UNITED CONCORDIA

United Concordia
Dental Plans, Inc.

4401 Deer Path Road
Harrisburg, PA 17110

Dental Plan
Certificate of Coverage

MD9805 (07/02)

CERTIFICATE OF COVERAGE

INTRODUCTION

This Certificate of Coverage provides information about Your dental coverage. Read it carefully and keep it in a safe place with Your other valuable documents. Review it to become familiar with Your benefits and when You have a specific question regarding Your coverage.

To offer these benefits, Your Group has entered into a Group Contract with United Concordia. The benefits are available to You as long as the Premium for You and any enrolled Dependents is paid and obligations under the Group Contract are satisfied. In the event of conflict between this Certificate and the Group Contract, the Group Contract will rule. This Certificate is not a summary plan description under the Employee Retirement Income Security Act (ERISA).

If You have any questions about Your coverage or benefits, please call our Customer Service Department toll-free at:

800-937-6432

For general information, In-Network Dentist or benefit information, You may also log on to our website at:

www.unitedconcordia.com

Claim forms should be sent to:

United Concordia Companies, Inc.
Dental Claims
PO Box 69422
Harrisburg, PA 17106-9422

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ATTACHED:

DEFINITIONS

Certain terms used throughout this Certificate begin with capital letters. When these terms are capitalized, use the following definitions to understand their meanings as they pertain to Your benefits and the way the dental plan works.

Certificate Holder(s) - An individual who has enrolled him/herself and his/her Dependents for dental coverage and for whom Premium payments are due and payable. Also referred to as "You" or "Your" or "Yourself".

Certificate of Coverage ("Certificate") - This document, including riders, schedules, addenda and/or endorsements, if any, which describes the coverage purchased from the Company by the Contractholder.

Company - The United Concordia Dental Plan indicated on the cover page of this Certificate. Also referred to as "We", "Our" or "Us".

Contractholder - Organization that executes the Group Contract. Also referred to as "Your Group".

Coordination of Benefits ("COB") - A method of determining benefits for Covered Services when the Member is covered under more than one plan to prevent duplication of payment so that no more than the incurred expense is paid.

Copayments - Those amounts set forth in the Schedule of Benefits that the Certificate Holder or his/her enrolled Dependents are responsible to pay the treating dentist.

Cosmetic - Those procedures which are undertaken primarily to improve or otherwise modify the Member's appearance.

Covered Service(s) - A service or supply specified in the Schedule of Benefits for which benefits will be covered subject to the Schedule of Exclusions and Limitations, when rendered by network dentists in accordance with the terms of this Certificate.

Dental Emergency - An acute condition occurring suddenly and unexpectedly, which usually includes pain, swelling or bleeding, and demands immediate professional dental services.

Dependent(s) - Certificate Holder's spouse or domestic life partner as defined by the Contractholder and/or state law and any unmarried child, stepchild or grandchild of a Certificate Holder or unmarried member of the Certificate Holder's household resulting from a court order or placement by an administrative agency, enrolled in the Plan:

(a) until the end of the month which he/she reaches age 26; or
(b) until the end of the month which he/she reaches age 26 if he/she is a full-time student at an accredited educational institution and chiefly reliant upon the Certificate Holder for maintenance and support; or
(c) to any age if he/she is and continues to be both incapable of self-sustaining employment by reason of mental or physical incapacity and chiefly dependent upon the Certificate Holder for maintenance and support.

Effective Date - The date on which the Group Contract begins or coverage of enrolled Members begins.

Exclusion(s) - Services, supplies or charges that are not covered under the Group Contract as stated in the Schedule of Exclusions and Limitations.

Experimental or Investigative - The use of any treatment, procedure, facility, equipment, drug, or drug usage device or supply which the Company, determines is not acceptable standard dental treatment of the condition being treated, or any such items requiring federal or other governmental agency approval which was not granted at the time the services were rendered. The Company will rely on the advice of the general dental community including, but not limited to dental consultants, dental journals and/or governmental regulations, to make this determination.

Grace Period - A period of no less than 31 days after Premium payment is due under the Contract, in which the Contractholder may make such payment and during which the protection of the Group Contract continues, subject to payment of Premium by the end of the Grace Period.

Group Contract - The agreement between the Company and the Contractholder, under which the Certificate Holder is eligible to enroll.

In-Network Dentist - A Primary Dental Office or a Specialty Care Dentist.

Limitation(s) - The maximum frequency or age limit applied to a Covered Service set forth in the Schedule of Exclusions and Limitations incorporated by reference into this Certificate.

Maximum(s) - The greatest amount the Company is obligated to pay for all Covered Services rendered during a specified period as shown on the Schedule of Benefits.

Member(s) - Certificate Holder(s) and their Dependent(s).

Out-of-Network Dentist - A general or specialty care dentist who has not signed a contract with the Company or an affiliate of the Company.

Plan - Dental benefits pursuant to this Certificate and attached Schedule of Exclusions and Limitations and Schedule of Benefits.

Premium - Payment that the Contractholder must remit to the Company in exchange for coverage of the Contractholder's Members.

Primary Dental Office - Approved office of a Primary Dentist who has executed a contract with the Company or its affiliates and who offers dental services to Members.

Primary Dentist - A general dentist whose office has executed a contract with the Company or its affiliates, under which he/she agrees to provide those dental services listed in the Schedule of Benefits to Members for a monthly fee plus any applicable supplements and Copayments, as payment in full for services rendered.

Renewal Date - The date on which the Group Contract renews. Also known as anniversary date.

Schedule of Benefits - Attached summary of Covered Services and Copayments applicable to benefits payable under the Plan.

Schedule of Exclusions and Limitations - Attached list of Exclusions and Limitations applicable to benefits, services, supplies or charges under the Plan.

Service Area - The state of Maryland.

Specialty Care Dentist - A specialized dentist who is board eligible, board qualified, or board certified in one of the specialty areas of periodontics, oral surgery, orthodontics, endodontics and pediatrics and who has executed a contract with the Company to accept negotiated fees plus any applicable Copayments, as payment in full for Covered Services provided to Members.

Termination Date - The date on which the dental coverage ends for a Member or the Group Contract terminates.

ELIGIBILITY AND ENROLLMENT -- WHEN COVERAGE BEGINS

New Enrollment

If You have already satisfied Your Group's eligibility requirements when the Group Contract begins and Your enrollment information is supplied to Us, Your coverage and Your Dependents' coverage will begin on the Effective Date of the Group Contract provided We receive the Premium.

