



**HealthDepot**

# Dental Plus

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At Health Depot, we are committed to providing premier customer service and maintaining relationships of trust with all of the people we serve—including our members, carriers and business partners.

We provide access to affordable health and consumer benefits to the people who need these products most—entrepreneurs, self-employed professionals and contractors. We are also dedicated to empowering our members with valuable resources, information and support to guide them in making their personal and professional lives easier and more fulfilling.

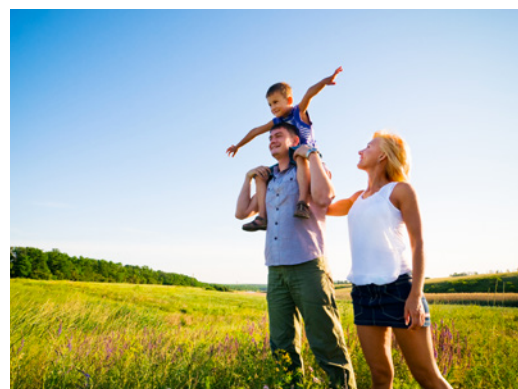
Health Depot offers only the most valuable solutions from trusted names in the consumer products and benefits industry. We work closely with our business partners and vendors to ensure that these products meet our extremely high quality standards.

## Vision & Values

Create a community of people who collectively help one another socially by interacting and exchanging ideas with one another, financially by leveraging the power of the group to acquire benefits and services, and physically by providing support, information and benefits related to individual health.

## Well-being, Diversity, Discovery, Caring, & Integrity

- We believe in making our members more comfortable, healthy, and happy.
- We recognize that every member is different; each one shaped by unique life experiences with different needs for well-being.
- We promote education and learning new ideas for our members.
- We understand, empathize with, are compassionate toward, and meet the needs and requests of our members.
- We do what is right, are accountable for, and take pride in our actions in everything we do for our members.



# Dental Plan Benefits

# United Concordia Dental

**United Concordia knows how important oral health is to overall health—they have specialized in dental insurance for over 40 years. A national dental-care company, United Concordia has provided flexible, affordable dental insurance plans and great customer service to more than 7.5 million members nationwide.**

But quality dental coverage is only a part of their story. They sponsor breakthrough research to discover more about the link between oral health and overall wellness because they believe superior oral health leads to a healthy life. Their landmark UCWellness Oral Health Study is a three year look at the link between serious health conditions and gum (periodontal) disease. Research revealed that patients who were pregnant or had certain chronic conditions saved thousands of dollars a year in medical costs when treated for gum disease. United Concordia focuses on getting members engaged in their oral health—enticing them to get the preventive care they need to avoid complex dental problems and improve their health overall.

## Quality Dentist Access

United Concordia's large network of dentists consists of 330,500 access points and over 100,000 dentists around the country. Their extensive, ongoing recruitment efforts ensure that members can easily find a nearby network dentist, no matter where they live. United Concordia holds their dentists to the highest standards, rigorously screening their credentials and claims to verify quality care is provided to all members.

## Advanced Technology

From a computer or tablet, members can access an online collection of user-friendly tools designed to keep them connected with everything healthy. When members are away from their computer, innovative mobile tools like the United Concordia Dental app can provide dental wellness answers and put coverage information at their fingertips.

For kids, their free Chomper Chums® app is an engaging tool that makes oral health fun by teaching the importance of proper brushing, flossing and rinsing, as well as the many benefits of good nutrition.

## Exceptional Customer Service

For members who prefer a more personalized experience, a simple phone call connects them with a resourceful member of the United Concordia Dental team.

