



UNITED CONCORDIA

Insuring America's Dental Health

AFSCME District Council #47

United Concordia is pleased to offer AFSCME District Council #47 members the opportunity to enroll in the Concordia Flex dental plan.

How does the plan work?

Your plan provides coverage for dental services designed to benefit your oral and overall health. The amount United Concordia pays is based on our established, discounted fee schedule for each region. The fees listed on the schedule are commonly referred to as maximum allowable charges or MACs. When United Concordia pays a claim, the amount we pay is based on the level of coverage you have for that service multiplied by the MAC. Many services will be covered at 100% of the MAC, while others will require you to pay a coinsurance amount.

What are the benefits of using a network provider?

While the Concordia Flex dental plan allows you to visit any dentist, visiting a network dentist can save you time and money. With more than 90,000 total dentist locations across the country, no matter where you are, finding a Concordia Advantage network dentist is as easy as picking up the phone or visiting our website at www.unitedconcordia.com.

Our network dentists:

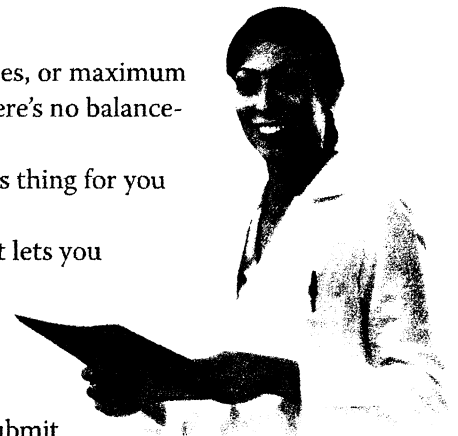
Save you money—Because our network dentists accept our negotiated fees, or maximum allowable charges (MACs), as payment-in-full for covered services, there's no balance-billing and you save more out-of-pocket!

Save you time—Our network providers agree to file claims, so it's one less thing for you to worry about.

Stretch your benefit dollars—Paying less for care from a network dentist lets you receive more covered services before reaching your annual maximum.

Provide peace of mind—All our network providers undergo rigorous review through our quality assurance process and routine verification of their credentials.

Keep you in-the-know—Upon your request, our network providers will submit predeterminations before performing a procedure. So you'll know up front if the treatment is covered and how much you can expect to pay out-of-pocket.



Our network providers are the right choice for your smile and wallet!

Is there a number to call if I have questions?

Yes. If you want to learn more about Concordia Flex plan for AFSCME District Council #47 members, or if you have questions, contact our Dental Customer Service department toll free at 1-800-332-0366.

How can I find a network provider?

Just visit our website at www.unitedconcordia.com and select the Find a Dentist link. Select the Concordia Advantage Network and click Begin Search. Then, just select the type of dentist you are looking for and use one of the search options to find a dentist near you.

How do I use my benefits?

When you or an enrolled family member visit the dentist, be sure to let them know you are enrolled in a United Concordia dental plan and show them your identification card. If you use a network provider, he/she will use this information to complete and submit your claim forms. If you use a non-network dentist, he/she may require you to pay the full amount at the time of your visit and file your own claim forms.

Do I need a referral?

No. Concordia Flex is a dental PPO, which means you can visit any dentist without a referral. However, United Concordia encourages you to request a predetermination for any recommended treatment plans over \$200 so that you know before you receive services how much the plan covers, how much you can expect to pay and any alternate treatments that may be covered in lieu of the proposed treatment plan.

What is an alternate treatment?

An alternate treatment is a clinically acceptable means of addressing an oral health issue other than the treatment prescribed by your dentist. If an alternate treatment(s) exists to address the same oral health issue, United Concordia will reimburse you for the most cost-effective alternative.

What services are covered?

For a quick summary of covered services, refer to the dental benefits summary provided. Additional details are summarized below.

Your plan covers diagnostic preventive, and certain basic services at 100% of the MAC. This means that if you visit a United Concordia network dentist, you will pay nothing out of pocket for these services.

Services covered at 100% include:

- Routine cleanings (prophylaxis) and exams every six months
- Routine x-rays, including bitewing x-rays every 6 months and full-mouth every 3 years
- Topical fluoride treatments for dependent children under age 19 once every 6 months
- Space maintainers (not made of special metals) to replace prematurely lost teeth for dependent children under age 19
- Palliative (emergency) treatment required due to oral pain
- In-hospital consultations
- Sealants for dependent children through age 10 on permanent first molars and to age 15 on permanent second molars
- Endodontics (including pulpotomy and root canal treatments)
- Periodontics (surgical and nonsurgical gum treatment)
- General anesthesia

Your plan covers additional basic and major services at 80% of the MAC. These services include:

- Fillings (silver-colored amalgams and synthetic tooth-colored restorations)
- Simple, non-surgical extractions
- Oral surgery (including surgical extractions)
- Denture repair (simple repairs to existing dentures)
- Single implant crowns
- Crowns, inlays and onlays
- Prosthetics (fixed and removable bridges; complete and partial dentures)
- Orthodontics (braces)

Is there a limit on how much the plan will pay?

Yes. The plan will cover up to \$2,500 per person per year. Each covered person must meet an annual deductible of \$25 per person or \$75 per family, excluding diagnostic and preventive services. Orthodontics has a separate lifetime maximum per person of \$2,000.

Are there services the plan will not cover?

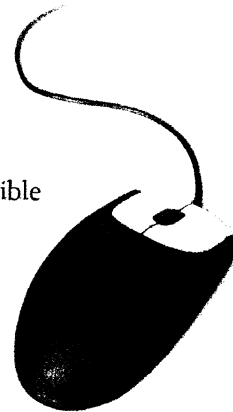
Yes. The following services are generally not covered under the Concordia Flex plan:

- Treatment by other than a licensed dentist unless performed under the direct supervision of a licensed dentist
- Services and supplies not in accordance with accepted standards of dental practice, including those services considered experimental
- Plaque-control programs
- Oral hygiene and dietary instructions
- Services covered by Worker's Compensation or any other governmental agency, unless required by law
- Cosmetic services, such as bleaching of the teeth
- Duplicate or temporary devices
- Services related to Temporomandibular Joint Dysfunction
- Charges for a subscriber's failure to keep a scheduled appointment
- Services performed prior to the effective date of coverage
- Local anesthesia when billed separately by the dentist.

This information is intended as a general summary of your benefits under the Concordia Flex plan. Specific benefit information is available in your Certificate of Coverage.

Can I access information about my plan online?

Yes. Just visit www.unitedconcordia.com and select My Dental Benefits, and register or log on with your user ID and password. Here you can access information such as eligibility, benefits, claim status, maximums and deductible accumulations, and procedure history. You can even print an ID card from your home computer!



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