If You join the Group or become employed after the initial Effective Date of the Group Contract, in order to be eligible to enroll, You must first satisfy any eligibility requirements of Your Group. Your Group will inform You of these requirements.

You must supply the required enrollment information on Yourself and Your Dependents within 31 days of the date You meet these requirements. Your Dependents must also meet the requirements detailed in the definition of Dependent in the Definitions section of this Certificate.

Your coverage and Your Dependents' coverage will begin on the date specified in the enrollment information supplied to Us provided Premium is paid.

The Company is not liable to pay benefits for any services started prior to a Member's Effective Date of coverage. Multi-visit procedures are considered "started" when the teeth are irrevocably altered. For example, for crowns, bridges and dentures, the procedure is started when the teeth are prepared and impressions are taken. For root canals, the procedure is started when the tooth is opened and pulp is removed. Procedures started prior to the Member's Effective Date are the liability of the Member or a prior insurance carrier.

Enrollment Changes

After Your initial enrollment, there are certain life change events that permit You to add Dependents. These events are:

- birth of a child;
- adoption of a child;
- court order of placement or custody of a child;
- change in student status for a child;
- marriage of the Certificate Holder;
- domestic partnership of the Certificate Holder,

To enroll a new Dependent as a result of one of these events, You must notify Your Group and supply the required enrollment change information within 31 days of the date You acquired the Dependent. The Dependent must meet the requirements detailed in the definition of Dependent in the Definitions section of this Certificate.

Except for newly born or adoptive children, coverage for the new Dependent will begin on the date specified in the enrollment information provided to Us as long as the Premium is paid.

Newly born children of a Member will be considered enrolled from the moment of birth. Adoptive children and grandchildren will be considered enrolled from the date of adoption or placement, except for those adopted or placed within 31 days of birth who will be considered enrolled Dependents from the moment of birth. In order for coverage of newly born or adoptive children to continue beyond the first 31 day period, the child's enrollment information must be provided to Us and the required Premium must be paid within the 31 day period.

A child of a Certificate Holder will not be denied the status of Dependent on the grounds that the child: (a) was born out of wedlock; (b) is not claimed as a dependent on the Certificate Holder's federal income tax return; (c) does not reside with the Certificate Holder or in the Company's Service Area.

For an enrolled Dependent child who is a full-time student, evidence of his/her student status and reliance on You for maintenance and support must be furnished to Us within 30 days after said Dependent attains the limiting age shown in the definition of Dependent. Such evidence will be requested annually thereafter until the Dependent reaches the limiting age for students and his/her coverage ends.

For an enrolled Dependent child who is mentally or physically incapacitated, evidence of his/her reliance on You for maintenance and support due to his/her condition must also be supplied to Us within 30 days after said Dependent attains the limiting age shown in the definition of Dependent.

For an enrolled Dependent child who is a full-time student, evidence of his/her student status and reliance on You for maintenance and support must be furnished to Us within 30 days after said Dependent attains the limiting age shown in the definition of Dependent. Such evidence will be requested annually thereafter until the Dependent reaches the limiting age for students and his/her coverage ends.

Such evidence will be requested based on information provided by the Member's physician but no more frequently than annually.

Dependent coverage may only be terminated when certain life change events occur. These events include:

- death of the Certificate Holder or a Dependent; or
- divorce or dissolution of domestic partnership of the Certificate Holder; or
- for a child, reaching the limiting age specified in the definition of Dependent.

Late Enrollment

If You or Your Dependents are not enrolled within 31 days of initial eligibility or a life change event, You or Your Dependents cannot enroll until the next open enrollment period conducted for Your Group unless otherwise required by applicable state or federal law or permitted by Your Group under the rules of its benefit plans. If You are required to provide coverage for a Dependent child pursuant to a court order, You will be permitted to enroll the Dependent child without regard to enrollment season restrictions.

Voluntary Disenrollment

If You chose to drop Your coverage or Your Dependents' coverage under the Plan at any time during the contract year other than at open enrollment, You will not be permitted to enroll Yourself or Your Dependents at a later time unless You supply proof of loss of coverage under another dental plan or You or Your Dependents are eligible for a special enrollment period required by applicable state or federal law or permitted by Your Group under the rules of its benefit plans. The loss of coverage must be due to a valid life change event such as death, divorce or change in employment status of spouse. If You supply such proof, You will be permitted to re-enroll at the next open enrollment period. You will be considered a new enrollee with respect to application of any Waiting Periods or benefit level changes shown on the Schedule of Benefits.

HOW THE DENTAL PLAN WORKS

Choice of Provider at Enrollment

When You enroll for dental coverage, You must select a Primary Dental Office for Yourself and Your Dependents. Your Dependents do not have to choose the same office as You choose. If You or Your Dependents do not select an office at enrollment, We may assign You to an office in a location convenient to Your home zip code. The Primary Dental Offices will be notified of Your selection or assignment.

To find a Primary Dental Office, visit *Find a Dentist* on Our website at *www.unitedconcordia.com* or call Our Interactive Voice Response System at the toll-free number in the Introduction section of this Certificate.

Once enrolled, You will receive an ID Card or other notification indicating the names of the Primary Dental offices You and Your Dependents selected or that were assigned by Us, Your contract ID number, plan

number and Group number. When You call the office to schedule an appointment, let the office know You have United Concordia coverage. When You visit the dental office, present Your ID card or let the office know Your ID number, Plan number and Group number. If Your dentist has questions about Your eligibility or benefits, instruct the office to call Our Interactive Voice Response System toll-free or visit *My Patients' Benefits* on Our website at *www.unitedconcordia.com*.

Changing Providers

You or Your Dependents may request to change Primary Dental Offices at any time. Simply call our Customer Service center toll-free at the number in the Introduction section of this Certificate or visit Our website at *www.unitedconcordia.com*. You will be informed of the effective date of the transfer, and the newly selected office will also be notified. You must request the transfer prior to seeking services from the new Primary Dental Office. Any dental procedures in progress must be completed before the transfer.

If You or Your Dependents are enrolled in a Primary Dental Office that stops participating in the Plan, We will notify You and assist You or Your Dependents with selecting another Primary Dental Office.

If Your Primary Care Dentist or Specialty Care Dentist no longer participates with the Plan, coverage for completion of a dental procedure will be extended for a period of at least 90 days from the date of the notice of a Primary Dental Office's or Specialty Care Dentist's termination from the Plan for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status. The Primary Dental Office or Specialty Care Dentist shall render dental services to any of the Plan's Members who:

- were receiving dental care services from the In-Network Dentist prior to the notice of termination; and
- request, after receiving notice of the In-Network Dentist's termination, to continue receiving dental services from the In-Network Dentist.

