United Concordia Dental

www.uccifedvip.com

877-394-8224

United Concordia dental®

2027

A Nationwide Dental PPO Plan

Who may enroll in this plan: All Federal and U.S. Postal Service (USPS) employees, DC Court employees, certain seasonal, intermittent, and temporary employees, annuitants, survivor annuitants, compensationers, certain firefighters and emergency response personnel, and uniformed service retirees.

IMPORTANT
- Rates: Back Cover
- Changes for 2027: Page 4
- Summary of Benefits: Page 50

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 114-328, 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.
1800 Center Street
Camp Hill, PA 17011

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, 2027, 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. You may find a Federal Dental Program Network participating provider by visiting our website at www. uccifedvip.com, or you may contact us at 1-877-394-8224 for the names of participating providers or to request a provider directory. 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 your dental office 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 **Find a Dentist,** then **Recommend a Dentist**, or call us at 1-877-394-8224 and we will send a form 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 / Postal Service Health Benefits (PSHB) 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 "Privacy" 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 1-877-394-8224.

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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How We Have Changed for 2027

How we have changed for 2027:

Standard & High Option Plans:

- Added the following CDT codes:

- D5521 Replace all teeth on complete denture - maxillary - *Limited to 1 per 5 years* (Class B)
- D5522 Replace all teeth on complete denture - mandibular - *Limited to 1 per 5 years* (Class B)
- D5859 Placement of semi-precision abutment - natural tooth (Class C)
- D6108 Placement of healing cap on implant body - *Limited to 1 per tooth per 36 months* (Class C)
- D6109 Removal of a screw-retained indirect restoration on an implant - *Limited to 1 per tooth per 36 months* (Class C)
- D6126 Replace all teeth and acrylic on hybrid prosthesis - per arch - *Limited to 1 per 5 years* (Class B)

- Clarified or updated limitations to the following CDT codes:

- D1354 Application of caries arresting medicament without surgical intervention - per tooth - *Limited to 2 per primary tooth per 12-month period. Lifetime maximum of 4 per primary tooth* (Class A)
- D2991 Application of hydroxyapatite regeneration medicament - per tooth - *Limited to 1 per permanent tooth per lifetime* (Class B)
- D9244 In-office administration of minimal sedation - single drug - enteral - *Covered to age 13; age 13 and over when medically necessary* (Class B)
- D9245 Administration of moderate sedation - enteral - *Covered to age 13; age 13 and over when medically necessary* (Class B)
- D9974 Internal bleaching - per tooth - *Eligible on anterior permanent teeth that have been endodontically treated; 1 tooth per 3-year period* (General Services)

New Non-FEDVIP Benefit Offerings*:

United Concordia Perks Value Add programs have been added to both the High Option and Standard Option plans, at no cost for our members. As a company focused on total health, we are offering the following health, wellness and lifestyle perks and discounts:

Firstgrin – With 91%-member satisfaction, Firstgrin is a trusted source for oral health guidance and resources for the whole family, featuring up to 45% discounts on introductory dental care kits, plus a free year of mobile app access.

LifeMart – offering thousands of discounts across 25 broad categories, including food and grocery, health and wellness, fitness and mental health, in one convenient place. Savings can be found on delivery meal kits, memberships to leading fitness centers, wearable health tracking technology products, courses at various universities, and much more.

Smile Brilliant – offering savings of up to 60% on a collection of dental products that support at-home, preventive care, including professional teeth whitening and custom night guards, electric toothbrushes, and water flossers.

TruHearing – offering free annual comprehensive hearing exams as well as savings on Signia, Widex, and TruHearing brand hearing aids.

Effective January 1, 2027, you will be able to find information about the United Concordia Perks on our website at www.uccifedvip.com and on the Member Hub after logging into your United Concordia Dental account.

*This content is for educational and informational purposes only. It should not be a substitute for dental, medical or other professional health care advice, diagnosis or treatment. If you have any questions or concerns, please consult a dentist, doctor or other qualified health care provider. United Concordia provides no reimbursement for products and services made available through vendors. Access to vendor programs may be modified or discontinued at any time. Availability may vary by area. Vendor terms and conditions apply. United Concordia Companies, Inc. provides administrative services as a licensed third party administrator. Administrative and claims offices are located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011.

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.gov. 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 2026 Open Season, your coverage begins on January 1, 2027. Premium deductions start with the first full pay period beginning on/after January 1, 2027. 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, 2026 through midnight EST December 14, 2026. 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.
Compliance with the American Dental Association (ADA)	FEDVIP abides by the Current Dental Terminology (CDT) codification system in accordance with standards set by the American Dental Association (ADA). *Current Dental Terminology (CDT)*, Copyright © American Dental Association. All rights reserved.
Waiting Periods	There are no waiting periods for the plan benefits.

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, the Postal Service Health Benefits (PSHB) Program, or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation. Enrollment in the FEHB Program, PSHB Program, or a Health Insurance Marketplace (Exchange) plan is not required.

Temporary / Seasonal Employees

Certain temporary, intermittent, and seasonal Federal and U.S. Postal Service employees are eligible to enroll in FEDVIP. To be eligible, these employees must be expected to work 130 hours per calendar month for at least 90 days. In addition, certain firefighters hired under a temporary appointment and intermittent emergency response personnel are eligible to enroll in FEDVIP. The employing agency must determine and notify these employees of their eligibility.

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/PSHB 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/PSHB 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, 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/PSHB 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/PSHB 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).
- Temporary/seasonal employees who do not meet the 130 hours per calendar month for 90 days.

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.gov) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number: 711, International: 1-571-730-5942 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 2027.

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, 2026 through midnight EST, December 14, 2026 Open Season. Coverage is effective January 1, 2027.

