited evaluation (D0140)*
D9311 Consultation with a medical health care professional - *Combination of D9310 and D9311 limited to one per patient per Provider per 12 months*
D1999 Unspecified preventive procedure, by report only

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,special mouth rinses, fluoride rinses*

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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.
- High Option annual benefit maximum is Unlimited per covered person.
- Standard Option annual benefit maximum is $1,500 per covered person.
- In-progress treatment for dependents of retiring TDP enrollees will be covered for the 2021 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's effective date.

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.**

Standard Option

- **In-Network: 45% of our network allowance**
- **Out-of-Network: 60% 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*
D2390 Resin based composite crown-anterior - *Limited to one per 24 months for replacement restorations*
D2391 Resin-based composite-one surface-posterior
D2392 Resin-based composite- two surfaces- posterior
D2393 Resin-based composite- three surfaces- posterior
D2394 Resin-based composite – four or more surfaces- posterior
D2610 Inlay porcelain/ceramic one surface - *Alternate benefit applies (See Section 4 How to Obtain Care, for definition)*
D2620 Inlay porcelain/ceramic two surfaces - Alternate benefit applies(see Section 4 How to Obtain Care, for definition)
D2630 Inlay/porcelain/ceramic three surfaces or more - Alternate benefit applies(see Section 4 How to Obtain Care, for definition)
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Minor Restorative Services - continued on next page

Minor Restorative Services (cont.)
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*
D2915 Re-cement Inlay- *Limited to one per 3 years*
D2920 Re-cement or re-bond crown – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
D2921 Reattachment of tooth fragment - *Limited to one every 24 months*
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
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.*
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; 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*
D4346 Scaling in presence of generalized moderate or severe gingival inflammation-full mouth oral evaluation-Covered age 16 and older; once per 24 months. Combination of scaling and routine prophylaxis cannot exceed 2 per calendar year.
D4910 Periodontal maintenance – *Limited to 4 periodontal cleanings and 2 routine cleanings within a calendar year period but the total cannot exceed 4 in a calendar year.*
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*
D5511 Repair broken complete denture base, mandibular
D5512 Repair broken complete denture base, maxillary
D5520 Replace missing or broken teeth – complete denture (each tooth)
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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D5611 Repair resin partial denture base, mandibular
D5612 Repair resin partial denture base, maxillary
D5621 Repair cast partial framework, mandibular
D5622 Repair cast partial framework, maxillary
D5630 Repair or replace broken retentive clasping materials - per tooth
D5640 Replace broken teeth – per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture- per tooth
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 (direct) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5731 Reline complete mandibular denture (direct) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5740 Reline maxillary partial denture (direct)– *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5741 Reline mandibular partial denture (direct)– *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5750 Reline complete maxillary denture (indirect) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5751 Reline complete mandibular denture (indirect)– *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5760 Reline maxillary partial denture (indirect)– *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5761 Reline mandibular partial denture (indirect)– *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 -*Limited to one per 6 month period; integral within 12 months of the placement of prosthesis.*
D6093 Re-cement or re-bond implant abutment supported fixed partial dentures -*Limited to one per 6 month period; integral within 12 months of the placement of the prosthesis*
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
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Oral Surgery
D7111 Extraction, Coronal remnants primary tooth
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210 Extraction 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 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 Exposure 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 allowance 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 High Option annual benefit maximum is Unlimited per covered person, with the exception of Implant services.
- Implant services in the High Option are limited to an annual maximum of $2,500 per covered person.
- The Standard Option annual benefit maximum is $1,500 per covered person.
- In-progress treatment for dependents of retiring TDP enrollees will be covered for the 2021 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's effective date.