- **Most member calls are answered within 30 seconds, with a first-call resolution of more than 97%.**
- **Nearly 100% of all claims are processed in 30 days, with 70% processed electronically and 98% paid in 30 days.**

**A recognized leader in the industry, United Concordia focuses on improving the oral health and well-being of the members they serve.**

UNITED CONCORDIA® DENTAL  
Protecting More Than Just Your Smile®



United Concordia Dental   Concordia Flex Plan		
Benefit Category <sup>1</sup>	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
Class I - Diagnostic / Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II - Basic Services		
Basic Restorative (Fillings)	50%	50%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III - Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health®--Wellness <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	• Covers 1 additional periodontal maintenance per year and all are covered at 100%	
	• Scaling and root planing are covered at 100%	
	• 4 periodontal surgery procedures are covered at 100%	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Deductible (per person/per family)	\$50/\$150	
	Excludes Class I	
Annual Maximum (per person)	\$1,500	
	Excludes Class I	

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs). Network dentists agree to accept the scheduled allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the scheduled allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply. Orthodontics are not covered on this plan. Concordia Flex is a passive PPO program that allows members to receive care from any licensed dentist; however, members receive the greatest value and convenience when they receive care from a participating dentist. This means that members who receive care from a participating dentist are responsible only for those deductibles and coinsurance amounts that are part of the program design.

# Save More with A Network Dentist

United Concordia's large, nationwide dentist network means you can find affordable, quality care with great service no matter where you live.

## Using an Advantage Plus 2.0 Network dentist maximizes your benefits



## What is a Network Dentist?

Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Non-network dentists can charge you more. This means you will lower your out-of-pocket expense using a network dentist.

You can receive care from any licensed dentist. But your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist.

## Save Money & Time

A network dentist saves you the difference between the negotiated fees and the dentist's regular charges. And, you stretch your benefit dollars by getting more services before reaching your annual maximum. Network dentists also file your claims for you, saving you time and the hassle of paperwork.

## Savings Example<sup>1</sup>

Member's Annual Dental Care	Example Dentist Charge	Network Dentist Visit – Member Responsibility <sup>2</sup>	Non-network Dentist Visit – Member Responsibility	Member Savings for Visiting a Network Dentist
2 Cleanings	\$151	\$0	\$63	<b>\$63</b>
2 Exams	\$85	\$0	\$45	<b>\$45</b>
1 Set x-rays	\$117	\$0	\$59	<b>\$59</b>
2 Composite fillings	\$227	\$22	\$149	<b>\$127</b>
1 Crown	\$931	\$324	\$611	<b>\$287</b>
<b>Total</b>	<b>\$1,512</b>	<b>\$346</b>	<b>\$928</b>	<b>\$582</b>

1. Savings estimates based on internal data for zip code 17110, as of 6/15; savings will vary by dentist, service and geographic region.

2. All services performed by an Advantage Plus 2.0 network dentist.



## Your Dental Plan Includes Preventive Incentive® and Smile for Health-Wellness

### Preventive Incentive®

With Preventive Incentive, all charges for covered diagnostic and preventive (Class I) services— such as cleanings, exams, x-rays and more—do not count toward your annual maximum. This promotes good oral health by encouraging you to receive preventive care, and leaves you with more benefit dollars to use for other covered dental procedures. You can use Preventive Incentive as soon as your coverage is in effect, so there is no waiting until the next plan year to benefit from this feature.

### Sample Savings with Preventive Incentive\*

Annual Preventive Care	You Pay	United Concordia Dental Pays	Annual Maximum Remaining without Preventive Incentive®	Annual Maximum Remaining with Preventive Incentive®
2 Cleanings	\$0	\$126	\$1,268	\$1,500
2 Exams	\$0	\$66		
1 Set of X-Rays	\$0	\$40		
Total	\$0	\$232		

\*For illustrative purposes only. Assumes services provided by United Concordia Dental network dentists; savings will vary by dentist, service and geographic region.

**With Preventive Incentive, you have \$232 more to use on other covered dental procedures!**

### Smile for Health - Wellness

#### Enhanced benefits for people with certain medical conditions

If you have a chronic illness and periodontitis (gum disease), getting the proper treatment and maintenance for healthy teeth and gums will have a positive effect on your overall health; it also helps you save money on your medical costs. Smile for Health-Wellness gives you additional coverage to take control of gum disease and receive information through outreach.