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;
- 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: Marriage
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Acquiring an eligible family member (non-spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing a covered family member
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: Yes
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing other dental/vision coverage (eligible or covered person)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Moving out of regional plan's service area
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Going on active military duty, non- pay status (enrollee or spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from active military duty (enrollee or spouse)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from Leave without pay
From Not Enrolled to Enrolled: Yes (if enrollment cancelled during LWOP)
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes (if enrollment cancelled during LWOP)

Qualifying Life Event: Annuity/ compensation restored
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Transferring to an eligible position*
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: 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.

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

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.

VA Exception for Cancellation

Generally, you may cancel your enrollment only during the annual open season. However, if you are a FEDVIP enrollee paying premiums on a **post-tax basis**, and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may** change your enrollment type or cancel your enrollment within 60 days of receiving notification of VA dental or vision eligibility. This 60-day period may fall outside of open season. VA dental or vision eligibility documentation must be submitted to OPM via the BENEFEDS mailbox (benefedsportal@opm.gov) within 60 days of notification to support the FEDVIP enrollment change or cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date. An eligible family member's coverage also ends upon the effective date of the cancellation.

If you are a FEDVIP enrollee paying premiums on a **pre-tax basis,** and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may not** change or cancel your FEDVIP enrollment until the next open season.

FEDVIP enrollees can verify if they are paying their premiums on a pre- or post- tax basis by contacting BENEFEDS at 1-877-888-3337, TTY number: 711, International: 1-571-730-5942

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 the 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

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

Please review IRS - Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (https://www.irs.gov/forms-pubs/about-publication-969) for additional information about carryover and contribution amounts for the upcoming tax year. If you have an HCFSA or LEX HCFSA FSAFEDS account and you have not exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over a set maximum amount 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 31st. You must also actively re-enroll in a health care or limited expense account during the next open season to be carryover eligible. Your re-enrollment must meet the minimum contribution amount for the plan year. If you do not re-enroll, 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 permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in the program next year.
See **https://www.fsafeds.gov** 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/PSHB and/or FEDVIP plans.

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.

It is important to bring your FEDVIP and FEHB/PSHB identification cards to every dental appointment because most FEHB/PSHB 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, along with accurate and timely claims processing.

If you require a replacement ID card, you are able to print your ID card through your ***MyDental****Benefits'* account at www.uccifedvip.com or via our Mobile app. You may also contact us at 1-877- 394-8224 to request a new card.

Where You Get Covered Care

You can receive care from any licensed dentist in the United States. However, when you use a participating network provider, your out-of-pocket costs may be lower.

Plan Providers

We list plan providers in the provider directory, which we update daily, excluding holidays and weekends. 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

You may obtain care from any licensed dentist. If the dentist is not part of our network, benefits will be considered Out-of-Network, and you will be responsible for the out-of-network coinsurance plus the difference between the allowed amount and the out-of-network provider's charge.

Emergency Services

Emergency services are dental services needed to relieve pain or prevent the worsening of a condition which may be caused by a delay in treatment. 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 provider's 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/PSHB First Payor

When you visit a provider who participates with both your FEHB/PSHB plan and your FEDVIP plan, **the FEHB/PSHB 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/PSHB and FEDVIP benefit payments and the FEDVIP plan allowance. United Concordia Dental is responsible for facilitating the process with the FEHB/PSHB first payor. United Concordia will coordinate benefits not to exceed members responsibility and will not pay more than the member is responsible for.

Please ask your dentist to submit the charges to your FEHB/PSHB 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/PSHB identification cards to every dental appointment because most FEHB/PSHB 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/PSHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB/PSHB carrier

Example 1 - Services were performed by an In-Network provider:

Provider submitted charge for a one surface amalgam filling: $105.00
In-Network allowance of the Primary Plan: $65.00
FEHB/PSHB paid as primary carrier ($24.00 applied to coinsurance): $41.00 ($65.00 - $24.00)
United Concordia Allowance: $60.00
Payment by United Concordia: $19.00 ($60.00 - $41.00)
Patient's responsibility to the dentist: $0.00 ($60.00 - $41.00 - $19.00)

Example 2 - 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/PSHB 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, the provider is allowed to balance bill the member.

Coordination of Benefits

United Concordia Dental coordinates benefit payments with non-FEHB/non-PSHB carriers. We determine which non-FEHB/non-PSHB coverage is primary according to National Association of Insurance Commissioners' (NAIC) guidelines. 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 Examples:

Example 1 - When United Concordia is secondary to a non-FEHB/non-PSHB dental carrier and 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
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)

Example 2 - When United Concordia is secondary to a non-FEHB/non-PSHB dental carrier and 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, the provider 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 an area with limited access to a participating provider and you receive covered services from an out-of-network provider, we could pay benefits based on our in-network plan allowance and coinsurance. 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 live 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., EST.

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 services are provided by an in-network provider.

Situations where this provision may apply include a composite filling which may be the alternate benefit for a porcelain/ceramic inlay.

Dental Review

United Concordia Dental reviews claims that report single crowns, onlays, fixed partial dentures (bridges), removal of impacted teeth with complications, surgical periodontal services (such as gingivectomy, gingival flap, crown lengthening, osseous surgery and periodontal bone grafts), scaling and root planing 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.

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:

Class A
In-Network High Option: 0%
Out-of-Network High Option: 20% plus the difference between our allowance and the provider's charge

Class B
In-Network High Option: 20%
Out-of-Network High Option: 40% plus the difference between our allowance and the provider's charge

Class C
In-Network High Option: 50%
Out-of-Network High Option: 60% plus the difference between our allowance and the provider's charge

Orthodontics
In-Network High Option: 50%
Out-of-Network High Option: 50% plus the difference between our allowance and the provider's charge

For the **Standard Option** your coinsurance is as follows:

Class A
In-Network Standard Option: 0%
Out-of-Network Standard Option: 40% plus the difference between our allowance and the provider's charge

Class B
In-Network Standard Option: 45%
Out-of-Network Standard Option: 60% plus the difference between our allowance and the provider's charge

Class C
In-Network Standard Option: 65%
Out-of-Network Standard Option: 80% plus the difference between our allowance and the provider's charge

Orthodontics
In-Network Standard Option: 50%
Out-of-Network Standard Option: 50% plus the difference between our allowance and the provider's charge

Annual Benefit Maximum

The High Option 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.