Coordination of Care and Referrals

The Primary Dental Office will coordinate dental care for You and Your Dependents. There are no claim forms required from You. In order for dental services to be covered, care must be provided by Your assigned Primary Dentist, or by a Specialty Care Dentist to whom You have a written referral from Your Primary Dentist. The exceptions are if You have a Dental Emergency or if a Primary Dentist or Specialty Care Dentist is not available in Your area, Standing Referrals, or Out-of-Network referrals as described in this section. See the next section entitled Dental Emergencies and Out-of-Network Care for details on these situations.

When specialty care such as surgical treatment of the gums or a root canal is needed, the Primary Dentist may perform the procedure or refer You to a specialist. All referrals must be made to a participating Specialty Care Dentist. Your Primary Dentist will give You a written referral to take to the Specialty Care Dentist. The Specialty Care Dentist will perform the treatment and submit a claim and the referral to Us for processing. The claim will be denied if the written referral is not submitted.

Standing Referral Guidelines

The Company will allow a standing referral to a Specialty Care Dentist when all of the following conditions are met:

- Your Primary Dental Office (PDO) of the Member determines, in consultation with the Specialty Care Dentist, that the Member needs continuing care from the Specialty Care Dentist;
- You have a condition or disease that is life threatening, degenerative, chronic, or disabling that requires specialized care;
- the Specialty Care Dentist has expertise in treating such condition and is part of the Company's provider network.

The Primary Dental Office must complete the *Specialty Referral/Claim Form* specifying the services referred to the Specialty Care Dentist. The referral should include a narrative on the necessity of the standing referral.

You should take the *Specialty Referral/Claim Form* to the Specialty Care Dentist at the initial appointment. A standing referral is made in accordance with a written treatment plan for Your covered services by the Specialty Care Dentist and the Primary Dental Office. The Specialty Care Dentist provides treatment at each appointment and submits a copy of the *Specialty Referral/Claim Form* to the company. For standing referrals, You are not required to see his Primary Dental Office prior to appointments with the Specialty Care Dentist.

Out-of-Network Referral Guidelines

The Company will allow You a referral of a Member to an Out-of-Network specialist if all of the following conditions are met:

- You are diagnosed with a condition or disease that requires specialized care;
- The Company does not have a Specialty Care Dentist in its panel with the training and expertise to treat the condition or disease;
- You are responsible only for the applicable copayment, as indicated on the Schedule of Benefits.

The Primary Dental Office (PDO) must complete the *Specialty Referral/Claim Form* specifying the services referred to the non-Specialty Care Dentist. The referral should include a narrative on the necessity of specialized care to a non-Specialty Care Dentist. The Primary Dental Office should contact Customer Service to notify the Company of a referral to a non-Specialty Care Dentist and to receive the authorization number.

You should take the *Specialty Referral/Claim Form* to the non-Specialty Care Dentist. The Specialty Care Dentist provides treatment and submits the *Specialty Referral/Claim Form* to the Company.

Should You have any questions concerning Your coverage, eligibility or a specific claim, contact Us at the address and telephone number in the Introduction section of this Certificate or log onto *My Dental Benefits* at *www.unitedconcordia.com*.

Dental Emergencies and Out-of-Network Care

There are situations when You may receive a benefit for Covered Services performed by an Out-of-Network Dentist. When immediate dental treatment is required as a result of a Dental Emergency and You are more than 50 miles from Your home when the Dental Emergency occurs, contact Your Primary Dental Office or go to a conveniently located general dentist. Ask the dental office to call Our Customer Service Unit to verify coverage. Be sure to obtain an itemized bill from the dental office to submit to Us. The Plan will cover certain diagnostic and therapeutic procedures in accordance with the Schedule of Exclusions and Limitations. Your out-of-pocket cost will be limited to any applicable Copayment on the Schedule of Benefits.

The second situation is when a Specialty Care Dentist is not available within a 30-mile radius of Your home. In this situation, We may arrange a visit to an Out-of-Network Dentist. Call Our Customer Service Unit at the telephone number listed in the Introduction section of this Certificate. The unit will assist You by arranging a visit to an Out-of-Network Dentist. Your out-of-pocket cost will be limited to the Copayment listed on the Schedule of Benefits as long as the dental procedure is covered under the Plan.

In addition, a Standing Referral and Out-of-Network referral as described in the Coordination of Care and Referrals section will provide You with a benefit for Out-of-Network care.

BENEFITS

Schedule of Benefits

Your benefits are shown on the attached Schedule of Benefits. The Schedule of Benefits shows:

- the dental procedures covered under the Plan
- the Copayment for each procedure which You are responsible to pay Your Primary Dentist or Specialty Care Dentist

Your Out-of-Pocket Costs

In order to keep the Plan affordable for You and Your Group, the Plan includes certain cost-sharing features. First, not all dental procedures are covered under the Plan. If the procedure is not listed on the Schedule of Benefits, it is not covered. You will be responsible to pay Your dentist the full charge for the uncovered service.

Second, certain procedures listed on the Schedule of Benefits require a Copayment from You. Copayments are listed in the right-hand column on the Schedule. You are responsible to pay the Copayments at the time of service unless You have made other arrangements with the dental office. Copayments are the same whether the service is provided by Your Primary Dentist or by a Specialty Care Dentist through referral. Services listed on the Schedule of Benefits with a "0" or "N/C" in the column require no Copayment from You.

Last, services listed on the Schedule of Benefits are also subject to Exclusions and Limitations. Be sure to review the Schedule of Exclusions and Limitations also attached to this Certificate.

Alternate Treatment

Frequently, several alternate methods exist to treat a dental condition. For example, a tooth can be restored with a crown or a filling, and missing teeth can be replaced either with a fixed bridge or a partial denture. We will make payment based upon the allowance for the less expensive procedure provided that the less expensive procedure meets accepted standards of dental treatment. Our decision does not commit You to the less expensive procedure. However, if You and the dentist choose the more expensive procedure, You are responsible for the additional charges beyond those paid or allowed by the Company.

Exclusions and Limitations

Services indicated as covered on the Schedule of Benefits are subject to frequency or age Limitations detailed on the attached Schedule of Exclusions and Limitations. The existence of a Limitation on the Schedule of Exclusions and Limitations does not mean the service is covered under the Plan. Before reviewing the Limitations, You must first check the Schedule of Benefits to see which services are covered. No benefits will be provided for services, supplies or charges detailed under the Exclusions on the Schedule of Exclusions and Limitations.

