

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?

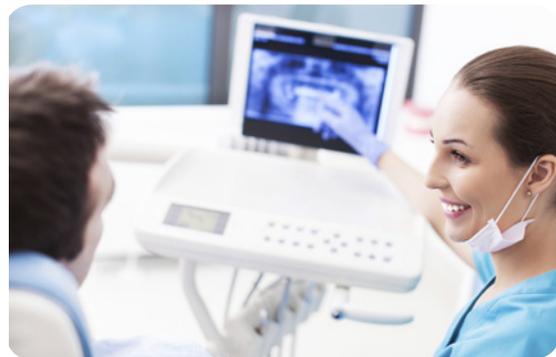
You'll save money because our allowances are typically lower than the dentist's standard charges. Network dentists have already agreed to file claims for you and to accept our allowances as payments in full for covered services. Most also accept our allowances for non-covered services or for services above your annual maximum. Network dentists have undergone rigorous review of their credentials and claims submissions to ensure our members receive quality care.

Our network dentists:

Save money—A network dentist agrees to accept our discounted fees as payment in full for covered services. This means you'll lower your out-of-pocket expenses when you use an in-network dentist. Non-network dentists can charge you more.

Save time—United Concordia dentists file claims for you, saving you time and the hassle of submitting paperwork.

Provide high-quality dental care—United Concordia dentists undergo a review and credentialing process to meet our standards, so you know you're receiving quality care.



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

What if I have questions about my plan?

Questions about your dental treatment should always be discussed with your dentist. For information about your benefits plan, visit [UnitedConcordia.com/MDB](https://www.unitedconcordia.com/MDB) and make sure you have registered. If you do not already have an account, you can create one now. You can also contact Customer Service by visiting [UnitedConcordia.com/contact](https://www.unitedconcordia.com/contact) or calling **1-800-332-0366**.

How can I find a network provider?

Visit [UnitedConcordia.com/find-a-dentist](https://www.unitedconcordia.com/find-a-dentist). From here, you'll be able to select the type of dentist you are looking for and search for a provider in a certain radius from your home or work. Select the **Elite Prime Network** and then click the button to search for dentists in your area.

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. A predetermination lets you know what procedures will or won't be covered prior to receiving them. It calculates the total amount you owe and what your plan covers based on your coinsurance amounts. A predetermination is not a guarantee of payment, but an estimate of what you can expect to pay.

What is Smile for Health®–Wellness?

Smile for Health®–Wellness is an addition to your dental plan that provides coverage for periodontal disease treatment and maintenance for people with certain chronic conditions. With Smile for Health®–Wellness, members receive improved benefits on the services needed to properly treat gum disease. Conditions that qualify include diabetes, cerebral vascular disease (stroke), coronary artery disease (heart), lupus, oral cancer, organ transplant and rheumatoid arthritis. To register your condition, please visit [UnitedConcordia.com/SmileForHealth](https://www.unitedconcordia.com/SmileForHealth).

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.

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 of \$2,000 per person.

Is there a number to call if I have questions?

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

Get started now!

Visit **UnitedConcordia.com/MDB** and create an account using your user ID number on your card and your birth date. Here you can:

- Check claim status quickly
- See what your plan covers and how much we'll pay
- Print ID cards
- Find a dentist
- Evaluate your oral health with My Dental Assessment

Summary of covered services

This information is intended as a general summary of your benefits under the Concordia Flex plan. Some services may be subject to exclusions (not included), frequency limitations (how often services are covered), annual maximum (the maximum amount your plan will pay toward services incurred during the defined plan year), and other details. Specific benefit information is available in your Certificate of Coverage. 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 two in 12 months
- Routine x-rays, including one set of bitewing x-rays every 6 months under age 14; one set every 12 months age 14 and older, and full-mouth every 5 years
- Topical fluoride treatments for dependent children under age 19, two every 12 months
- Space maintainers (not made of special metals) to replace prematurely lost primary and permanent first molars for dependent children under age 19
- Palliative (emergency) treatment required due to oral pain
- In-hospital consultations
- Sealants for dependent children under age 16 on permanent first and second molars; one per tooth every three years
- 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, nonsurgical 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)

Are there services the plan will not cover?

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

- Treatment by a dental care professional 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
- Implant related prosthetics

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

Dental plans only cover dental benefits, are administered by United Concordia Companies Inc. and underwritten by United Concordia Dental Plans of Texas, Inc. Administrative and claims offices are located at 4401 Deer Path Road, Harrisburg, PA 17110 (888-483-9930).

Dental plans begin on the agreed effective date and renews subject to the Contract terms. Either the employer/group or dental plan may elect not to renew the Contract by providing written notice to the other party at least 60 days prior to renewal as indicated in the Contract. The dental plan may terminate the Contract with 60 days written notice as indicated in the Contract if the employer/group fails to pay premium. The dental plan may adjust rates or benefits or terminate the Contract on any premium due date with 31 days advance notice as indicated in the Contract if minimum participation requirements are not achieved or the nature of the risk changes significantly. Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restriction as required by the Group Contract terms. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits paid and cost depend upon the plan selected. Certain dental plans and their provisions may vary or be unavailable in some states. Consult the contract, or contact your agent or account representative for specific provisions and details of availability.

Concordia Plus members must select or will be assigned a primary care provider. Care must be provided by a network provider unless authorized by the company or a Point of Service plan is purchased. In-network specialty services require a referral from the patient's assigned primary care provider.

Contract Form Number TX9803 0313



UNITED CONCORDIA[®] DENTAL
Protecting More Than Just Your Smile[®]