United Concordia dental℠

# Summary of Dental Coverage

Plan Name: **DICKS SPORTING GOODS**

Print Date: **June 13, 2025**



MX2547101

United Concordia dental℠

# Schedule of Benefits

## Concordia Flex℠

**Group Name: Dicks Sporting Goods**
**Group Number: 842725000, 842725070** **Effective Date: January 1, 2025**

| | PLAN PAYS |
|---|---|
| **Class I Services** | |
| Exams | **100%** |
| All X-Rays | **100%** |
| Cleanings & Fluoride Treatments | **100%** |
| Sealants | **100%** |
| Palliative Treatment (Emergency) | **100%** |
| Space Maintainers | **100%** |
| | |
| **Class II Services** | |
| Basic Restorative (Fillings, etc.) | **80%** |
| Non-surgical Periodontics | **80%** |
| Repairs of Bridges | **80%** |
| Denture Repair | **80%** |
| Simple Extractions | **80%** |
| General Anesthesia and/or Nitrous Oxide and/or IV Sedation | **80%** |
| | |
| **Class III Services** | |
| Complex Oral Surgery | **50%** |
| Surgical Periodontics | **50%** |
| Endodontics | **50%** |
| Inlays, Onlays, Crowns | **50%** |
| Prosthetics (Bridges, Dentures) | **50%** |
| | |
| **Orthodontics** | |
| Diagnostic, Active, Retention Treatment<br>*Limited to Dependent children under the age of 19* | **50%** |

### Deductibles & Maximums

- $50 per Calendar Year Deductible per Member (excluding Class I Services & Orthodontics) not to exceed $150 per family
- $1,500 per Calendar Year Maximum per Member
- $1,000 Lifetime Maximum per Member for Orthodontics

**All services on this Schedule of Benefits are subject to the Schedule of Exclusions and Limitations.**
**Participating Dentists accept the Maximum Allowable Charge as payment in full.**

## Contact United Concordia

| | |
|---|---|
| **Phone** | **1-866-851-7568**<br>Customer service representatives are available from 8 a.m. - 6 p.m. ET.<br>Assistance can also be received outside normal customer service hours through our Interactive Voice Recognition (IVR) system. Use the system 24/7 to access claim status, benefits and coverage information in 150 languages. |
| **Web** | **www.UnitedConcordia.com**<br>Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more. |

# Schedule of Exclusions and Limitations

Only American Dental Association procedure codes are covered.

**EXCLUSIONS – The following services, supplies or charges are excluded:**

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Plan (for example, but not limited to, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Plan's benefits would be in excess to the third-party benefits and therefore, the Plan would have right of recovery for any benefits paid in excess.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are Cosmetic in nature as determined by the Plan Administrator (for example, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
7. Elective procedures (for example, but not limited to, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example, but not limited to, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
15. Preventive restorations.
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices or any other duplicative device.
18. For which in the absence of dental benefits under a plan the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.

20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (night grinding of teeth).
22. For any claims submitted to the Plan Administrator by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (for example, but not limited to, patient does not return to complete treatment) and temporary services (for example, but not limited to, temporary restorations).
24. 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.
25. Specialized procedures and techniques (for example, but not limited to, precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Plan Administrator will apply.
28. For prosthetic services (e.g. full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member's eligibility under the Group Policy.

**LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:**

1. Full mouth x-rays – one (1) every 36 months.
2. Bitewing x-rays – one (1) set(s) per calendar year.
3. Oral Evaluations:
   - Comprehensive and periodic – two (2) of these services per calendar year. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
   - Consultations – one (1) per 12 months per specialty.
4. Prophylaxis – two (2) per calendar year in combination with periodontal maintenance. One (1) additional for Members under the care of a medical professional during pregnancy.
5. Fluoride treatment – two (2) per calendar year under age nineteen (19).
6. Space maintainers – one (1) per lifetime for Members under age sixteen (16) when used to maintain space as a result of prematurely lost teeth.
7. Sealants – one (1) per tooth per 3 year(s) under age sixteen (16) on permanent first and second molars.
8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fourteen (14).
9. Periodontal Services:
   - Periodontal maintenance following active periodontal therapy – two (2) per calendar year in combination with routine prophylaxis.
   - Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
   - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
    - Basic restorations – not within 12 months of previous placement of any basic restoration.
    - Single crowns, inlays, onlays – not within 5 year(s) of previous placement of any of the procedures in this category.
    - Buildups and post and cores – not within 5 year(s) of previous placement of any of the procedures in this category.
    - Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
11. Denture relining and rebasing are considered part of the denture charges if provided within 12 months of insertion by the same dentist. Denture adjustments are considered part of the denture charges if provided within 6 months by the same dentist.
12. Pulpal therapy – one (1) per primary tooth per lifetime. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior molars under age twelve (12).
13. Root canal retreatment – one (1) per tooth per lifetime.
14. Recementation – one (1) per 12 months. Recementation during the first 12 months following insertion of any preventive, restorative or prosthodontics service by the same dentist is included in the preventive, restorative or prosthodontics service benefit.

15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the Member to the less costly treatment. However, if the Member and the dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed under this ABP.
16. Payment for orthodontic services, if covered, shall cease at the end of the month after termination.
17. Intraoral Films:
    - Occlusal – two (2) per 24 months under age eight (8).
18. General anesthesia and IV sedation: a total of sixty 60 minutes per session.

## Choice of Dentist

You may choose any licensed dentist for services to be covered by the Plan. However, you will limit your out-of-pocket cost if you choose a United Concordia participating dentist. Participating dentists accept the Plan's allowance as payment in full for covered benefits. Your out-of-pocket cost will be limited to any applicable coinsurance, deductibles or amounts exceeding the program maximum.

Participating dentists will also complete and send claims directly to United Concordia. If you go to a dentist who is not a United Concordia participating dentist, you may have to pay the dentist at the time of service. You will also have to pay the difference between the dentist's charge and the amount that the Plan allows, in addition to any coinsurance or deductible. You may have to submit the claim and wait for United Concordia to reimburse you.

To find a participating dentist, visit Find a Dentist on United Concordia's website at www.UnitedConcordia.com or telephone United Concordia's Interactive Voice Response System at 1-866-851-7568.

When you visit the dental office, let your dentist know that you are covered under a United Concordia dental program. If your dentist has questions about your eligibility or benefits, instruct the office to call United Concordia's Interactive Voice Response System at 1-866-851-7568 or visit Dental Inquiry at www.UnitedConcordia.com/dental-insurance/dentist.

## Claims Submission and Payment

Upon completion of treatment, a claim form needs to be filed with United Concordia. If you visit a United Concordia participating dentist, the dental office will submit claims forms for you and your dependents. United Concordia will pay covered benefits directly to the participating dentist. Both you and the dentist will receive an explanation of benefits.

Most dental offices submit claim forms for patients. However, if you do not receive treatment from a participating dentist, you may have to complete and send a claim form to United Concordia in the event the dental office will not do this for you. Send the claim form to the address on the claim form.

## Coordination of Benefits

If you or your dependents are covered by any other dental benefits plan and receive a service covered by this Plan and the other, benefits will be coordinated. This means that one plan will be primary and determine its benefits before those of the other plan and without considering the other plan's benefits.

The other plan will be secondary and determine its benefits after the other plan. The secondary plan's benefits may be reduced because of the primary plan's payment. Each plan will provide only that portion of its benefit that is required to cover expenses. This prevents duplicate payments and overpayments. Upon determination of primary or secondary liability, this Plan will determine payment.

## Changes to the Plan

The Plan Sponsor reserves the right, at any time, to amend or terminate the Plan or amend or eliminate benefits under the Plan for any reason. All changes will be communicated in writing. If the Plan is discontinued, benefits, if any, will be paid for all charges incurred for covered services prior to the termination date.