Payment of Benefits

We will pay covered benefits directly to Your assigned Primary Dental Office or the Specialty Care Dentist. Payment is based on allowances contracted with In-Network Dentists. All contracts between the Company and the In-Network Dentists state that under no circumstances will the Member be liable to any dentists for any sum owed by the Company to the dentists. In any instance where the Company fails or refuses to pay the dentists, such dispute is solely between the dentists and the Company, and the Member is not liable for any monies the Company fails or refuses to pay.

The Company's compensation to dentists who offer dental health care services to You may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods. For additional information about Our methods of paying dentists, or the method(s) that apply to Your dentist, please call Us at the toll-free number in the Introduction section of this Certificate.

If, during the term of this Contract, none of the In-Network Dentists can render necessary care and treatment to You due to circumstances not reasonably within Our control, such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, or the disability of a significant number of the In-Network Dentists, then You may seek treatment from a licensed Out-of-Network Dentist of You choice. We will pay You for the expenses incurred for the dental services with the following limitations: We will pay You for the services which are listed in the Copayment schedule as No Charge, to the extent that such fees are reasonable and customary for dentists in the same geographic area; We will also pay You for those services listed in the Contract for which there is a Copayment, to the extent that the reasonable and customary fees for such services exceed the Copayment for such services as set forth in the Contract. You may be required to give written proof of loss (file a claim). The Company agrees to be subject to the jurisdiction of the Maryland Insurance Commissioner in any determination of the impossibility of providing services by In-Network Dentists.

The Company does not disclose claim or eligibility records except as allowed or required by law and then in accordance with federal and state law. The Company maintains physical, electronic, and procedural safeguards to guard claims and eligibility information from unauthorized access, use, and disclosure.

Coordination of Benefits (COB)

If You or Your Dependents are covered by any other dental plan and receive a service covered by this Plan and the other dental plan, 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 primary 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.

1. The following words and phrases regarding the Coordination of Benefits ("COB") provision are defined as set forth below:

    A) **Allowable Amount** is the necessary, reasonable and customary items of expense, when the care is covered at least in part by one or more Plans covering the Member for whom the claim is made.
    B) **Claim Determination Period** means a benefit year. However, it does not include any part of a year during which a person has no coverage under this Plan.
    C) **Other Dental Plan** is any form of coverage which is separate from this Plan with which coordination is allowed. **Other Dental Plan** will be any of the following which provides dental benefits, or services, for the following: Group insurance or group type coverage, whether insured or uninsured. It also includes coverage other than school accident type coverage (including grammar, high school and college student coverages) for accidents only, including athletic injury, either on a twenty-four (24) hour basis or on a "to and from school basis," or group or group type hospital indemnity benefits of $100 per day or less.
    D) **Primary Plan** is the plan which determines its benefits first and without considering the other plan's benefits. A plan that does not include a COB provision may not take the benefits of another plan into account when it determines its benefits.
    E) **Secondary Plan** is the plan which determines its benefits after those of the other plan (Primary Plan). Benefits may be reduced because of the other plan's (Primary Plan) benefits.
    F) **Plan** means this document including all schedules and all riders thereto, providing dental care benefits to which this COB provision applies and which may be reduced as a result of the benefits of other dental plans.

2. The fair value of services provided by the Company will be considered to be the amount of benefits paid by the Company. The Company will be fully discharged from liability to the extent of such payment under this provision.

3. In order to determine which plan is primary, this Plan will use the following rules.

    A) If the other plan does not have a provision similar to this one, then that plan will be primary.

B) If both plans have COB provisions, the plan covering the Member as a primary insured is determined before those of the plan which covers the person as a Dependent.

C) Dependent Child/Parents Not Separated or Divorced -- The rules for the order of benefits for a Dependent child when the parents are not separated or divorced are:
   1) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year;
   2) If both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the plan which covered the other parent for a shorter period of time;
   3) The word "birthday" refers only to month and day in a calendar year, not the year in which the person was born;
   4) If the other plan does not follow the birthday rule, but instead has a rule based upon the gender of the parent; and if, as a result, the plans do not agree on the order of benefits, the rule based upon the gender of the parent will determine the order of benefits.

D) Dependent Child/Separated or Divorced Parents -- If two or more plans cover a person as Dependent child of divorced or separated parents, benefits for the child are determined in this order:
   1) First, the plan of the parent with custody of the child.
   2) Then, the plan of the spouse of the parent with the custody of the child; and
   3) Finally, the plan of the parent not having custody of the child.
   4) If the specific terms of a court decree state that one of the parents is responsible for the dental care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. The plan of the other parent will be the Secondary Plan.
   5) If the specific terms of the court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the dental care expenses of the child, the plans covering the child will follow the order of benefit determination rules outlined in Section 3-C) above, titled Dependent Child/Parents Not Separated or Divorced.

E) Active/Inactive Member
   1) For actively employed Members and their spouses over the age of 65 who are covered by Medicare, the plan will be primary.
   2) When one contract is a retirement plan and the other is an active plan, the active plan is primary. When two retirement plans are involved, the one in effect for the longest time is primary. If another contract does not have this rule, then this rule will be ignored.

F) If none of these rules apply, then the contract which has continuously covered the Member for a longer period of time will be primary.

G) The plan covering an individual as a COBRA continuee will be secondary to a plan covering that individual as a Member or a Dependent.

4. Right to Receive and Release Needed Information -- Certain facts are needed to apply these COB rules. The Company has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person. Any health information furnished to a third party will be released in accordance with state and federal law. Each person claiming benefits under This Plan must give any facts needed to pay the claim.

5. Facility of Payment -- A payment made under another plan may include an amount which should have been paid under This Plan. If it does, the Company may pay the amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan, and the Company will not pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the services prepaid by the Company.

6. Right of Recovery -- If the payment made by the Company is more than it should have paid under this COB provision, the Company may recover the excess from one or more of the following: (1) persons it

has paid or for whom it has paid; or (2) insurance companies; or (3) other organization. Members are required to assist the Company to implement this section.

Workers' Compensation

When a Member is eligible for Workers' Compensation benefits through employment, the cost of dental treatment for an injury which arises out of and in the course of Member's employment is not a covered benefit under This Plan. Therefore, if the Company pays benefits which are covered by a Workers' Compensation Contract, the Company has the right to obtain reimbursement for those benefits paid. The Member must provide any assistance necessary, including furnishing information and signing necessary documents, for the Company to receive the reimbursement.