The Standard Option Plan includes a $1,000 annual benefit maximum per covered person for combined Class A, B and C covered services.

Lifetime Benefit Maximum	The High Option 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. The Standard Option Plan includes a lifetime benefit maximum of $1,500* 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. *Note - United Concordia Dental members in an active orthodontic treatment plan before January 1, 2026, will retain their 2025 orthodontia lifetime maximum benefit, even if treatment continues beyond 2026.
In-Network Services	In-network services are services performed by a dentist who participates with 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 out-of-network coinsurance plus the difference between the allowance amount and the out of network provider's charge. If you live in a limited access area, your benefits will be paid at the in-network coinsurance level for covered services. You are responsible for any difference between the amount billed and our payment. 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 out-of-network coinsurance plus 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 High Option unlimited annual maximum or $2500 annual implant maximum, and the Standard Option $1,000 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 plan allowance is the amount we allow for a specific procedure. When you visit a United Concordia Federal Dental Program network provider, your out-of-pocket cost is limited to the difference between the plan allowance and our payment (co-insurance). When you visit an out-of-network dentist, you are responsible for the difference between the plan allowance and our payment (co-insurance) plus the difference up to the provider charge.
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 2027 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 2027 plan year such as crowns and implants.

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.
- There is no waiting period for the plan benefits.
- High Option annual benefit maximum is Unlimited per covered person.
- Standard Option annual benefit maximum is $1,000 per covered person.

You Pay:

High Option

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

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 - established patient - *Limited to two per calendar year in combination with D0150 Comprehensive oral evaluation - new or established patient, D0180 Comprehensive periodontal evaluation - new or established patient, D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver*

D0140 Limited oral evaluation – problem focused – *Limited to one per patient per provider every 12 months in combination with D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician*

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver - *Limited to two per calendar year in combination with D0120 Periodic oral evaluation - established patient, D0150 Comprehensive oral evaluation - new or established patient, D0180 Comprehensive periodontal evaluation - new or established patient*

D0150 Comprehensive oral evaluation – new or established patient – *Limited to two per calendar year in combination with D0120 Periodic oral evaluation - established patient, D0180 Comprehensive periodontal evaluation - new or established patient, D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver*

D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) - *Integral alone and with any other service*

D0171 Re-evaluation – post-operative office visit - *Integral alone and with any other service*

D0180 Comprehensive periodontal evaluation – new or established patient – *Limited to two per calendar year in combination with D0120 Periodic oral evaluation - established patient, D0150 Comprehensive oral evaluation - new or established patient, D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver*

D0210 Intraoral – comprehensive series of radiographic images

D0220 Intraoral – periapical first radiographic image

D0230 Intraoral – periapical each additional radiographic image

D0240 Intraoral – occlusal radiographic image

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Diagnostic and Treatment Services - continued on next page

Diagnostic and Treatment Services (cont.)
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0251 Extra-oral posterior dental radiographic image - *Limited to 1 per 12 month period*
D0270 Bitewing – single radiographic image
D0272 Bitewings - two radiographic images
D0273 Bitewings - three radiographic images
D0274 Bitewings - four radiographic images
D0277 Vertical bitewings - 7 to 8 radiographic images
D0330 Panoramic radiographic image
D0372 Intraoral tomosynthesis - comprehensive series of radiographic images - *Alternate benefit of a D0210 Intraoral – comprehensive series of radiographic images*
D0373 Intraoral tomosynthesis - bitewing radiographic image - *Alternate benefit of a D0270 Bitewing - single radiographic image*
D0374 Intraoral tomosynthesis - periapical radiographic image - *Alternate benefit of a D0220 Intraoral - periapical first radiographic image*
D0396 3D printing of a 3D dental surface scan - *Limited to one per lifetime in combination with D0470 Diagnostic casts*
D0425 Caries susceptibility tests
D0426 Collection, preparation, and analysis of saliva sample – point-of-care - *Limited to one every 5 years*
D0460 Pulp vitality tests - *Integral alone and with any other service*
D0461 Testing for cracked tooth - *Integral alone and with any other service*
D0470 Diagnostic casts - *Limited to one per lifetime in combination with D0396 3D printing of a 3D dental surface scan*
D0601 Caries risk assessment and documentation, with a finding of low risk - *Integral alone and with any other service*
D0602 Caries risk assessment and documentation, with a finding of moderate risk - *Integral alone and with any other service*
D0603 Caries risk assessment and documentation, with a finding of high risk - *Integral alone and with any other service*
D0999 Unspecified diagnostic procedure, by report
Preventive Services
D1110 Prophylaxis – adult – *High Option - Limited to three per calendar year; one additional cleaning during pregnancy when registered in* ***MyDental****Benefits.* *Standard Option - Limited to two per calendar year; one additional cleaning during pregnancy when registered in* ***MyDental****Benefits.* *In combination with D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation; 4 per calendar year in combination with D4910 Periodontal maintenance and D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation*
D1120 Prophylaxis – child – *High Option - Limited to three per calendar year;* *Standard Option - Limited to two per calendar year.* *In combination with D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation; 4 per calendar year in combination with D4910 Periodontal maintenance and D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation*
D1206 Application of medicament - topical fluoride varnish; full mouth – *Limited to two per calendar year in combination with D1208 Application of medicament - topical fluoride - excluding varnish; full mouth*
D1208 Application of medicament - topical fluoride - excluding varnish; full mouth – *Limited to two per calendar year in combination with D1206 Application of medicament - topical fluoride varnish; full mouth*
D1301 Immunization counseling - *Integral alone and with any other service*
D1351 Sealant – per tooth – *Limited to permanent molars through age 18. One sealant per tooth in a 3-year period*