#### Smile for Health-Wellness is for people with certain medical conditions such as:

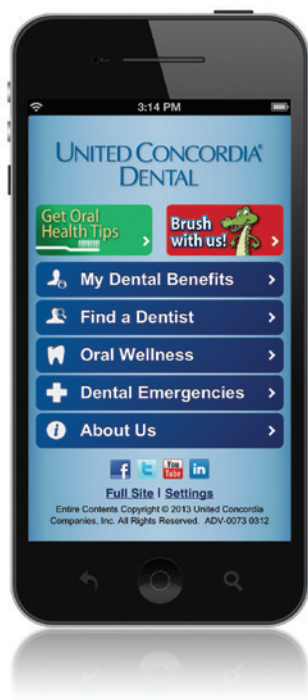
- Cerebrovascular Disease (stroke)
- Diabetes
- Heart Disease
- Lupus
- Oral Cancer
- Organ Transplant
- Rheumatoid Arthritis

**Take advantage of enhanced benefits available at 100% coverage as needed to control gum disease and targeted education to help you manage your chronic illness better.**

# New Apps for Members & Kids!

Mobile apps make it easier than ever to keep your mouth healthy and manage your benefits.

## Members App United Concordia Dental



Download both  
for **FREE** at  
**Google Play or  
the App Store**

Simply search for  
"United Concordia"

### Get Benefits & Oral Health Information on the Go!

- Find a dentist near you
- Learn about oral health and wellness
- Access your benefits information in your My Dental Benefits account
- Get a virtual ID card

## Kids App Chomper Chums™



### Make Brushing Fun for Kids!

- Use two-minute brushing timer
- Develop proper brushing habits
- Encourage healthy eating
- Interact with fun, loveable and animated animal characters

# Health Depot Association Benefits



Vision Service	Participating Provider Benefit Amount Covered by the Plan	Non-Participating Provider Benefit Amount Reimbursed by the Plan
Annual Eye Exam	Covered in Full after \$20 deductible	\$20

## Vision Benefits

The Discount Vision Program has been developed to provide affordable eye examinations and eyewear for Members. Members receive one comprehensive vision examination every 12 months, after a \$20 exam deductible has been paid to the participating provider. If you go to a non-participating provider, you will pay for the exam at the time of service and then file a claim to receive a \$20 reimbursement.

## Discount Program Benefits

Members and their families also receive a 20% discount<sup>1</sup> off the usual and customary charges for eyewear at any of the participating providers at the time of service. There are no authorizations or claim forms required. In order to receive the discount benefit, members identify themselves as Discount Vision Program members at time services are rendered. There are no limits to the number of times the discount can be used.

### The discount may be applied to:

- Lenses (single vision, bifocal, trifocal, hi-index, progressive, etc.)
- Contact Lenses (Exclusions apply) - **Use MES Vision Optics** (see below)
- Photochromic Lenses
- Frames
- Tints and Coatings

The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses.

## Discounts are available through TLCVision for conventional and custom LASIK procedures<sup>2</sup> with the TLCVision Advantage Program.

### EXCLUSIONS

<sup>1</sup> The discount does not apply to disposable, extended wear or frequent replacement contact lenses; frame repairs; promotional eye care or eyewear offers; medical/surgical treatment of the eyes; and services or materials provided by non-participating providers. There are no retroactive discounts allowed.

<sup>2</sup> LASIK vision correction is an elective procedure performed by specially trained providers, therefore, this discount may not always be available from a provider in your immediate area.

### Underwritten by:



Gerber Life Insurance Company  
A separate subsidiary of Gerber Products  
Home Office: White Plains, NY 10605

## MES Vision Optics - Discounted Contact Lenses available through mail order

You can now use your eligible MESVision plan benefits to buy contact lenses online! MESVision Optics stocks all major brands and types of contact lenses at a reduced price from other online retail sellers. Every lens is shipped in safe, sealed containers and is guaranteed to be the exact lens prescribed by your doctor. It's easy to get your contacts ordered and delivered directly to your door, with Free Regular Ground Shipping on orders of \$50 or more. Reading Glasses, Sunglasses and Eyecare Accessories are also available at discounted prices.