## Predetermination

A predetermination confirms services you are about to receive are covered under your dental plan. It helps you estimate any out-of-pocket expenses you may incur by calculating the total amount you owe and what your plan will cover based on your coinsurance amounts. It also notifies you of alternate treatment options covered by your dental plan. We encourage you to ask your dentist to submit a pre-determination to United Concordia for any procedure that exceeds $500. A predetermination is not a guarantee of payment—it is only an estimate of what you can expect to owe.

## My Dental Benefits and Online Tools

Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more at www.UnitedConcordia.com. Additionally, you can Find a Dentist, access valuable member resources and download member apps from the website.

# United Concordia

## UCWellness Oral Health Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

**DEFINITIONS**

The following definition applies when used in this Rider.

**Benefit Period** – The time period specified that applies to each Limitation on the Schedule of Exclusions and Limitations. Benefit Periods shown on the Schedule of Exclusions and Limitations may be expressed in a number of months from the last Covered Service, a calendar year (12 months beginning in January and ending in December), a contract year (12 months beginning with the Effective Date of the Group Policy) or a Member's lifetime.

**ELIGIBILITY**

The additional Benefits in this rider are available to Members that meet at least one of the following criteria, unless other eligibility requirements are specified in the Schedule of Benefits Section of this Rider:

- Member is currently undergoing treatment for the following medical condition(s):
  - Coronary Artery Disease (CAD);
  - Cerebrovascular Disease (CVD);
  - Diabetes;
  - Lupus;
  - Pregnancy;
  - Rheumatoid Arthritis.

- Member received head and/or neck radiation therapy in the 60 months prior to the date this condition is reported to the Company.

- Member received an organ transplant in the 60 months prior to the date this condition is reported to the Company.

**SCHEDULE OF BENEFITS**

**Plan Payment**

In the grouping of dental services called *Exams* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for periodontal evaluations.

In the grouping of dental services called *Cleanings and Fluoride Treatments* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for prophylaxis (cleanings).

In the grouping of dental services called *Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Gingival flap procedures;
- Osseous surgeries.

In the grouping of dental services called *Non-Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Periodontal cleanings;
- Periodontal scaling and root planning.

**Maximums**

The Maximums listed on the Schedule of Benefits do not apply to the following Covered Service(s):

- Exams for all Members;
- Prophylaxis (cleanings) for all Members;
- All X-rays for all Members;
- Fluoride treatments for all Members;
- Sealants for all Members;
- Palliative treatment (emergency treatment of dental pain) for all Members;
- Space Maintainers for all Members.

**Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods**

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.

## SCHEDULE OF EXCLUSIONS AND LIMITATIONS

**Frequency Limitations**

Members that meet the requirements specified in the Eligibility section of this Rider are entitled to one treatment per Benefit Period in addition to the frequency listed in the Limitations section of the Schedule of Exclusions and Limitations for each of the following Covered Services:

- Periodontal cleanings following active periodontal therapy.

**Applicability of Limitations and Exclusions**

Except where otherwise specifically altered by this Rider, the Limitations and Exclusions listed in the Schedule of Exclusions and Limitations shall apply to the procedures covered under this Rider.

## GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

# United Concordia

## Rider to Schedule of Benefits and Schedule of Exclusions and Limitations

## Implantology Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

**SCHEDULE OF BENEFITS**

The Company will pay implantology benefits for eligible Members for the following Covered Services equal to 50% of the Maximum Allowable Charge.

**Implantology Services**

**Implant Placement**

- Endosteal
- Eposteal
- Transosteal
- Mini

**Surgical Services**

- Second stage implant surgery
- Implant removal
- Debridement of periimplant defects
- Debridement and osseous contouring of periimplant defect
- Bone graft at time of implant placement

**Supporting Structures**

- Connecting bar
- Prefabricated abutment
- Custom fabricated abutment

**Implant/Abutment Supported Prosthetics**

- Removable Dentures
- Fixed Dentures (Hybrid Prosthesis)
- Single Crowns
- Fixed Partial Dentures

**Other Implant Related Procedures**

- Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla
- Sinus augmentation, lateral open approach
- Sinus augmentation, vertical approach
- Bone replacement graft for ridge preservation
- Cone beam diagnostic imaging (for capture and interpretation only)

**Deductible(s)**

The annual Deductibles indicated on the Schedule of Benefits will be applied to implantology services.