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.**

Standard Option

- **In-Network: 65% of our network allowance**
- **Out-of-Network: 80% 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*
D2510 Inlays – metallic – one surface – *Limited to one per 5 years, per tooth*
D2520 Inlays – metallic – two surfaces – *Limited to one per 5 years, per tooth*
D2530 Inlays-metallic – three or more surfaces – *Limited to one per 5 years, per tooth*
D2542 Onlay – metallic – two surfaces – *Limited to one per 5 years, per tooth*
D2543 Onlay – metallic – three surfaces – *Limited to one per 5 years,per tooth*
D2544 Onlay – metallic – four or more surfaces – *Limited to one per 5 years, per tooth*
D2740 Crown – porcelain/ceramic – *Limited to one per 5 years, per tooth*
D2750 Crown – porcelain fused to high noble metal – *Limited to one per 5 years, per tooth*
D2751 Crown – porcelain fused to predominately base metal – *Limited to one per 5 years, per tooth*
D2752 Crown – porcelain fused to noble metal – *Limited to one per 5 years, per tooth*
D2753 Crown - porcelain fused to titanium and titanium alloys - *Limited to one in 5 years, per tooth*
D2780 Crown – 3/4 cast high noble metal – *Limited to one per 5 years, per tooth*
D2781 Crown – 3/4 cast predominately base metal – *Limited to one per 5 years, per tooth*
D2782 Crown – 3/4 cast noble metal – *Limited to one per 5 years, per tooth*
D2783 Crown – 3/4 porcelain/ceramic – *Limited to one per 5 years, per tooth*
D2790 Crown – full cast high noble metal – *Limited to one per 5 years, per tooth*
D2791 Crown – full cast predominately base metal – *Limited to one per 5 years, per tooth*
D2792 Crown – full cast noble metal – *Limited to one per 5 years, per tooth*
D2794 Crown – titanium and titanium alloys – *Limited to one per 5 years, per tooth*
D2950 Core buildup, including any pins – *Limited to one per 5 years, per tooth*
D2954 Prefabricated post and core, in addition to crown – *Limited to one per 5 years, per tooth*
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 Endodontic therapy, premolar tooth(excluding final restoration)
D3330 Endodontic therapy, molar tooth (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-premolar
D3348 Retreatment of previous root canal therapy-molar
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
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Endodontic Services - continued on next page

Endodontic Services (cont.)
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 – premolar (first root)
D3425 Apicoectomy – molar (first root)
D3426 Apicoectomy (each additional root)
D3430 Retrograde filling – per root
D3450 Root amputation – per root
D3471 Surgical repair of root resorption-anterior - *Integral if reported with an apicoectomy by the same dentist on the same date of service*
D3472 Surgical repair of root resorption-premolar - *Integral if reported with an apicoectomy by the same dentist on the same date of service*
D3473 Surgical repair of root resorption-molar - *Integral if reported with an apicoectomy by the same dentist on the same date of service*
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption-anterior - *Intergral if reported with a apicoectomy by the same dentist on the same date of service.*
D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption- premolar- *Integral if reported with an apicoectomy by the same dentist on the same date of service*
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption- molar- *Integral if reported with an apicoectomy by the same dentist on the same dated of service*
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*
D4212 Gingivectomy or gingivoplasty with restorative procedures per tooth - *Integral and ineligible as a separate service*
D4240 Gingival flap procedure, including root planing, four of 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 planing, 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 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*
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*
D4268 Surgical revision procedures, per tooth - *Integral and not eligible as a separate service*
D4270 Pedicle soft tissue graft procedure – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
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Periodontal Services - continued on next page