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Preventive Services - continued on next page

Preventive Services (cont.)
D1353 Sealant repair - per tooth - *Limited to through age 18 on permanent molars and 1 per tooth per 3 years.*
D1354 Application of caries arresting medicament without surgical intervention - per tooth - *Limited to 2 per primary tooth per 12-month period. Lifetime maximum of 4 per primary tooth.*
D1510 Space maintainer - fixed, unilateral – per quadrant – *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 - *One per six months for members under age 19*
D1552 Re-cement or re-bond bilateral space maintainer - mandibular - *One per six months for members under age 19*
D1553 Re-cement or re-bond unilateral space maintainer - per quadrant - *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
D1999 Unspecified preventive procedure, by report
D9110 Palliative treatment of dental pain – per visit
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician - *Limited to one per patient per provider per 12 months in combination with D0140 Limited oral evaluation - problem focused*
D9311 Consultation with a medical health care professional - *Combination of D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician and D9311 Consultation with a medical health care professional limited to one per patient per provider per 12 months*

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*
- *Exams are allowed 2 in calendar year but they cannot be done on the same day by same provider*

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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.
- There is no waiting period for the plan benefits.
- High Option annual benefit maximum is Unlimited per covered person.
- Standard Option annual benefit maximum is $1,000 per covered person.
- In-progress treatment for dependents of retiring TDP enrollees will be covered for the 2027 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 (anterior) – *Limited to one in 24 months for replacement restorations*

D2390 Resin-based composite crown - direct - *Limited to one per 24 months for replacement restorations*

D2391 Resin-based composite - one surface, posterior - *Limited to one in 24 months for replacement restorations*

D2392 Resin-based composite - two surfaces, posterior - *Limited to one in 24 months for replacement restorations*

D2393 Resin-based composite - three surfaces, posterior - *Limited to one in 24 months for replacement restorations*

D2394 Resin-based composite - four or more surfaces, posterior - *Limited to one in 24 months for replacement restorations*

D2610 Inlay - porcelain/ceramic - one surface - *Alternate benefit of an amalgam or composite restoration*

D2620 Inlay - porcelain/ceramic - two surfaces - *Alternate benefit of an amalgam or composite restoration*

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Minor Restorative Services - continued on next page

Minor Restorative Services (cont.)

D2630 Inlay - porcelain/ceramic - three or more surfaces - *Alternate benefit of an amalgam or composite restoration*

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration – *One per 6 month period; integral within 12 months of the placement of prosthesis*

D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core - *Limited to one per 3 years*

D2920 Re-cement or re-bond crown – *One per 6 month period; integral within 12 months of the placement of prosthesis*

D2921 Reattachment of tooth fragment, incisal edge or cusp - *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: any age as a result of an accident*

D2931 Prefabricated stainless steel crown – permanent tooth – *Covered through age 14 – Limited to one per patient, per tooth, per lifetime; any age as a result of an accident*

D2949 Restorative foundation for an indirect restoration - *Integral alone and with any other service*

D2951 Pin retention – per tooth, in addition to restoration

D2956 Removal of an indirect restoration on a natural tooth - *Integral alone and with any other service*

D2991 Application of hydroxyapatite regeneration medicament - per tooth - *Limited to 1 per permanent tooth per lifetime*

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 alone and with any other service*

D3120 Pulp cap – indirect (excluding final restoration) – *Integral alone and with any other service*

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament

D3221 Pulpal debridement, primary and permanent teeth

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 planing – four or more teeth per quadrant – *Limited to one scaling and root planing per quadrant per 24 months*

D4342 Periodontal scaling and root planing – one to three teeth per quadrant – *Limited to one scaling and root planing per quadrant per 24 months*

D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation - *Covered age 16 and older; once per 24 months. Combination of scaling with gingival inflammation and routine prophylaxis cannot exceed 4 per calendar year.*

D4910 Periodontal maintenance – *Limited to 4 periodontal cleanings and 2 routine cleanings within a calendar year period; the total cannot exceed 4 in a calendar year.*

D4921 Gingival irrigation with a medicinal agent - per quadrant - *Integral alone and with any other service*

D4999 Unspecified periodontal procedure, by report

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Periodontal Services - continued on next page

Periodontal Services (cont.)

Smile for Health® Wellness is included in the High and Standard Options. This provides enhanced benefits for members with a qualifying condition. This includes coverage at 100% of our plan allowance for the following procedures: D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant, D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant, D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant, D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant, D4341 Periodontal scaling and root planing - four or more teeth per quadrant, D4342 Periodontal scaling and root planing - one to three teeth per quadrant, D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation, and D4910 Periodontal maintenance. One additional service is allowed for D4910 Periodontal maintenance and all other frequency limitations apply. Members with the following conditions are eligible: Diabetes, Heart Disease, Cerebrovascular Disease (Stroke), Oral Cancer, Lupus, Organ Transplant, and Rheumatoid Arthritis. Members with *those specific conditions must be registered prior to receiving services and can register at www. uccifedvip.com under* ***MyDental****Benefits.* Pregnancy benefit allows the same enhanced benefits during pregnancy for members who are registered in ***MyDental****Benefit*s. All other frequency limitations apply.