Review of a Benefit Determination

If You are not satisfied with the Plan's benefit, please contact Our Customer Service Department at the toll-free telephone number in the Introduction section of this Certificate. If, after speaking with a Customer Service representative, You are still dissatisfied, refer to the Appeal Procedure Addendum attached to this Certificate for further steps You can take regarding Your claim.

TERMINATION -- WHEN COVERAGE ENDS

Your coverage and/or Your Dependents' coverage will end:

- on the date You lose eligibility under Your Group's eligibility requirements; or
- on the date Premium payment ceases for You and/or Your Dependents, as specified by Your Group; or
- on the date Your Dependent(s) cease to meet the requirements in the definition of Dependent in the Definitions section of this Certificate;

If Your coverage or Your Dependents' coverage is terminated as described above, coverage for completion of a dental procedure requiring two or more visits on separate days will be extended for a period of 90 days after the Member's Termination Date in order for the procedure to be finished. The procedure must be started prior to the Member's Termination Date. The procedure is considered "started" when the teeth are irrevocably altered. For example, for crowns, bridges and dentures, the procedure is started when the teeth are prepared and impressions are taken. For root canals, the procedure is started when the tooth is opened and pulp is removed.

Services for orthodontic treatment will continue for 60 days after coverage termination if the orthodontist has agreed to or is receiving monthly payments; or until the later of 60 days after coverage termination or the end of the quarter in progress, if the orthodontist has agreed to accept or is receiving quarterly payments. This extension of orthodontic payment does not apply if coverage was terminated due to failure to pay required Premium; fraud, or if succeeding coverage is provided by another health plan and the cost is less than or equal to the cost of coverage during the extension and there is no interruptions of benefits.

If Your coverage ends, Your Dependents' coverage will end on the same date. If the Group Contract is cancelled, Your coverage and Your Dependents' coverage will end on the Group Contract Termination Date. The Primary Dental Office or Specialty Care Dentist shall notify You of Your Group Contract's termination if the In-Network Dentist is aware that the Group Contract has terminated. The In-Network Dentist shall inform the Member of the charge for any scheduled dental services before performing the dental services.

In the event of a default in Premium payment by the Contractholder, coverage will remain in effect for the Grace Period extended for payment of the overdue Premium. If the Premium is not received by the end of the Grace Period, the Group Contract will be cancelled and coverage will terminate the first day following the end of the Grace Period.

The Company is not liable to pay any benefits for services, which are performed after the Termination Date of a Member's coverage or of the Group Contract including any extension of benefits.

CONTINUATION COVERAGE

Federal law may require certain employers that meet certain criteria to offer continuation coverage to Members for a specified period of time upon termination of employment or reduction of work hours for any reason other than gross misconduct. Certain employers including churches and small businesses are not required to offer this coverage. You should contact Your employer to find out whether or not this requirement applies to You and Your employer. Your employer will advise You of Your rights to continuation coverage and the cost. If this requirement does apply, You must elect to continue coverage within 60 days from Your qualifying event or notification of rights by Your employer, whichever is later. You may elect to extend Dependent(s') coverage, or the Dependent(s) may elect to continue coverage under certain circumstances or qualifying events. Dependent(s) must elect to continue coverage within 60 days from the event or notification of rights by Your employer, whichever is later. You must pay the required premium for continuation coverage directly to Your employer. The Company is not responsible for determining who is eligible for continuation coverage.

CONVERSION OF COVERAGE

The Company allows You and Your Dependents to continue Your coverage without evidence of insurability. Under a Conversion Certificate of Coverage, if You or Your Dependent(s) coverage under the Group Contract ends for any reason other than the following: (a) failure to pay any required contribution toward the cost of the dental benefits; or (b) disenrollment by the Company due to Member fraud in the use of dental services or facilities; or (c) change of residence to an area outside the State of Maryland, to convert coverage, You or Your Dependent(s) must make written application for Yourself and/or Your Dependent(s) and pay the first three month's Premium to the Company within 30 days after termination of Your and/or Your Dependent's coverage under this Certificate. Coverage under the Conversion Certificate of Coverage becomes effective on the date the coverage under this Certificate terminates.

GENERAL PROVISIONS

This Certificate includes and incorporates any and all riders, endorsements, addenda, and schedules and together with the Group Contract represents the entire agreement between the parties with respect to the subject matter. The failure of any section or subsection of this Certificate shall not affect the validity, legality and enforceability of the remaining sections.

Except as otherwise herein provided, this Certificate may be amended, changed or modified only in writing and thereafter attached hereto as part of this Certificate.

The Company may assign this Certificate and its rights and obligations hereunder to any entity under common control with the Company.

This Certificate will be construed for all purposes as a legal document and will be interpreted and enforced in accordance with pertinent laws and regulations of the State of Maryland.

ADDENDUM TO CERTIFICATE

APPEAL PROCEDURE

This Addendum is effective on the Effective Date stated in the Group Contract or Individual Conversion Dental Plan Contract. It is attached to and made part of the Certificate.

INTERNAL APPEAL PROCESS FOR COVERAGE DECISIONS

A. Statement of Intent

The Company is dedicated to providing high quality, personalized, comprehensive dental benefits to all Members in a manner that strengthens the dentist-patient relationship. This internal appeal process seeks to ensure timely, responsive and fair resolution of those Member problems which cannot be resolved through more informal means.

For matters pertaining to the Member's dentist/dental office, coverage, benefits, claim status, or non-quality care issues, Members should call the Company's Customer Services area at 800-937-6432. Members may also call the Company's Customer Service area to receive more information about filing an appeal.

B. Coverage Decisions

A coverage decision is the initial determination by the Company resulting in noncoverage of a dental care service. The Company does not make utilization review determinations based on dental necessity or appropriateness. A coverage decision is not an adverse decision.

1. Within 30 calendar days after a coverage decision has been made, the Company will send a written notice of the coverage decision to the Member and to the treating provider.