Periodontal Services (cont.)
D4273 Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft– *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4275 Non-autogenous connective tissue graft (including recipient and donor material) first tooth, implant, or edentulous tooth position in graft - *Limited to one periodontal surgical procedure per 24 months per area of mouth*
D4276 Combined connective tissue and double pedicle graft, per tooth
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or endentulous tooth position in graft – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or endentulous tooth position in same graft site – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4283 Autogenous connective tissue graft procedure(including donor and recipient surgical sites) - each additional contiguous tooth, implant, or edentulous tooth position in same graft site -*Limited to one periodontal surgical procedure per 24 months per area of mouth*
D4285 Non-autogenous connective tissue graft procedure(including recipient surgical site and donor material)- each additional contiguous tooth, implant, or edentulous tooth position in the same graft site - *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4355 Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit – *Limited to one per lifetime*
D4381 Localized delivery of agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
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 retentive clasping material, rests and teeth) – *Limited to one in 5 years*
D5212 Mandibular partial denture – resin base (including retentive clasping material, rests and teeth) – *Limited to one in 5 years*
D5213 Maxillary partial denture – cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – *Limited to one in 5 years*
D5214 Mandibular partial denture – cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – *Limited to one in 5 years*
D5221 Immediate maxillary partial denture- resin base(including retentive/clasping materials,rests, and teeth) *Limited to one in 5 years*
D5222 Immediate mandibular partial denture-resin based(including retentive/clasping materials, rests, and teeth) *Limited to one in 5 years*
D5223 Immediate maxillary partial denture-cast metal framework with resin denture bases(including retentive/clasping materials, rests, and teeth) *Limited to one in 5 years*
D5224 Immediate mandibular partial denture-cast metal framework with resin denture bases(including retentive/clasping materials, rests, and teeth) *Limited to one in 5 years*
D5225 Maxillary partial denture, flexible base - *Limited to one in 5 years*
D5226 Mandibular partial denture, flexible base - *Limited to one in 5 years*
D5282 Removable unilateral partial denture-one piece cast metal(including retentive/clasping materials, rests and teeth), maxillary - *Limited to one in 5 years*
D5283 Removable unilateral partial denture-one piece cast metal(including retentive/clasping materials, rests and teeth), mandibular- *Limited to one in 5 years*
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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D5284 Removable unilateral partial denture-one piece flexible base(including retentive/clasping materials, rests and teeth) per quadrant - *Limited to one in 5 years*
D5286 Removable unilateral partial denture- one piece resin(including retentive/clasping materials, rests and teeth) per quadrant - *Limited to one in 5 years*
D5863 Overdentures complete maxillary
D5864 Overdentures partial maxillary
D5865 Overdentures complete mandibular
D5866 Overdentures partial mandibular
D5876 Add metal substructure to acrylic full denture - *Limited to one in 5 years*
D5899 Unspecified removable prosthodontic procedure, by report
D6012 Surgical placement of interim implant body for transitional prosthesis; endosteal implant – Dentally necessary only – *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 crown/fused to high noble alloys – *Limited to one in 5 years*
D6067 Implant supported crown high noble alloys – *Limited to one in 5 years*
D6080 Implant maintenance procedures when prostheses are removed and reinserted, cleansing of prosthesis, and abutments- Dentally necessary only – Limited to one in 5 years
D6082 Implant supported crown- porcelain fused to predominantly base alloys - *Limited to one in 5 years*
D6083 Implant supported crown-porcelain fused to noble alloys - *Limited to one in 5 years*
D6084 Implant supported crown-porcelain fused to titanium and titanium alloys - *Limited to one in 5 years*
D6086 Implant supported crown, predominantly base alloys - *Limited toone in 5 years*
D6087 Implant supported crown,noble alloys - *Limited to one in 5 years*
D6088 Implant supported crown, titanium and titanium alloys - *Limited to one in 5 years*
D6091 Replacement of replaceable part of semi-precious attachment – *Limited to one in 5 years*
D6094 Abutment supported crown, titanium and titanium alloys – Limited to one in 5 years
D6097 Abutment supported crown, porcelain fused to titanium and titanium alloys - *Limited to one in 5 years*
D6102 Debridement of periimplant defect- *Limited to one per tooth per lifetime*
D6210 Pontic – cast high noble metal – *Limited to one in 5 years*
D6211 Pontic – cast predominately base metal – *Limited to one in 5 years*
D6212 Pontic – cast noble metal – *Limited to one in 5 years*
D6214 Pontic – titanium and titanium alloys – *Limited to one in 5 years*
D6240 Pontic – porcelain fused to high noble metal – *Limited to one in 5 years*
D6241 Pontic – porcelain fused to predominately base metal – *Limited to one in 5 years*
D6242 Pontic – porcelain fused to noble metal – *Limited to one in 5 years*
D6243 Pontic, porcelain fused to titanium and titanium alloys - *Limited to one in 5 years*
D6245 Pontic – porcelain/ceramic – *Limited to one in 5 years*
D6545 Retainer – cast metal for resin bonded fixed prosthesis – *Limited to one in 5 years*
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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis – *Limited to one in 5 years*
D6549 Resin retainer - for resin bonded fixed prosthesis - Limited to one in 5 years
D6601 Retainer inlay, porcelain/ceramic, three or more surfaces – *Limited to one in 5 years*
D6602 Retainer inlay, cast high noble metal, two surfaces – *Limited to one in 5 years*
D6603 Retainer inlay, cast high noble metal, three or more surfaces – *Limited to one in 5 years*
D6604 Retainer inlay, cast predominantly base metal, two surfaces – *Limited to one in 5 years*
D6605 Retainer inlay, cast predominantly base metal, three or more surfaces – *Limited to one in 5 years*
D6606 Retainer inlay, cast noble metal, two surfaces – *Limited to one in 5 years*
D6607 Retainer inlay, cast noble metal, three or more surfaces – *Limited to one in 5 years*
D6613 Onlay, cast predominantly base metal, three or more surfaces – *Limited to one in 5 years*
D6615 Onlay, cast noble metal, three or more surfaces – *Limited to one in 5 years*
D6740 Retainer crown – porcelain/ceramic – *Limited to one in 5 years*
D6750 Retainer crown – porcelain fused to high noble metal – *Limited to one in 5 years*
D6751 Retainer crown – porcelain fused to predominately base metal – *Limited to one in 5 years*
D6752 Retainer crown – porcelain fused to noble metal – *Limited to one in 5 years*
D6753 Retainer crown, porcelain fused to titanium and titanium alloys - *Limited to one in 5 years*
D6780 Retainer crown – 3/4 cast high noble metal – *Limited to one in 5 years*
D6781 Retainer crown – 3/4 cast predominately base metal – *Limited to one in 5 years*
D6782 Retainer crown – 3/4 cast noble metal – *Limited to one in 5 years*
D6783 Retainer crown – 3/4 porcelain/ceramic – *Limited to one in 5 years*
D6784 Retainer crown 3/4, titanium and titanium alloys -*Limited to one in 5 years*
D6790 Retainer crown – full cast high noble metal – *Limited to one in 5 years*
D6791 Retainer crown – full cast predominately base metal – *Limited to one in 5 years*
D6792 Retainer crown – full cast noble metal – *Limited to one in 5 years*
D6794 Retainer crown, titanium and titanium alloys – *Limited to one in 5 years*
D7994 Surgical placement: zygomatic implant - *Limited to one in 5 years*
D7999 Unspecified oral surgery
D9932 Cleaning and inspection of removable complete denture, maxillary- *Limited to one in a 12 month period*
D9933 Cleaning and inspection of removable complete denture, mandibular - *Limited to one in a 12 month period*
D9934 Cleaning and inspection of removable partial denture,maxillary - *Limited to one in a 12 month period*
D9935 Cleaning and inspection of removable partial denture,mandibular - *Limited to one per 12 month period*
Implant Services
Implant services may be allowed under the benefit plan. For the High Option we will limit payment on covered implant services to a calendar year maximum of $2,500. Replacement implant services are limited to one per 5 years after initial placement.
D6010 Surgical placement of implant body:endosteal implant- Dentally necessary only – *Limited to one in 5 years*
D6011 Second stage implant surgery – 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; eposteal implant – Dentally necessary only – *Limited to one in 5 years*
D6050 Surgical placement; transosteal implant – Dentally necessary only – *Limited to one in 5 years*
D6052 Semi-precision attachment abutment
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*
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Implant Services - continued on next page