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 complete denture base, mandibular

D5512 Repair complete denture base, maxillary

D5520 Replace missing or broken teeth – complete denture – per tooth

D5521 Replace all teeth on complete denture - maxillary - *Limited to 1 per 5 years*

D5522 Replace all teeth on complete denture - mandibular - *Limited to 1 per 5 years*

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 missing or broken teeth – partial denture – per tooth

D5650 Add tooth to existing partial denture – per tooth - *One per arch per 36 months*

D5660 Add clasp to existing partial denture - per tooth - *One per arch per 36 months*

D5670 Replace all teeth and acrylic on cast metal framework (maxillary) - *Limited to one per 5 years*

D5671 Replace all teeth and acrylic on cast metal framework (mandibular) - *Limited to one per 5 years*

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*

D5725 Rebase hybrid prosthesis - *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*

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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
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*
D5765 Soft liner for complete or partial removable 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
D6089 Accessing and retorquing loose implant screw - per screw
D6092 Re-cement or re-bond implant/abutment supported crown - *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 denture - *Limited to one per 6 month period; integral within 12 months of the placement of the prosthesis*
D6126 Replace all teeth and acrylic on hybrid prosthesis - per arch - *Limited to 1 per 5 years*
D6193 Replacement of an implant screw - *Limited to 1 per tooth per 3-year period*
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 necessitated by restorative material failure - *By report*
Oral Surgery
D3921 Decoronation or submergence of an erupted tooth
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, impacted teeth only
D7259 Nerve dissection - *Limited to 1 per permanent tooth per lifetime*
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Exposure of an unerupted tooth - *One per tooth per lifetime*
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
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Oral Surgery - continued on next page

Oral Surgery (cont.)
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7471 Removal of lateral exostosis (maxilla or mandible)
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
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site - *Integral alone and with any other service*
D7971 Excision of pericoronal gingiva
Anesthesia & Sedation Services
D9224 Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof
D9225 Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof
D9244 In-office administration of minimal sedation – single drug – enteral - *Covered to age 13; age 13 and over when medically necessary.*
D9245 Administration of moderate sedation – enteral - *Covered to age 13; age 13 and over when medically necessary.*
D9246 Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof
D9247 Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof
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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.
- There is no calendar year deductible for the plan benefits.
- There is no waiting period 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 $1,000 per covered person.
- In-progress treatment for dependents of retiring TDP enrollees will be covered for the 2027 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 Inlay - metallic - one surface – *Limited to one per 5 years, per tooth*
D2520 Inlay - metallic - two surfaces – *Limited to one per 5 years, per tooth*
D2530 Inlay - 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 predominantly 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*

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Major Restorative Services - continued on next page

Major Restorative Services (cont.)
D2781 Crown - 3/4 cast predominantly 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 predominantly 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 when required – *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 necessitated by restorative material failure
D2981 Inlay repair necessitated by restorative material failure
D2982 Onlay repair necessitated by restorative material failure
D2983 Veneer repair necessitated by restorative material failure
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 Endodontic therapy, anterior tooth (excluding final restoration)
D3320 Endodontic therapy, premolar tooth (excluding final restoration)
D3330 Endodontic therapy, molar tooth (excluding final restoration)
D3331 Treatment of root canal obstruction; non-surgical access - *Integral alone and with any other service*
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth – *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.)
D3352 Apexification/recalcification – interim medication replacement
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 - *One per tooth per lifetime*
D3410 Apicoectomy - anterior
D3421 Apicoectomy - premolar (first root)
D3425 Apicoectomy – molar (first root)
D3426 Apicoectomy (each additional root)
D3430 Retrograde filling – per root
D3450 Root amputation – per root

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Endodontic Services - continued on next page

Endodontic Services (cont.)
D3471 Surgical repair of root resorption - anterior
D3472 Surgical repair of root resorption – premolar
D3473 Surgical repair of root resorption – molar
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption – molar
D3920 Hemisection (including any root removal), not including root canal therapy
D3999 Unspecified endodontic procedure, by report
Periodontal Services
D4210 Gingivectomy or gingivoplasty – 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*
D4211 Gingivectomy or gingivoplasty – 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*
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth - *Integral alone and with any other service*
D4240 Gingival flap procedure, including root planing - 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*
D4241 Gingival flap procedure, including root planing - 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*
D4249 Clinical crown lengthening – hard tissue – *Limited to one per tooth per lifetime*
D4260 Osseous surgery (including elevation of a 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 elevation of a 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 procedure, per tooth - *Integral alone and with any other service*
D4270 Pedicle soft tissue graft procedure – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4273 Autogenous connective tissue graft procedure (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 site 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 pedicle graft, per tooth - *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4277 Free soft tissue graft procedure (including recipient and donor 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*
D4278 Free soft tissue graft procedure (including recipient and donor 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 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 same graft site - *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4286 Removal of non-resorbable barrier - *Integral alone and with any other service*
D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit – *Limited to one per lifetime*

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Periodontal Services - continued on next page

Periodontal Services (cont.)
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth
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 materials, rests, and teeth) – *Limited to one in 5 years*
D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth) – *Limited to one in 5 years*
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) – *Limited to one in 5 years*
D5214 Mandibular partial denture - cast metal framework with resin denture bases (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 base (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 (including retentive/clasping materials, rests, and teeth) - *Limited to one in 5 years*
D5226 Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - *Limited to one in 5 years*
D5227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) - *Limited to one in 5 years*
D5228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) - *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*
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*
D5859 Placement of semi-precision abutment - natural tooth
D5863 Overdenture – complete maxillary – natural tooth borne - *Limited to one in 5 years*
D5864 Overdenture – partial maxillary – natural tooth borne - *Limited to one in 5 years*
D5865 Overdenture – complete mandibular – natural tooth borne - *Limited to one in 5 years*
D5866 Overdenture – partial mandibular – natural tooth borne - *Limited to one in 5 years*
D5876 Add metal substructure to acrylic complete denture – per arch - *Limited to one in 5 years*
D5899 Unspecified removable prosthodontic procedure, by report
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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure - *Limited to one per 5 years in combination with D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments, D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure, D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments, D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch*

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 (predominantly 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 metal) – *Limited to one in 5 years*