The ScriptSave Prescription Savings Card provides you access to discounted prescription drug prices. All household members can use the same card – including pets, if the pet medication is a common drug that is also used by people. There are no limits on how many times members and their family can use the card. Visit [www.hdarx.com](http://www.hdarx.com) to look up drug pricing and locate participating pharmacies.

## Features

- Save between 15% to 75%, with average savings of 44% (based on 2014 national program savings data)
- Accepted at over 62,000 participating pharmacies nationwide, including major chains and independent pharmacies
- Can be used for all prescription drugs, both brand-name drugs and generics
- Members will always receive the lowest price available on your prescription purchase

## Savings

- **FAMILIES WITH LIMITED OR NO PRESCRIPTION COVERAGE** can reduce out of pocket costs
- **INDIVIDUALS WITH PRESCRIPTION COVERAGE** can reduce the cost of medications that are not covered
- **SENIORS WITH MEDICARE PART D** can save on prescriptions that are EXCLUDED from coverage

## Honored at Over 62,000 Participating Pharmacies, Including:



**Plus Thousands of Additional Chains and Independent Pharmacies Nationwide.**

DISCOUNT ONLY - NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discount will vary depending on the pharmacy or provider chosen and services rendered. The program does not make payments directly to the pharmacies or providers. Members are required to pay for all health care services.



## YOU'RE UNIQUE, your nutrition should be too! IDLife is YOUR own Individually Designed Nutrition Program.

**No matter what your goals are in life, to look and feel better, lose weight, or get in the best shape of your life, IDLife is your systematic approach to achieving the health and wellness you've always wanted.**

**IDLife products are scientifically formulated to help you by providing therapeutic doses of specific nutrients to:**

- Restore nutrients depleted by your Rx program
- Help your body resist Rx side effects
- Improve your overall nutrition status thus optimizing your health

Additionally, they have been pre-screened to avoid drug/nutrient interactions that may be present with your current vitamin program.



### ENERGY

#### Drink & Chew

- Phase I (short term) - The Advantra Z gives you a rapid onset of energy.
- Phase II (mid term) - The caffeine gives you sustained energy, increasing focus, mental clarity, metabolism, cognitive function, performance and feelings of well-being.
- Phase III (long term) - Theobromine helps with fatigue protection, with no jitters or crash, appetite suppression, elevated mood and helps reduce fluid retention.

### MEAL REPLACEMENT

#### Shake

- A superior low calorie, high-quality shake loaded with nutrients, with only six nutritional and organic ingredients.
- The only shake with 23 grams of cold-filtered whey protein and micro milled Chia.
- Simply the best tasting, most nutritious meal of the day.
- Non-GMO, Casein, Soy and Gluten free.

### PRE WORKOUT

- Take your workout further and push through the plateau with Pre Workout from IDLife.
- A balanced complex of targeted amino acids, branched chain amino acids (BCAAs), vitamins, minerals, enzymes and nutrients to assist in maximizing your physical conditioning and mental focus.
- Combine Pre Workout with IDLife Post Workout formula to optimize lean muscle regeneration.

### POST WORKOUT

- Reduce inflammation and soreness after exercise while promoting fast muscle repair with Post Workout from IDLife.
- A high quality complex of proteins, vital electrolytes and antioxidants that address post workout recovery.
- Get professional grade nutritional support for your body's muscular and nervous system with Post Workout from IDLife.

### APPETITE CONTROL

- Advantra Z Citrus Aurantium boosts metabolism and increases lean muscle mass.
- Promotes thermogenesis and suppresses appetite.
- Increases energy level and mental clarity so you can stay sharp and focused while curbing your hunger.