Implant Services (cont.)
D6057 Custom fabricated abutment – includes placement – *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 fixed partial denture, porcelain fused to alloys - *Limited to one in 5 years*
D6077 Implant supported retainer for metal fixed partial denture, high noble alloys – *Limited to one in 5 years*
D6090 Repair implant supported prosthesis, by report – *Limited to one in 5 years*
D6095 Repair implant abutment, by report – *Limited to one in 5 years*
D6096 Remove broken implant retaining screw
D6098 Implant supported retainer, porcelain fused to predominantly base alloys - *Limited to one in 5 years*
D6099 Implant supported retainer for fixed partial denture, porcelain fused to noble alloys - *Limited to one in 5 years*
D6100 Implant removal, by report – *Limited to one in 5 years*
D6104 Bone graft at time of placement - *Limited to one per tooth per lifetime*
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*
D6113 Implant/abutment supported removable denture for partially edentulous arch-mandibular-*Limited to one in 5 years*
D6114 Implant/abutment supported fixed denture for edentulous arch- maxillary – *Limited to one in 5 years*
D6115 Implant/abutment supported fixed denture for edentulous arch-mandibular – *Limited to one in 5 years*
D6116 Implant/abutment supported fixed denture for partially edentulous arch-maxillary – *Limited to one in 5 years*
D6117 Implant/abutment supported fixed denture for partially edentulous arch- mandibular – *Limited to one in 5 years*
D6120 Implant supported retainer, porcelain fused to titanium and titanium alloys - *Limited to one in 5 years*
D6121 Implant supported retainer for metal fixed partial denture, predominantly base alloy - *Limited to one in 5 years*
D6122 Implant supported retainer for metal fixed partial denture, noble alloys - *Limited to one in 5 years*
D6123 Implant supported retainer for metal fixed partial denture, titanium and titanium alloys - *Limited to one in 5 years*
D6194 Abutment supported retainer crown for fixed partial denture – titanium and titanium alloys – *Limited to one in 5 years*
D6195 Abutment supported retainer, porcelain fused to titanium and titanium alloys - *Limited to one in 5 years*
D7994 Surgical placement: zygomatic implant - *Limited to one in 5 years*