D6063 Abutment supported cast metal crown (predominantly 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 crown - porcelain 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 a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments - *Limited to one in 5 years in combination with D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure, D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure, D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments, D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch*

D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure - *Limited to one in 5 years in combination with D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure, D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments, D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments, D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch*

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 to one 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-precision attachment of implant/abutment retained prosthesis, per 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*

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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure - *Limited to one per tooth per lifetime*
D6191 Placement of semi-precision abutment - implant body
D6192 Semi-precision attachment - placement
D6196 Removal of an indirect restoration on an implant retained abutment - *Integral alone and with any other service*
D6210 Pontic – cast high noble metal – *Limited to one in 5 years*
D6211 Pontic - cast predominantly 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 predominantly 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*
D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch - *Limited to one per 5 years in combination with D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure, D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments, D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure, D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments*
D6545 Retainer – cast metal for resin bonded fixed prosthesis – *Limited to one in 5 years*
D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis – *Limited to one in 5 years*
D6549 Retainer – 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 Retainer onlay - cast predominantly base metal, three or more surfaces – *Limited to one in 5 years*
D6615 Retainer 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 predominantly 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 predominantly 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*
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Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D6790 Retainer crown – full cast high noble metal – *Limited to one in 5 years*
D6791 Retainer crown - full cast predominantly 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*
D7999 Unspecified oral surgery procedure, by report
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 - *Limited to one in 5 years*
D6011 Surgical access to an implant body (second stage implant surgery) – *Limited to one in 5 years*
D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant – *Limited to one in 5 years*
D6013 Surgical placement of mini implant – *Limited to one in 5 years*
D6040 Surgical placement: eposteal implant – *Limited to one in 5 years*
D6050 Surgical placement: transosteal implant – *Limited to one in 5 years*
D6055 Connecting bar – implant supported or abutment supported - *Limited to one in 5 years*
D6056 Prefabricated abutment – includes modification and placement – *Limited to one in 5 years*
D6057 Custom fabricated abutment – includes placement – *Limited to one in 5 years*
D6068 Abutment supported retainer for porcelain/ceramic FPD – *Limited to one in 5 years*
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal) – *Limited to one in 5 years*
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) – *Limited to one in 5 years*
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal) – *Limited to one in 5 years*
D6072 Abutment supported retainer for cast metal FPD (high noble metal) – *Limited to one in 5 years*
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal) – *Limited to one in 5 years*
D6074 Abutment supported retainer for cast metal FPD (noble metal) – *Limited to one in 5 years*
D6075 Implant supported retainer for ceramic FPD – *Limited to one in 5 years*
D6076 Implant supported retainer for FPD - porcelain fused to high noble alloys - *Limited to one in 5 years*
D6077 Implant supported retainer for metal FPD - high noble alloys – *Limited to one in 5 years*
D6090 Repair of implant/abutment supported prosthesis – *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 FPD - porcelain fused to noble alloys - *Limited to one in 5 years*
D6100 Surgical removal of implant body – *Limited to one in 5 years*
D6104 Bone graft at time of implant placement - *Limited to one per tooth per lifetime*
D6105 Removal of implant body not requiring bone removal or flap elevation - *Limited to one in 5 years*
D6108 Placement of healing cap on implant body - *Limited to 1 per tooth per 36 months*
D6109 Removal of a screw-retained indirect restoration on an implant - *Limited to 1 per tooth per 36 months*
D6110 Implant /abutment retained removable denture for edentulous arch - maxillary - *Limited to one in 5 years*

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Implant Services - continued on next page

Implant Services (cont.)
D6111 Implant /abutment retained removable denture for edentulous arch - mandibular - *Limited to one in 5 years*
D6112 Implant /abutment retained removable denture for partially edentulous arch - maxillary - *Limited to one in 5 years*
D6113 Implant /abutment retained 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 FPD – predominantly base alloys - *Limited to one in 5 years*
D6122 Implant supported retainer for metal FPD – noble alloys - *Limited to one in 5 years*
D6123 Implant supported retainer for metal FPD – titanium and titanium alloys - *Limited to one in 5 years*
D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments - *Limited to one in 5 years in combination with D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure, D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments, D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure, D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch*
D6194 Abutment supported retainer crown for FPD – 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*
D6197 Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant - *Limited to one per tooth per 5 years*
D6198 Remove interim implant component - *Limited to one in 5 years*
D7252 Partial extraction for immediate implant placement - *Limited to 1 per permanent maxillary anterior tooth (#6, 7, 8, 9, 10, 11) per lifetime*
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
- Personalization, precious metal bases, and other specialized techniques
- Replacement of dentures that have been lost, stolen or misplaced
- Removable or fixed prostheses prescribed/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.
- There is no waiting period for the plan benefits.
- The initial payment will be the equivalent of 25% of our liability. The remaining balance will be paid in quarterly increments throughout the course of active orthodontic treatment
- **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 2027 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.**
- United Concordia Dental will pay 50% of our allowance, up to the lifetime maximum for orthodontic treatment. If a member chooses a more expensive treatment option (such as clear aligners), the member is responsible for additional charges beyond our allowance, even if the provider is in-network. To determine what is most cost effective, we recommend a predetermination estimate.
- 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 $1,500* for dependent children to age 19.

*Note - United Concordia Dental Standard Option members in an active orthodontic treatment plan before January 1, 2026 will retain their 2025 orthodontia lifetime maximum benefit, even if treatment continues into 2027.