2. The notice of coverage decision from the Company shall include:

   a) the specific factual basis for the Company's decision in detailed and clear, understandable language.
   b) a statement that the Member, or health care provider acting on behalf of the Member, has a right to file an appeal with the Company. The Company's internal appeal process must be exhausted before a Member may file a complaint with the Commissioner of Insurance.
   c) a statement that the Member or health care provider acting on behalf of the Member, may file a complaint with the Commissioner after first filing an appeal. The Commissioner's address is as follows:

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: 410-468-2000 or 800-492-6116
Fax: 410-468-2260

   d) a statement that the Health Advocacy Unit is available to assist the Member in filing an appeal under the Company's internal appeal process. You may contact the Health Advocacy Unit at:

Health Education and Advocacy Unit
Consumer Protection Division
Office of the Attorney General
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: 410-528-1841 or toll-free: 877-261-8807
Fax: 410-576-6571
Email: http://www.oag.state.md.us

3. Appeals Procedure:

   a) any Member may request reconsideration of a coverage decision by submitting a written appeal to the Company.
   b) the Company will re-consider the coverage decision and acknowledge receipt of the appeal not more than 20 days from the date the appeal was filed.
   c) the final decision after reconsideration (appeal decision) will be made within 60 working days after the date on which the appeal is filed.

4. Written notice of the appeal decision will be sent within 30 calendar days of the appeal decision to the Member and the health care provider acting on behalf of the Member. The notice of the appeal decision shall include the following:

   a) the specific factual basis for the Company's decision in detailed and clear, understandable language.
   b) that the Member or health care provider acting on behalf of the Member, has a right to file a complaint with the Commissioner within 60 working days after receipt of the Company's appeal decision. The Commissioner's address is as follows:

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: 410-468-2000 or 800-492-6116
Fax: 410-468-2260

Issues other than Coverage Decisions:

For issues such as complaints about Your dental office, enrollment issues, or the general operation of the Plan, please contact the Maryland Insurance Administration at the following address:

Maryland Insurance Administration
Inquiry and Investigation
Life and Health
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: 410-468-2244

Any exclusions in the Schedule of Exclusions and Limitations pertaining to services not being covered for reasons of dental necessity, clinical necessity, questionable efficacy, not being preauthorized, or not meeting standards of dental treatment are deleted and do not apply under this Plan.

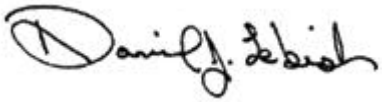
Any exclusions in the Schedule of Exclusions and Limitations excluding claims or encounters submitted less than 180 days from the date service is rendered is deleted and does not apply under this Plan.

Any exclusions in the Schedule of Exclusions and Limitations pertaining to cosmetic services is deleted and the following substituted:

Which are principally cosmetic in nature including bleaching, veneer facing, personalization or characterization of crowns, bridges, and/or dentures.

All other provisions within the Certificate and Schedule of Exclusions and Limitations shall remain the same.

UNITED CONCORDIA DENTAL PLANS, INC.



Authorized Officer

FEDERAL LAW SUPPLEMENT

TO

CERTIFICATE OF INSURANCE

This Supplement amends your Certificate by adding the following provisions regarding special enrollment periods and extended coverage requirements currently mandated or that may be mandated in the future under federal law.

You may enroll for dental coverage at any time for yourself and your dependents if:

(1) You or your dependent either loses eligibility for coverage under Medicaid or the Children's Health Insurance Program ("CHIP"); or

(2) You or your dependent becomes eligible for premium assistance from Medicaid or CHIP allowing enrollment in a benefit program.

In order to enroll, you must submit complete enrollment information to your group or its plan administrator within sixty (60) days from your or your dependent's loss of coverage or eligibility for premium assistance, as the case may be.

Other special enrollment periods and rights may apply to you or your dependents under new or existing federal laws. Consult your group, its plan administrator or your group's summary plan description for information about any new or additional special enrollment periods, enrollment rights or extended coverage periods for dependents mandated under federal law.

UNITED CONCORDIA®

Concordia Plus Schedule of Benefits
Plan MD/DC 1160

IMPORTANT INFORMATION ABOUT YOUR PLAN

- This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "Member Pays $." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Certificate of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- For a complete description of Your Plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at **1-866-357-3304** or access Our Website at **www.unitedconcordia.com**.

ADA CODE	ADA DESCRIPTION	Member Pays $
	CLINICAL ORAL EVALUATIONS	
D0120	Periodic oral evaluation - established patient	5
D0140	Limited oral evaluation - problem focused	5
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	5
D0150	Comprehensive oral evaluation - new or established patient	5
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	5
D0180	Comprehensive periodontal evaluation - new or established patient	5
	RADIOGRAPHS/DIAGNOSTIC IMAGING	
	(including interpretation)	
D0210	Intraoral - complete series (including bitewings)	0
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each additional film	0
D0240	Intraoral - occlusal film	0
D0270	Bitewing - single film	0
D0272	Bitewings - two films	0
D0273	Bitewings - three films	0
D0274	Bitewings - four films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0330	Panoramic film	0
D0340	Cephalometric film	0
	TESTS AND EXAMINATIONS	
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
	DENTAL PROPHYLAXIS	
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
	TOPICAL FLUORIDE TREATMENT	
	(office procedure)	
D1203	Topical application of fluoride - child	0
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	0
	OTHER PREVENTIVE SERVICES	
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth	0

ADA CODE	ADA DESCRIPTION	Member Pays $
	SPACE MAINTENANCE	
	(passive appliances)	
D1510	Space maintainer - fixed - unilateral	35
D1515	Space maintainer - fixed - bilateral	54
D1520	Space maintainer - removable - unilateral	43
D1525	Space maintainer - removable - bilateral	86
D1550	Re-cementation of space maintainer	6
D1555	Removal of fixed space maintainer	26
	AMALGAM RESTORATIONS	
	(including polishing)	
D2140	Amalgam - one surface, primary or permanent	0
D2150	Amalgam - two surfaces, primary or permanent	0
D2160	Amalgam - three surfaces, primary or permanent	0
D2161	Amalgam - four or more surfaces, primary or permanent	0
	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT	
D2330	Resin-based composite - one surface, anterior	0
D2331	Resin-based composite - two surfaces, anterior	0
D2332	Resin-based composite - three surfaces, anterior	0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D2391	Resin-based composite - one surface, posterior	40
D2392	Resin-based composite - two surfaces, posterior	65
D2393	Resin-based composite - three surfaces, posterior	80
D2394	Resin-based composite - four or more surfaces, posterior	85
	INLAY/ONLAY RESTORATIONS	
D2510	Inlay - metallic - one surface	186 ◆
D2520	Inlay - metallic - two surfaces	207 ◆
D2530	Inlay - metallic - three or more surfaces	256 ◆
D2542	Onlay - metallic - two surfaces	235 ◆
D2543	Onlay - metallic - three surfaces	275 ◆
D2544	Onlay - metallic - four or more surfaces	302 ◆
	CROWNS - SINGLE RESTORATIONS ONLY	
D2710	Crown - resin-based composite (indirect)	80
D2712	Crown - 3/4 resin-based composite (indirect)	80
D2740	Crown - porcelain/ceramic substrate	400
D2750	Crown - porcelain fused to high noble metal	350 ◆
D2751	Crown - porcelain fused to predominantly base metal	320