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

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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 the United Concordia plan for the entire waiting period. The waiting be period may be waived with the submission of proof of prior orthodontic coverage in 2020. If orthodontic treatment is already in progress at the time of eligibility, the orthodontic benefit will be prorated based on the number of months remaining in the treatment plan, subject to coinsurance and the lifetime maximum.
- In progress orthodontic treatment for dependents of retiring TDP enrollees will be covered for the 2021 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's effective date. If orthodontic treatment is already in progress at the time of eligibility, the orthodontic benefit will be prorated based on the number of months remaining in the treatment plan, subject to coinsurance and the lifetime maximum.
- High Option lifetime maximum for orthodontic services (Class D) is $3,000 per covered person.
- Standard Option lifetime maximum for orthodontic services (Class D) is $2,000 for dependent children to age 19.

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.**

Standard 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
D0340 Cephalometric film - *Limited to one per patient per lifetime*
D0350 Oral/facial images
D0351 3D photographic image
D0702 2-D cephalometric radiograhic image- Image capture only - *Limited to one per member per lifetime*
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
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Orthodontic Services - continued on next page

Orthodontic Services (cont.)
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))
D8681 Removable orthodontic retainer adjustment - *Integral, not covered submitted as a separate service*
D8690 Alternate billing
D8999 Unspecified orthodontic procedure
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Not covered:

- *Repair of damaged orthodontic appliances*
- *Replacement of lost or missing appliance*
- *Orthodontic services for an enrolled member or 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*

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.
- There is no calendar year deductible for the plan benefits.
- High Option annual benefit maximum is Unlimited per covered person.
- Standard Option annual benefit maximum is $1,500 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.**

Standard Option

- **In-Network: 45% of our network allowance**
- **Out-of-Network: 60% coinsurance plus the difference between the allowed amount and the provider's charge.**

Anesthesia Services
D9219 Evaluation for moderate sedation, deep sedation or general anesthesia - *Limited to third molar extractions only, children up to age 22 and once per lifetime*
D9222 Deep sedation/general anesthesia – first 15 minutes – Covered by report
D9223 Deep sedation/general anesthesia – each subsequent 15 minute increment – *Covered by report*
Intravenous Sedation
D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes- Covered by report
D9243 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment– *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
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
Post Surgical Services
D9930 Treatment of complications (post-surgical) unusual circumstances, by report