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 2D cephalometric radiographic image – acquisition, measurement and analysis - *Limited to one per patient per lifetime*
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally
D0702 2-D cephalometric radiographic image – image capture only - *Limited to one per patient 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 the adult dentition
D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8090 Comprehensive orthodontic treatment of the adult dentition
D8091 Comprehensive orthodontic treatment with orthognathic surgery
D8210 Adjunctive orthodontic therapy - removable appliance
D8220 Adjunctive orthodontic therapy - fixed appliance
D8660 Pre-orthodontic treatment examination to monitor growth and development
D8670 Periodic orthodontic treatment visit
D8671 Periodic orthodontic treatment visit associated with orthognathic surgery
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681 Removable orthodontic retainer adjustment - *Integral alone and with any other service*
D8999 Unspecified orthodontic procedure, by report
Not covered: • *Repair of damaged orthodontic appliances* • *Replacement of lost or missing appliance* • *Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth*
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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.
- There is no waiting period for the plan benefits.
- High Option annual benefit maximum is Unlimited per covered person.
- Standard Option annual benefit maximum is $1,000 per covered person.

You Pay:

High Option

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

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

D9210 Local anesthesia not in conjunction with operative or surgical procedures - *Integral alone and with any other service*

D9211 Regional block anesthesia - *Integral alone and with any other service*

D9212 Trigeminal division block anesthesia - *Integral alone and with any other service*

D9215 Local anesthesia in conjunction with operative or surgical procedures - *Integral alone and with any other service*

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia - *Integral alone and with any other service*

D9222 Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof - *By report*

D9223 Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof - *By report*

D9230 Administration of nitrous oxide - *Eligible for children aged 12 and under based on dental necessity and for members over 12 years with special needs/intellectual and developmental disabilities*

Intravenous Sedation

D9239 Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof - *By report*

D9243 Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof - *By report*

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Office Visits
D9440 Office visit – after regularly scheduled hours
Medications
D9610 Therapeutic parenteral drug, single administration - *By report*
D9612 Therapeutic parenteral drugs, two or more administrations, different medications - *By report*
D9613 Infiltration of sustained release therapeutic drug, per quadrant - *Covered to age 23 / one per lifetime*
Post Surgical Services
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report
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*
D9959 Unspecified sleep related breathing disorder/airway management procedure, by report
D9974 Internal bleaching – per tooth – *Eligible on anterior permanent teeth that have been endodontically treated, 1 tooth per 3 year period.*
D9999 Unspecified adjunctive procedure, by report
Not covered:
• *Repair/reline of occlusal guard*
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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	Members can submit international claims the following ways: 1. ***MyDental****Benefits* a. Log into your ***MyDental****Benefits* account and select **Claims/Submit a Claim** to download a claim form. Most required fields will be prepopulated for you. Submit the claim with the dentist's itemized bill and any supporting documentation within your online account. 2. www.UCCIFEDVIP.com a. Download a claim form on our website at www.uccifedvip.com/member-info/online-fedvip-claim-submission. Complete all required fields and save the form to your device. Upload your claim form with the dentist's itemized bill and any supporting documentation. 3. **By Mail** a. Mail the completed claim form and receipt to: United Concordia Companies, Inc. P.O. Box 69416 Harrisburg, PA 17106-9416
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 their 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 initiated/prescribed or performed prior to your effective coverage date, orthodontic treatment prorated;
- Services and treatment incurred after the termination date of your coverage even if prescribed/initiated while covered;
- 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 performed by a debarred provider;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- 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/PSHB 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);
- All major prosthodontic services are combined under one replacement limitation under the plan. Benefits for prosthodontics services are combined and limited to one ever 5 years. For example, if benefits for a partial denture are paid, this includes benefits to replace all missing teeth in the arch. No additional benefits for the arch would be considered until the 5 year replacement limit was met.
- Procedures that are: part of a service but are reported as separate services; or reported in a treatment sequence that is not appropriate; or misreported or that represent a procedure other than the one reported.

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 will file the claim for you.

You can file an out-of-network claim the following ways:

1. ***MyDental****Benefits*

1. Log into your ***MyDental****Benefits* account and select **Claims/Submit a Claim** to download a claim form. Most required fields will be prepopulated for you. Submit the claim with the dentist's itemized bill and any supporting documentation within your online account.

2. www.UCCIFEDVIP.com

1. Download a claim form on our website at www.uccifedvip.com/member-info/online-fedvip-claim-submission. Complete all required fields and save the form to your device. Upload your claim form with the dentist's itemized bill and any supporting documentation.

3. **By Mail**
   Mail the completed claim form and receipt to:

   United Concordia Companies, Inc.
   P.O. 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. Failure to do so will disqualify the appeal of your claim. 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. Dental services or treatments not specifically listed as a covered service in this brochure are not eligible for a third party review. You must file the appeal in writing to United Concordia Dental within 30 days of receipt of the original appeal decision. Failure to do so will disqualify the appeal of your claim. 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. The High Option Plan includes an annual benefit maximum of Unlimited and a $2,500 annual benefit maximum for Implant Services, per covered person. The Standard Option Plan includes a $1,000 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 were initiated/prescribed or performed in 2026 that will be completed in 2027.
Plan Allowance	The plan allowance is the amount we allow for a specific procedure. When you visit an in-network United Concordia Dental provider, your out-of-pocket cost is limited to the difference between the plan allowance and our payment. When you visit an out-of-network dentist, you are responsible for the difference between the plan allowance and our payment plus the difference up to the submitted/approved charges.
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 may 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 their 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 a member must wait before receiving dental services. There are no waiting periods under the United Concordia Dental FEDVIP plan benefits.
We/Us	United Concordia Dental.
You	Enrollee or eligible family member.

Non-FEDVIP Benefits Available to Members

United Concordia Perks

Enjoy curated health, wellness and lifestyle-related products and services.

Firstgrin – With 91%-member satisfaction, Firstgrin is a trusted source for oral health guidance and resources for the whole family, featuring up to 45% discounts on introductory dental care kits, plus a free year of mobile app access.

LifeMart – offering thousands of discounts across 25 broad categories, including food and grocery, health and wellness, fitness and mental health, in one convenient place. Savings can be found on delivery meal kits, memberships to leading fitness centers, wearable health tracking technology products, courses at various universities, and much more.