ADA CODE	ADA DESCRIPTION	Member Pays $
D2752	Crown - porcelain fused to noble metal	330◆
D2790	Crown - full cast high noble metal	350◆
D2791	Crown - full cast predominantly base metal	320
D2792	Crown - full cast noble metal	330◆
D2794	Crown - titanium	320
D2799	Provisional crown	66
	OTHER RESTORATIVE SERVICES	
D2910	Recement inlay, onlay, or partial coverage restoration	12
D2915	Recement cast or prefabricated post and core	13
D2920	Recement crown	13
D2930	Prefabricated stainless steel crown - primary tooth	52
D2931	Prefabricated stainless steel crown - permanent tooth	60
D2950	Core buildup, including any pins	58
D2951	Pin retention - per tooth, in addition to restoration	10
D2952	Post and core in addition to crown, indirectly fabricated	81
D2953	Each additional indirectly fabricated post - same tooth	41
D2954	Prefabricated post and core in addition to crown	79
D2957	Each additional prefrabricated post - same tooth	40
D2970	Temporary crown (fractured tooth)	80
D2971	Additional procedures to construct new crown under existing partial denture framework	25
	PULP CAPPING	
D3110	Pulp cap - direct (excluding final restoration)	0
D3120	Pulp cap - indirect (excluding final restoration)	0
	PULPOTOMY	
D3220	Therapeutic pulpotomy (excluding final restoration)	35
D3221	Pulpal debridement, primary and permanent teeth	26
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	35
	ENDODONTIC THERAPY ON PRIMARY TEETH	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	72
	ENDODONTIC THERAPY **(including treatment plan, clinical procedures and follow-up care)**	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	165
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	200
D3330	Endodontic therapy, molar (excluding final restoration)	273
	ENDODONTIC RETREATMENT	
D3346	Retreatment of previous root canal therapy - anterior	200
D3347	Retreatment of previous root canal therapy - bicuspid	241
D3348	Retreatment of previous root canal therapy - molar	313
	APICOECTOMY/PERIRADICULAR SERVICES	
D3410	Apicoectomy/periradicular surgery - anterior	147
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	144
D3425	Apicoectomy/periradicular surgery - molar (first root)	144
D3426	Apicoectomy/periradicular surgery (each additional root)	65
D3430	Retrograde filling - per root	0
D3450	Root amputation - per root	81
	OTHER ENDODONTIC PROCEDURES	
D3920	Hemisection (including any root removal), not including root canal therapy	76
D3950	Canal preparation and fitting of preformed dowel or post	0
	SURGICAL SERVICES **(including usual postoperative care)**	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	173
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	54
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	162
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	65
D4249	Clinical crown lengthening - hard tissue	216
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	260
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	104
D4263	Bone replacement graft - first site in quadrant	86
D4264	Bone replacement graft - each additional site in quadrant	82
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	156
	NON-SURGICAL PERIODONTAL SERVICES	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	65
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	16
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
	OTHER PERIODONTAL SERVICES	
D4910	Periodontal maintenance	40
	COMPLETE DENTURES **(including routine post-delivery care)**	
D5110	Complete denture - maxillary	325
D5120	Complete denture - mandibular	325
D5130	Immediate denture - maxillary	350
D5140	Immediate denture - mandibular	350
	PARTIAL DENTURES **(including routine post-delivery care)**	
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	245
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	245

ADA CODE	ADA DESCRIPTION	Member Pays $
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	403
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	403
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	145
	ADJUSTMENTS TO DENTURES	
D5410	Adjust complete denture - maxillary	16
D5411	Adjust complete denture - mandibular	16
D5421	Adjust partial denture - maxillary	16
D5422	Adjust partial denture - mandibular	16
	REPAIRS TO COMPLETE DENTURES	
D5510	Repair broken complete denture base	50
D5520	Replace missing or broken teeth - complete denture (each tooth)	45
	REPAIRS TO PARTIAL DENTURES	
D5610	Repair resin denture base	50
D5620	Repair cast framework	65
D5630	Repair or replace broken clasp	65
D5640	Replace broken teeth - per tooth	50
D5650	Add tooth to existing partial denture	60
D5660	Add clasp to existing partial denture	60
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	228
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	228
	DENTURE REBASE PROCEDURES	
D5710	Rebase complete maxillary denture	130
D5711	Rebase complete mandibular denture	130
D5720	Rebase maxillary partial denture	115
D5721	Rebase mandibular partial denture	115
	DENTURE RELINE PROCEDURES	
D5730	Reline complete maxillary denture (chairside)	60
D5731	Reline complete mandibular denture (chairside)	60
D5740	Reline maxillary partial denture (chairside)	60
D5741	Reline mandibular partial denture (chairside)	60
D5750	Reline complete maxillary denture (laboratory)	85
D5751	Reline complete mandibular denture (laboratory)	85
D5760	Reline maxillary partial denture (laboratory)	85
D5761	Reline mandibular partial denture (laboratory)	85
	OTHER REMOVABLE PROSTHETIC SERVICES	
D5850	Tissue conditioning, maxillary	40
D5851	Tissue conditioning, mandibular	40
	FIXED PARTIAL DENTURE PONTICS	
D6205	Pontic - indirect resin based composite	400
D6210	Pontic - cast high noble metal	350◆
D6211	Pontic - cast predominantly base metal	320
D6212	Pontic - cast noble metal	330◆
D6214	Pontic - titanium	320
D6240	Pontic - porcelain fused to high noble metal	350◆
D6241	Pontic - porcelain fused to predominantly base metal	320
D6242	Pontic - porcelain fused to noble metal	330◆
D6245	Pontic - porcelain/ceramic	400