**Maximum(s)**

The annual Maximum indicated on the Schedule of Benefits will be applied to implantology services.

**Waiting Period(s)**

No Waiting Period will be applied to implantology services.

# United Concordia

## Rider to Schedule of Benefits and Exclusions and Limitations

## Temporomandibular Joint Disorder (TMD)/Craniomandibular Disorder (CMD) Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

Eligible Members will be provided coverage for dental services related to the treatment of Temporomandibular Joint Disorder (TMD) and Craniomandibular Disorder (CMD). The specific services performed for TMD/CMD that are considered Covered Services under this Plan are stated below. The Company will pay benefits equal to *50%* of the Maximum allowable charge.

**Procedure Name**

IMAGING

- Other temporomandibular joint images
- Tomographic survey

OCCLUSAL DEVICES & SERVICES

- Occlusal orthotic device
- Occlusal guard
- Occlusion analysis
- Occlusal adjustment

Diagnostic services rendered in conjunction with the above listed services are covered as indicated on the Schedule of Benefits and subject to the Schedule of Exclusions and Limitations.

**Maximum(s)**

*The lifetime Maximum amount per Member for the above listed TMD/CMD dental services is $5000.*

**Waiting Period(s)**

*No Waiting Period will be applied to TMD/CMD dental services.*

**Exclusions and Limitations**

Specific references to TMD/CMD in the Schedule of Exclusions and Limitations do not apply to the above listed TMD/CMD dental services.

TMD/CMD dental services not listed above are subject to the exclusions as listed in the Schedule of Exclusions and Limitations.

United Concordia dental℠

# Summary of Dental Coverage

Plan Name: **Dicks Sporting Goods**

Print Date: **June 13, 2025**

# Schedule of Benefits

## Concordia Flex℠

**Group Name: Dicks Sporting Goods**

**Group Number: 842725005, 842725006, 842725075, 840725076**

**Effective Date: January 1, 2025**

| | PLAN PAYS |
|---|---|
| **Class I Services** | |
| Exams | **100%** |
| All X-Rays | **100%** |
| Cleanings & Fluoride Treatments | **100%** |
| Sealants | **100%** |
| Palliative Treatment (Emergency) | **100%** |
| Space Maintainers | **100%** |
| | |
| **Class II Services** | |
| Basic Restorative (Fillings, etc.) | **80%** |
| Endodontics | **80%** |
| Non-surgical Periodontics | **80%** |
| Repairs of Bridges | **80%** |
| Denture Repair | **80%** |
| Simple Extractions | **80%** |
| Surgical Periodontics | **80%** |
| Complex Oral Surgery | **80%** |
| General Anesthesia and/or Nitrous Oxide and/or IV Sedation | **80%** |
| | |
| **Class III Services** | |
| Inlays, Onlays, Crowns | **80%** |
| Prosthetics (Bridges, Dentures) | **80%** |
| | |
| **Orthodontics** | |
| Diagnostic, Active, Retention Treatment | **50%** |

### Deductibles & Maximums

- $50 Calendar Year Deductible per Member (excluding Class I & Orthodontic Services) not to exceed $150 per family
- $2,000 per Calendar Year Maximum per Member
- $2,000 Lifetime Maximum per Member for Orthodontics

**All services on this Schedule of Benefits are subject to the Schedule of Exclusions and Limitations.**
**Participating Dentists accept the Maximum Allowable Charge as payment in full.**

**Your benefit is a 12 month term as defined by your employer.**
**Speak with your employer directly for exact term dates.**

## Contact United Concordia

| | |
|---|---|
| **Phone** | **1-866-851-7568**<br>Customer service representatives are available from 8 a.m. - 6 p.m. ET.<br>Assistance can also be received outside normal customer service hours through our Interactive Voice Recognition (IVR) system. Use the system 24/7 to access claim status, benefits and coverage information in 150 languages. |
| **Web** | **www.UnitedConcordia.com**<br>Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more. |

# Schedule of Exclusions and Limitations

Only American Dental Association procedure codes are covered.