### SLEEP STRIPS

- Uses a complex of nutrients, including Melatonin, L-Theanine and 5HTP.
- Brings your body into balance so you can go to sleep fast, stay asleep, and get restful, restorative, deep sleep.
- Great mint flavored strips melt in your mouth.
- Wake up refreshed, never groggy, and ready to take on whatever the day has in store.

### HYDRATE

- About 75% of Americans are dehydrated, which can lead to health complications.
- IDLife Hydrate is a formula of vital electrolytes, antioxidants, minerals and vitamins.
- Hydrate supports cardiovascular, muscular and nervous system functioning to keep you healthy and hydrated.

### LEAN

- IDLife Lean is a natural way to boost metabolism, increase thermogenesis, reduce sugar cravings and promote the preservation and development of lean muscle mass.
- Whether your interest is weight management or building lean muscle, choose Lean as a part of your personal nutritional plan.

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

\* IDLife does not represent that its products are certified organic under the United States Department of Agriculture rules and regulations.

# Frequently Asked Questions



## Frequently Asked Questions

### When will I receive my ID cards?

United Concordia will mail your dental ID cards to you. Your Health Depot Association ID card (including vision & Rx) will be mailed to you within 7-10 business days of your enrollment. On Health Depot's online member portal, you also have access to your association ID card and membership guide, as well as information and links for your benefits.

### Is there a waiting period before I can use my dental or vision benefits?

There is no waiting period. You will have access to all plan benefits on your effective date.

### How will I know which dentist to see?

You can see any dentist you choose, however, you will receive the full plan benefits by using an in-network provider. Reimbursement is based on a schedule of maximum allowable charges (MACs). Network dentists agree to accept United Concordia's allowances as payment in full for covered services, less applicable deductibles and coinsurance percentages. Non-network dentists may bill for any difference between our allowance and their fee.

### What is the dental network and how do I find participating providers?

The dental network included with your plan is the **Advantage Plus 2.0 network**. The Advantage Plus 2.0 network is one of the largest dental networks in the country with 330,500 access points and over 100,000 dentists. You can locate participating providers at [www.ucci.com](http://www.ucci.com) or by calling United Concordia's Customer Service at: **(800) 332-0366**.

### What is the Annual Maximum and Deductible for my dental plan?

The Annual Maximum is \$1,500 per person per calendar year. The deductible is \$50 per person per calendar year with a family maximum of \$150.

### How many dental cleanings & eye exams does the plan cover per year?

The plan includes two dental cleanings per 12 month period and one eye exam. The 12 month period begins on the date of your first cleaning or eye exam and it continues on a rolling 12 months. The vision discounts can be used at any time.

### What is the vision network and how do I find participating providers?

You can select a participating vision care provider at [www.ECNdiscount.com](http://www.ECNdiscount.com) or by calling MESVision's Customer Care Center at **(800) 877-6372**. When you make an appointment with the participating provider of your choice, inform them that you are a MESVision member and they will call to verify your eligible plan benefits.

### Who do I contact if I have additional questions about my membership plan benefits?

Please contact Health Depot's Customer Service at **(855) 351-7535** and one of our friendly representatives will be glad to help you!





# Membership Rates

Dental Plus Monthly Membership Rates	
Member	\$59
Member + 1	\$101
Member + Family	\$147

Monthly Membership Rates

One-time \$35 enrollment fee applies.

N/A in AK, HI, MA, NY, RI, SD, VT, WA.



# Dental Exclusions & Limitations

**THIS PLAN DOES NOT MEET THE MINIMUM ESSENTIAL HEALTH BENEFIT REQUIREMENTS FOR PEDIATRIC ORAL HEALTH AS REQUIRED UNDER THE FEDERAL AFFORDABLE CARE ACT.**

*Exclusions and Limitations may differ by state as specified below. 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 Group Policy (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 Company's benefits would be in excess to the third-party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.