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Miscellaneous Services
D9941 Fabrication of athletic mouthguard – *Limited to one per 12 month period*
D9943 Occlusal Guard adjustment - *Limited to one per 24 months for patients age 13 or over; not covered when performed for TMJ*
D9944 Occlusal guard, hard appliance,full arch, – *Limited to one per 12 month period for patients age 13 or over; not covered when performed for TMJ*
D9945 Occlusal guard, soft appliance,full arch, – *Limited to one per 12 month period for patients age 13 or over; not covered when performed for TMJ*
D9946 Occlusal guard, hard appliance, partial arch, – *Limited to one per 12 month period for patients age 13 or over; not covered when performed for TMJ*
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

International Claims Payment	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.
Finding an International Provider	If you live overseas, you may visit any dentist. You are responsible for submitting a claim form with a receipt.
Filing International Claims	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 www.uccifedvip.com.
Customer Service Website and Phone Numbers	You may contact Customer Service at 1-877-394-8224 or by visiting our website at www.uccifedvip.com.
International Rates	There is one international region. Please see the rate table for the actual premium amount.

Section 7 General Exclusions – Things We Do Not 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 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, restoration for misalignment of teeth, or restoring tooth structure from attrition, erosion or abrasion;
- 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.

Section 8 Claims Filing and Disputed Claims Processes

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.

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.

Section 9 Definitions of Terms We Use in This Brochure

Annual Benefit Maximum	The maximum annual benefit that you can receive per person each calendar year. For the High Option our Plan includes an annual benefit maximum of Unlimited and $2,500 annual benefit maximum for Implant Services, per covered person. For the Standard Option our Plan includes $1,500 annual benefit maximum per covered person. Once you reach this amount, you are responsible for all charges.
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.
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.
Dental Accident	An injury to sound natural teeth and supporting structures caused by a violent external force such as a fall or blow to the mouth.
Enrollee	The Federal employee, annuitant, or TRICARE-eligible individual 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.
In-Progress Treatment	Dental services that initiated in 2020 that will be completed in 2021.
Plan Allowance	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 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.
Pre-Determination	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.
Preexisting Condition	Any disease or condition of the teeth or supporting structures which were present on the effective date of coverage.
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 might change because of the move.

Sponsor	Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on his or her direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
TEI certifying family member	Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members
TRICARE-eligible individual (TEI) family member	TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.
Waiting period	The amount of time that you must be enrolled in this Plan before you can receive orthodontic services.
We/Us	United Concordia Dental.
You	Enrollee or eligible family member.

Non-FEDVIP Benefits Available to Members

Your United Concordia FEDVIP Dental plan includes the value-added **College Tuition Benefit®**, a discount program offered in partnership with SAGE Scholars, Inc.

You'll earn Tuition Rewards® points that can be redeemed for tuition discounts at more than 400 participating private colleges and universities.

How Tuition Rewards work

- Earn 2,000 Tuition Rewards points every year you're covered by United Concordia Dental insurance.
- One Tuition Rewards point = $1, so 2,000 points = $2,000 in tuition discounts.
- Helps eligible students in the FEDVIP policyholder's family afford college including children, grandchildren, nieces, nephews, stepchildren, godchildren and adopted children.
- Each child enrolled receives a one-time bonus of 500 Tuition Rewards points.

Sign up for Tuition Rewards

1. Visit www.uccifedvip.com and login to your ***MyDental****Benefits* account.
2. Click on **Learn more** in the Tuition Rewards notification bar above your benefits info.
3. Click on the **Get Started** button and consent to participate.
4. Look for a welcome email from SAGE Scholars.
5. Follow the instructions on how to register.

Then simply enroll the students in your family, and start earning points.

Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc. SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCIC does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

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.
- 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 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%	17
Class B (Intermediate) Services – includes minor restorative services *	20%	40%	19
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services *	50%	60%	23
Class D Services – orthodontic – after a 12 month waiting period; for each covered person subject to a $3,000 lifetime maximum**	50%	50%	31

*Class A, B, and C Services are subject to an Unlimited annual maximum benefit for standard services and a $2,500 annual maximum on Implant Services; $2,000 dental accident lifetime maximum

** The Orthodontic waiting period may be waived with proof of prior orthodontic coverage in 2020.

Standard Option Benefits	You Pay In-network	You Pay Out-of-network	Page
Class A (Basic) Services – preventive and diagnostic*	0%	40%	17
Class B (Intermediate) Services – includes minor restorative services*	45%	60%	19
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services*	65%	80%	23
Class D Services – orthodontic- after 12 month waiting period; for each covered person; subject to a $2,000 lifetime maximum**	50%	50%	31

*Class A, B, and C Services are subject to a $1,500 annual maximum benefit for standard services and $2,000 dental accident lifetime maximum

** The Orthodontic waiting period may be waived with proof of prior orthodontic coverage in 2020.

Notes

Rate Information

Premium Rating Areas by State/Zip Code (first three digits)								
State	**Zip**	**Rating Region**	**State**	**Zip**	**Rating Region**	**State**	**Zip**	**Rating Region**
AK	Entire state	5	MD	219	2	PA	180-181, 183	5
AL	Entire state	1	MD	Rest of state	4	PA	189-196	2
AR	Entire state	1	ME	039-042	5	PA	Rest of state	1
AZ	864	4	ME	Rest of state	3	PR	Entire state	1
AZ	Rest of state	1	MI	Entire state	2	RI	Entire state	5
CA	900-908, 910-918,922-931, 933-935	3	MN	550-555, 563	3	SC	297	2
CA	939-941, 943-952, 954	5	MN	Rest of state	2	SC	Rest of state	1
CA	Rest of state	4	MO	Entire state	1	SD	Entire state	1
CO	Entire state	3	MS	Entire state	1	TN	Entire state	1
CT	Entire state	5	MT	Entire state	1	TX	Entire state	1
DC	Entire state	4	NC	279	1	UT	Entire state	3
DE	Entire state	2	NC	Rest of state	2	VA	201, 205, 220-227	4
FL	330-334, 349	3	ND	Entire state	1	VA	230, 232, 238	2
FL	Rest of state	1	NE	Entire state	1	VA	Rest of state	1
GA	Entire state	1	NH	Entire state	5	VT	Entire state	3
HI	Entire state	4	NJ	080-084	2	WA	980-986	5
IA	Entire state	1	NJ	Rest of state	5	WA	Rest of state	4
ID	Entire state	2	NM	Entire state	2	WI	530-532, 534, 540	3
IL	600-608, 609,613	3	NV	Entire state	4	WI	Rest of state	2
IL	Rest of state	1	NY	005, 063, 100-119,124-126	5	WV	254	4
IN	463-464	3	NY	Rest of state	3	WV	Rest of state	1
IN	Rest of state	1	OH	440-443, 446-447	3	WY	Entire state	2
KS	660-662,666	1	OH	430-433, 437,453-455	2	VI	Entire area	5
KS	Rest of state	2	OH	Rest of state	1	GU	Entire area	5
KY	Entire state	1	OK	Entire state	1	Inter- national		5
LA	Entire state	1	OR	970-973	5	APO/ FPO		5
MA	012	3	OR	Rest of state	4			
MA	Rest of state	5	PA	172-174	4			

Bi-weekly and Monthly Rates

Rating Area	High - Bi-Weekly			High - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	$15.74	$31.48	$47.20	$34.10	$68.21	$102.27
2	$17.66	$35.33	$52.99	$38.26	$76.55	$114.81
3	$19.62	$39.22	$58.85	$42.51	$84.98	$127.51
4	$21.55	$43.11	$64.66	$46.69	$93.41	$140.10
5	$23.49	$46.98	$70.44	$50.90	$101.79	$152.62

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	$10.85	$21.69	$32.54	$23.51	$47.00	$70.50
2	$12.18	$24.36	$36.54	$26.39	$52.78	$79.17
3	$13.51	$27.02	$40.53	$29.27	$58.54	$87.82
4	$14.84	$29.67	$44.51	$32.15	$64.29	$96.44
5	$16.15	$32.30	$48.45	$34.99	$69.98	$104.98