**EXCLUSIONS – The following services, supplies or charges are excluded:**

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Plan (for example, but not limited to, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Plan's benefits would be in excess to the third-party benefits and therefore, the Plan would have right of recovery for any benefits paid in excess.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are Cosmetic in nature as determined by the Plan Administrator (for example, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
7. Elective procedures (for example, but not limited to, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example, but not limited to, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
15. Preventive restorations.
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices or any other duplicative device.
18. For which in the absence of dental benefits under a plan the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.

20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (night grinding of teeth).
22. For any claims submitted to the Plan Administrator by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (for example, but not limited to, patient does not return to complete treatment) and temporary services (for example, but not limited to, temporary restorations).
24. 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.
25. Specialized procedures and techniques (for example, but not limited to, precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Plan Administrator will apply.
28. For prosthetic services (e.g. full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member's eligibility under the Group Policy.

**LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:**

1. Full mouth x-rays – one (1) every 36 months.
2. Bitewing x-rays – one (1) set(s) per calendar year.
3. Oral Evaluations:
   - Comprehensive and periodic – two (2) of these services per calendar year. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
   - Consultations – one (1) per 12 months per specialty.
4. Prophylaxis – two (2) per calendar year in combination with periodontal maintenance. One (1) additional for Members under the care of a medical professional during pregnancy.
5. Fluoride treatment – two (2) per calendar year under age nineteen (19).
6. Space maintainers – one (1) per lifetime for Members under age sixteen (16) when used to maintain space as a result of prematurely lost teeth.
7. Sealants – one (1) per tooth per 3 year(s) under age sixteen (16) on permanent first and second molars.
8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fourteen (14).
9. Periodontal Services:
   - Periodontal maintenance following active periodontal therapy – two (2) per calendar year in combination with routine prophylaxis.
   - Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
   - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
    - Basic restorations – not within 12 months of previous placement of any basic restoration.
    - Single crowns, inlays, onlays – not within 5 year(s) of previous placement of any of the procedures in this category.
    - Buildups and post and cores – not within 5 year(s) of previous placement of any of the procedures in this category.
    - Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
11. Denture relining and rebasing are considered part of the denture charges if provided within 12 months of insertion by the same dentist. Denture adjustments are considered part of the denture charges if provided within 6 months by the same dentist.
12. Pulpal therapy – one (1) per primary tooth per lifetime. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior molars under age twelve (12).
13. Root canal retreatment – one (1) per tooth per lifetime.
14. Recementation – one (1) per 12 months. Recementation during the first 12 months following insertion of any preventive, restorative or prosthodontics service by the same dentist is included in the preventive, restorative or prosthodontics service benefit.

15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the Member to the less costly treatment. However, if the Member and the dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed under this ABP.

16. Payment for orthodontic services, if covered, shall cease at the end of the month after termination.

17. Intraoral Films:
    - Occlusal – two (2) per 24 months under age eight (8).

18. General anesthesia and IV sedation: a total of sixty 60 minutes per session.

## Choice of Dentist

You may choose any licensed dentist for services to be covered by the Plan. However, you will limit your out-of-pocket cost if you choose a United Concordia participating dentist. Participating dentists accept the Plan's allowance as payment in full for covered benefits. Your out-of-pocket cost will be limited to any applicable coinsurance, deductibles or amounts exceeding the program maximum.