Smile Brilliant – offering savings of up to 60% on a collection of dental products that support at-home, preventive care, including professional teeth whitening and custom night guards, electric toothbrushes, and water flossers.

TruHearing – offering free annual comprehensive hearing exams as well as savings on Signia, Widex, and TruHearing brand hearing aids.

Effective January 1, 2027, you will be able to find information about the United Concordia Perks on our website at www.uccifedvip.com and on the Member Hub after logging into your United Concordia Dental account.

This content is for educational and informational purposes only. It should not be a substitute for dental, medical or other professional health care advice, diagnosis or treatment. If you have any questions or concerns, please consult a dentist, doctor or other qualified health care provider. United Concordia provides no reimbursement for products and services made available through vendors. Access to vendor programs may be modified or discontinued at any time. Availability may vary by area. Vendor terms and conditions apply. United Concordia Companies, Inc. provides administrative services as a licensed third party administrator. Administrative and claims offices are located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011.

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.

Tools and Resources

These tools can help you find care, understand your benefits, and get support when you need it.

Find an in-network dentist

United Concordia Dental offers a nationwide network that makes it easy to find an in-network dentist. Search for an in-network dentist near your home or workplace - or check whether your current dentist participates. Visiting an in-network dentist can help you get the most from your benefits like the potential for lower out-of-pocket costs*, high-quality care and time savings. Use our Find a Dentist network tool: www. uccifedvip.com/FAD

Understand and manage your benefits

MyDental*Benefits* gives you one convenient place to review your coverage, estimate costs, submit and track claims, access your ID card, and chat with Customer Service.

Learn more or set up your account: www. uccifedvip.com/login

Access your plan on the go

Use the United Concordia Dental mobile app to access your plan information from your smartphone or tablet. With the app, you can:

*Access your plan information

*View your digital ID card

*Find an in-network dentist

*Explore oral health and wellness information

*Access the emergency dental guide

To download the app, search the Apple App Store or Google Play. Learn more: www.uccifedvip.com/mobileapp

Get virtual dental care

For certain dental concerns, a virtual visit can help you connect with a dentist from home and determine what care you many need next **

Learn more: www. uccifedvip.com/teledentistry

Explore Oral Health and Wellness resources

Find helpful information about common dental concerns, procedures, nutrition, preventive care and other oral health topics that you discuss with your dentist.

Help children build healthy habits

Our Chomper Chums® app for kids helps makes brushing, flossing and rinsing a fun game! With Chomper Chums®, your child can:

*Set a time to brush for 2 minutes

*Practice proper brushing and flossing technique

*Learn about healthy eating

To download Chomper Chums®, search the Apple App Store or Google Play

* Your standard plan's frequency limitations (how often services are covered), annual maximum (the maximum amount your plan will pay toward services during the plan year), and other details still apply.

** A Dental.com virtual visit counts as a D0140 Limited oral evaluation - problem focused under your dental plan. Coverage levels for this service do not vary based on whether the visit is conducted virtually or in person.

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.gov or call 1-877-888-FEDS (1-877-888-3337), TTY number: 711, International: 1-571-730-5942

High Option: Class A (Basic) Services – preventive and diagnostic *
You Pay In-network: 0%
You Pay Out-of-network: 20% plus the difference between our allowance and the provider's charge
Page: **16**

High Option: Class B (Intermediate) Services – includes minor restorative *
You Pay In-network: 20%
You Pay Out-of-network: 40% plus the difference between our allowance and the provider's charge
Page: **19**

High Option: Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services *
You Pay In-network: 50%
You Pay Out-of-network: 60% plus the difference between our allowance and the provider's charge
Page: **24**

High Option Benefits: Class D Orthodontic - a $3,000 lifetime maximum
You Pay In-network: 50%
You Pay Out-of-network: 50% plus the difference between our allowance and the provider's charge
Page: **31**

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

Standard Option: Class A (Basic) Services – preventive and diagnostic **
You Pay In-network: 0%
You Pay Out-of-network: 40% plus the difference between our allowance and the provider's charge
Page: **16**

Standard Option: Class B (Intermediate) Services – includes minor restorative **
You Pay In-network: 45%
You Pay Out-of-network: 60% plus the difference between our allowance and the provider's charge
Page: **19**

Standard Option: Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services **
You Pay In-network: 65%
You Pay Out-of-network: 80% plus the difference between our allowance and the provider's charge
Page: **24**

Standard Option Benefits: Class D Orthodontic - subject to a $1,500 lifetime maximum
You Pay In-network: 50%
You Pay Out-of-network: 50% plus the difference between our allowance and the provider's charge
Page: **31**

Note - United Concordia Dental members in a Standard Option active orthodontic treatment plan before January 1, 2026 will retain their 2025 orthodontia lifetime maximum benefit, even if treatment continues into 2027.

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

Notes

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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 Area	1
AZ	Rest of State	1	MI	Entire State	2	RI	Entire State	5
CA	900-908, 910-918,922-931,9-33-935	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	600-609, 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	International		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	$19.06	$38.12	$57.17	$41.30	$82.59	$123.87
2	$21.40	$42.78	$64.18	$46.37	$92.69	$139.06
3	$23.77	$47.50	$71.27	$51.50	$102.92	$154.42
4	$26.10	$52.18	$78.28	$56.55	$113.06	$169.61
5	$28.43	$56.86	$85.29	$61.60	$123.20	$184.80

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	$11.77	$23.50	$35.27	$25.50	$50.92	$76.42
2	$13.20	$26.38	$39.58	$28.60	$57.16	$85.76
3	$14.63	$29.25	$43.87	$31.70	$63.38	$95.05
4	$16.05	$32.10	$48.15	$34.78	$69.55	$104.33
5	$17.47	$34.93	$52.40	$37.85	$75.68	$113.53