For Group Policies issued and delivered in Georgia, Missouri and Virginia, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

For Group Policies issued and delivered in North Carolina, services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act are excluded only to the extent such services or supplies are the liability of the employee according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

For Group Policies issued and delivered in Maryland, this exclusion does not apply.

4. For prescription and non-prescription drugs, vitamins or dietary supplements. For Group Policies issued and delivered in Arizona and New Mexico, this exclusion does not apply.

5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.

For Group Policies issued and delivered in Washington, this exclusion does not apply when required dental services and procedures are performed in a dental office for covered persons under the age of seven (7) or physically or developmentally disabled.

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

6. Which are Cosmetic in nature as determined by the Company (for example but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

For Group Policies issued and delivered in New Jersey, this exclusion does not apply for Cosmetic services for newly born children of Members.

For Group Policies issued and delivered in Washington, this exclusion does not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.

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).

For Group Policies issued and delivered in Kentucky, Minnesota and Pennsylvania, this exclusion shall not apply to newly born children of Members including newly adoptive children, regardless of age.

For Group Policies issued and delivered in Colorado, Hawaii, Indiana, Missouri, New Jersey and Virginia, this exclusion shall not apply to newly born children of Members.

For Group Policies issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age.

For Group Policies issued and delivered in Washington, this exclusion shall not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.

9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Certificate.

10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. 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.

For Group Policies issued and delivered in New York, diagnostic services and treatment of jaw joint problems related to a medical condition are excluded unless specifically covered under the Certificate. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (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.

For Group Policies issued and delivered in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of temporomandibular joint disorder (TMD) rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease or injury and such procedures are covered under the Certificate or the Schedule of Benefits.

For Group Policies issued and delivered in Minnesota, this exclusion does not apply.

11. For treatment of fractures and dislocations of the jaw.

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

12. For treatment of malignancies or neoplasms.

13. Services and/or appliances that alter the vertical dimension (for example but not limited to, 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 insurance 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.

For Group Policies issued and delivered in Oklahoma, this exclusion does not apply.

21. For treatment and appliances for bruxism (night grinding of teeth).

22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.

For Group Policies issued and delivered in Maryland, failure to furnish the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible, and, except in the absence of legal capacity of the Member, not later than one (1) year from the time the claim is otherwise required.

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 Company will apply.

## 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 5 year(s).

2. Bitewing x-rays – one (1) set(s) per 12 months under age nineteen (19) and one (1) set(s) per 18 months age nineteen (19) and older.

3. Oral Evaluations:

- Comprehensive and periodic – two (2) of these services per 12 months. 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).
- Limited problem focused and consultations – one (1) of these services per dentist per patient per 12 months.
- Detailed problem focused – one (1) per dentist per patient per 12 months per eligible diagnosis.

4. Prophylaxis – two (2) per 12 months. One (1) additional for Members under the care of a medical professional during pregnancy.

5. Fluoride treatment – one (1) per 12 months under age fourteen.

6. Space maintainers – one (1) per five (5) year period for Members under age fourteen (14) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.

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 fifteen (15).

9. Periodontal Services:

- Full mouth debridement – one (1) per lifetime.
- Periodontal maintenance following active periodontal therapy – two (2) per 12 months in addition to routine prophylaxis.
- Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
- Surgical periodontal procedures – one (1) per 36 months per area of the mouth.
- Guided tissue regeneration – one (1) per tooth per lifetime.

10. Replacement of restorative services only when they are not, and cannot be made, serviceable:

- Basic restorations – not within 24 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, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 year(s) thereafter.

12. Pulpal therapy – one (1) per primary tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth.

13. Root canal retreatment – one (1) per tooth per lifetime.

14. Recementation – one (1) per 3 year(s). Recementation during the first 3 year(s) 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 by the Company. This limitation does not apply to Group Policies issued and delivered in Maryland.

17. Intraoral Films:

- Periapical – four (4) per 12 months per dentist if not performed in conjunction with definitive procedure(s).
- Occlusal – two (2) per 12 months under age eight (8).

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

### United Concordia Companies, Inc.

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