Participating dentists will also complete and send claims directly to United Concordia. If you go to a dentist who is not a United Concordia participating dentist, you may have to pay the dentist at the time of service. You will also have to pay the difference between the dentist's charge and the amount that the Plan allows, in addition to any coinsurance or deductible. You may have to submit the claim and wait for United Concordia to reimburse you.

To find a participating dentist, visit Find a Dentist on United Concordia's website at www.UnitedConcordia.com or telephone United Concordia's Interactive Voice Response System at 1-866-851-7568.

When you visit the dental office, let your dentist know that you are covered under a United Concordia dental program. If your dentist has questions about your eligibility or benefits, instruct the office to call United Concordia's Interactive Voice Response System at 1-866-851-7568 or visit Dental Inquiry at www.UnitedConcordia.com/dental-insurance/dentist.

## Claims Submission and Payment

Upon completion of treatment, a claim form needs to be filed with United Concordia. If you visit a United Concordia participating dentist, the dental office will submit claims forms for you and your dependents. United Concordia will pay covered benefits directly to the participating dentist. Both you and the dentist will receive an explanation of benefits.

Most dental offices submit claim forms for patients. However, if you do not receive treatment from a participating dentist, you may have to complete and send a claim form to United Concordia in the event the dental office will not do this for you. Send the claim form to the address on the claim form.

## Coordination of Benefits

If you or your dependents are covered by any other dental benefits plan and receive a service covered by this Plan and the other, benefits will be coordinated. This means that one plan will be primary and determine its benefits before those of the other plan and without considering the other plan's benefits.

The other plan will be secondary and determine its benefits after the other plan. The secondary plan's benefits may be reduced because of the primary plan's payment. Each plan will provide only that portion of its benefit that is required to cover expenses. This prevents duplicate payments and overpayments. Upon determination of primary or secondary liability, this Plan will determine payment.

## Changes to the Plan

The Plan Sponsor reserves the right, at any time, to amend or terminate the Plan or amend or eliminate benefits under the Plan for any reason. All changes will be communicated in writing. If the Plan is discontinued, benefits, if any, will be paid for all charges incurred for covered services prior to the termination date.

## Predetermination

A predetermination confirms services you are about to receive are covered under your dental plan. It helps you estimate any out-of-pocket expenses you may incur by calculating the total amount you owe and what your plan will cover based on your coinsurance amounts. It also notifies you of alternate treatment options covered by your dental plan. We encourage you to ask your dentist to submit a pre-determination to United Concordia for any procedure that exceeds $500. A predetermination is not a guarantee of payment—it is only an estimate of what you can expect to owe.

## My Dental Benefits and Online Tools

Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more at www.UnitedConcordia.com. Additionally, you can Find a Dentist, access valuable member resources and download member apps from the website.

# United Concordia

## UCWellness Oral Health Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

**DEFINITIONS**

The following definition applies when used in this Rider.

**Benefit Period** – The time period specified that applies to each Limitation on the Schedule of Exclusions and Limitations. Benefit Periods shown on the Schedule of Exclusions and Limitations may be expressed in a number of months from the last Covered Service, a calendar year (12 months beginning in January and ending in December), a contract year (12 months beginning with the Effective Date of the Group Policy) or a Member's lifetime.

**ELIGIBILITY**

The additional Benefits in this rider are available to Members that meet at least one of the following criteria, unless other eligibility requirements are specified in the Schedule of Benefits Section of this Rider:

- Member is currently undergoing treatment for the following medical condition(s):
  - Coronary Artery Disease (CAD);
  - Cerebrovascular Disease (CVD);
  - Diabetes;
  - Lupus;
  - Pregnancy;
  - Rheumatoid Arthritis.

- Member received head and/or neck radiation therapy in the 60 months prior to the date this condition is reported to the Company.

- Member received an organ transplant in the 60 months prior to the date this condition is reported to the Company.

**SCHEDULE OF BENEFITS**

**Plan Payment**

In the grouping of dental services called *Exams* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for periodontal evaluations.

In the grouping of dental services called *Cleanings and Fluoride Treatments* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for prophylaxis (cleanings).

In the grouping of dental services called *Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Gingival flap procedures;
- Osseous surgeries.

In the grouping of dental services called *Non-Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Periodontal cleanings;
- Periodontal scaling and root planning.

**Maximums**

The Maximums listed on the Schedule of Benefits do not apply to the following Covered Service(s):

- Exams for all Members;
- Prophylaxis (cleanings) for all Members;
- All X-rays for all Members;
- Fluoride treatments for all Members;
- Sealants for all Members;
- Palliative treatment (emergency treatment of dental pain) for all Members;
- Space Maintainers for all Members.

**Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods**

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.

## SCHEDULE OF EXCLUSIONS AND LIMITATIONS

**Frequency Limitations**

Members that meet the requirements specified in the Eligibility section of this Rider are entitled to one treatment per Benefit Period in addition to the frequency listed in the Limitations section of the Schedule of Exclusions and Limitations for each of the following Covered Services:

- Periodontal cleanings following active periodontal therapy.

**Applicability of Limitations and Exclusions**

Except where otherwise specifically altered by this Rider, the Limitations and Exclusions listed in the Schedule of Exclusions and Limitations shall apply to the procedures covered under this Rider.

## GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

# United Concordia

## Rider to Schedule of Benefits and Schedule of Exclusions and Limitations

## Implantology Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

**SCHEDULE OF BENEFITS**

The Company will pay implantology benefits for eligible Members for the following Covered Services equal to 80% of the Maximum Allowable Charge.

**Implantology Services**

**Implant Placement**

- Endosteal
- Eposteal
- Transosteal
- Mini

**Surgical Services**

- Second stage implant surgery
- Implant removal
- Debridement of periimplant defects
- Debridement and osseous contouring of periimplant defect
- Bone graft at time of implant placement

**Supporting Structures**

- Connecting bar
- Prefabricated abutment
- Custom fabricated abutment

**Implant/Abutment Supported Prosthetics**

- Removable Dentures
- Fixed Dentures (Hybrid Prosthesis)
- Single Crowns
- Fixed Partial Dentures

**Other Implant Related Procedures**

- Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla
- Sinus augmentation, lateral open approach
- Sinus augmentation, vertical approach
- Bone replacement graft for ridge preservation
- Cone beam diagnostic imaging (for capture and interpretation only)

**Deductible(s)**

The annual Deductibles indicated on the Schedule of Benefits will be applied to implantology services.

**Maximum(s)**

The annual Maximum indicated on the Schedule of Benefits will be applied to implantology services.

**Waiting Period(s)**

No Waiting Period will be applied to implantology services.

# United Concordia

## Rider to Schedule of Benefits and Exclusions and Limitations

## Temporomandibular Joint Disorder (TMD)/Craniomandibular Disorder (CMD) Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

Eligible Members will be provided coverage for dental services related to the treatment of Temporomandibular Joint Disorder (TMD) and Craniomandibular Disorder (CMD). The specific services performed for TMD/CMD that are considered Covered Services under this Plan are stated below. The Company will pay benefits equal to 80% of the Maximum allowable charge.

**Procedure Name**

IMAGING

- Other temporomandibular joint images
- Tomographic survey

OCCLUSAL DEVICES & SERVICES

- Occlusal orthotic device
- Occlusal guard
- Occlusion analysis
- Occlusal adjustment

Diagnostic services rendered in conjunction with the above listed services are covered as indicated on the Schedule of Benefits and subject to the Schedule of Exclusions and Limitations.

**Maximum(s)**

*The lifetime Maximum amount per Member for the above listed TMD/CMD dental services is $5000.*

**Waiting Period(s)**

*No Waiting Period will be applied to TMD/CMD dental services.*

**Exclusions and Limitations**

Specific references to TMD/CMD in the Schedule of Exclusions and Limitations do not apply to the above listed TMD/CMD dental services.

TMD/CMD dental services not listed above are subject to the exclusions as listed in the Schedule of Exclusions and Limitations.