ADA CODE	ADA DESCRIPTION	Member Pays $
	FIXED PARTIAL DENTURE RETAINERS - CROWNS	
D6710	Crown - indirect resin based composite	400
D6740	Crown - porcelain/ceramic	400
D6750	Crown - porcelain fused to high noble metal	350◆
D6751	Crown - porcelain fused to predominantly base metal	320
D6752	Crown - porcelain fused to noble metal	330◆
D6790	Crown - full cast high noble metal	350◆
D6791	Crown - full cast predominantly base metal	320
D6792	Crown - full cast noble metal	330◆
D6794	Crown - titanium	320
	OTHER FIXED PARTIAL DENTURE SERVICES	
D6930	Recement fixed partial denture	31
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	92
D6972	Prefabricated post and core in addition to fixed partial denture retainer	62
D6973	Core build up for retainer, including any pins	71
D6976	Each additional indirectly fabricated post - same tooth	21
D6977	Each additional prefabricated post - same tooth	31
	EXTRACTIONS **(includes local anesthesia, suturing, if needed, and routine postoperative care)**	
D7111	Extraction, coronal remnants - deciduous tooth	11
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	28
	SURGICAL EXTRACTIONS **(includes local anesthesia, suturing, if needed, and routine postoperative care)**	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	52
D7220	Removal of impacted tooth - soft tissue	64
D7230	Removal of impacted tooth - partially bony	86
D7240	Removal of impacted tooth - completely bony	106
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	121
D7250	Surgical removal of residual tooth roots (cutting procedure)	50
D7251	Coronectomy – intentional partial tooth removal	106
	OTHER SURGICAL PROCEDURES	
D7280	Surgical access of an unerupted tooth	102
D7283	Placement of device to facilitate eruption of impacted tooth	25
D7288	Brush biopsy - transepithelial sample collection	45
	ALVEOLOPLASTY **(surgical preparation of ridge for dentures)**	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	49
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	24
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	76

ADA CODE	ADA DESCRIPTION	Member Pays $
	OTHER REPAIR PROCEDURES	
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	100
D7963	Frenuloplasty	50
	LIMITED ORTHODONTIC TREATMENT	
D8010	Limited orthodontic treatment of the primary dentition	750
D8020	Limited orthodontic treatment of the transitional dentition	750
D8030	Limited orthodontic treatment of the adolescent dentition	750
D8040	Limited orthodontic treatment of the adult dentition	750
	INTERCEPTIVE ORTHODONTIC TREATMENT	
D8050	Interceptive orthodontic treatment of the primary dentition	900
D8060	Interceptive orthodontic treatment of the transitional dentition	900
	COMPREHENSIVE ORTHODONTIC TREATMENT	
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,900
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,900
D8090	Comprehensive orthodontic treatment of the adult dentition	2,900
	MINOR TREATMENT TO CONTROL HARMFUL HABITS	
D8210	Removable appliance therapy	375
D8220	Fixed appliance therapy	375
	OTHER ORTHODONTIC SERVICES	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	275
†	Orthodontic records fee	250
	UNCLASSIFIED TREATMENT	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	26
	PROFESSIONAL CONSULTATION	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	28
	PROFESSIONAL VISITS	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	Office visit, after regularly scheduled hours	54
	MISCELLANEOUS SERVICES	
★	Broken appointment per 15 minutes (without 24-hour notice)	11

ADA CODE	ADA DESCRIPTION	Member Pays $

FOOTNOTES

† Please report under code D8999 “Unspecified orthodontic procedure, by report.” Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.

★ Please report under code D9999 “Unspecified adjunctive procedure, by report.”

◆ Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional $125 for these materials.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Except as specifically provided in this Certificate, Schedules of Benefits, Riders to the Certificate, no coverage will be provided for services, supplies or charges:

1. Not specifically listed in the Schedule of Benefits as a Covered Service.

2. Provided to Members by Out-of-Network Dentists except when immediate dental treatment is required as a result of a Dental Emergency occurring more than 50 miles from the Member's home.

3. Which in the opinion of the treating dentist, or the Company, are not clinically necessary, or do not have a reasonable, favorable prognosis.

   This exclusion does not apply to Group Contracts and Certificates issued and delivered in Maryland.

4. That are necessary due to lack of cooperation with Primary Dental Office, or failure to comply with a professionally prescribed Treatment Plan.

5. Started or incurred prior to the Member's Effective Date of Coverage with the Company or started after the Termination Date of Coverage with the Company.

6. For consultations by a Specialty Care Dentist for services not specifically listed on the Schedule of Benefits as a Covered Service.

7. Services or supplies that are not deemed generally accepted standards of dental treatment.

8. 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 Contracts and Certificates issued and delivered in Missouri and New Jersey, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

   For Group Contracts and Certificates issued and delivered in Texas, only services that are the responsibility of the employer's liability insurance, or for treatment of any automobile related injury shall be excluded from this Plan.

   For Group Contracts and Certificates delivered in Maryland, only services related to Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

   For Group Contracts and Certificates issued and delivered in Florida, only services that are paid by Workers' Compensation or the 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 shall be excluded from this Plan.

9. Services and/or appliances that alter the vertical dimension, including, but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

   This exclusion does not apply to Group Contracts and Certificates issued in Pennsylvania if the dental condition is as a result of an accidental injury.

10. That restore tooth structure due to attrition, erosion or abrasion.

11. For periodontal splinting of teeth by any method.

12. For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices or any duplicative device.

13. For replacement of existing dentures that are, or can be made serviceable.

14. For prosthetic reconstruction or other services which require a prosthodontist.

15. For assistant at surgery.

16. For elective procedures, including prophylactic extraction of third molars.

17. For congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery, including orthodontic treatment, and oral and maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth. This exclusion shall not apply to newly born children of Members as defined in the definition of Dependent.

    For Group Contracts and Certificates issued and delivered in Kentucky and Pennsylvania, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent including newly adoptive children, regardless of age.

For Group Contracts and Certificates issued and delivered in Indiana and New Jersey, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent.

For Group Contracts and Certificates 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 Contracts and Certificates issued in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of 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 a Rider to the Certificate or the Schedule of Benefits.

18. For diagnostic services and treatment of jaw joint problems by any method. 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 that joint.

19. For implants, surgical insertion and/or removal of, and any appliances and/or crowns attached to implants.

20. For the following, which are not included as orthodontic benefits: retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, replacement of lost or stolen appliances, special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of 24 months.

    For Group Contracts and Certificates issued in Florida, this exclusion does not apply to diagnostic and surgical dental (not medical) procedures for treatment of 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 a Rider to the Certificate or the Schedule of Benefits.

21. For active orthodontic treatment if started prior to a Member's effective date.

22. For prescription or nonprescription drugs, home care items, vitamins or dietary supplements.

23. For hospitalization and associated costs for rendering services in a hospital.

24. For house or hospital calls for dental services.

25. For any dental or medical services performed by a physician and/or services which benefits are otherwise provided under a health care plan of the employer.

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

    This exclusion does not apply to Group Contracts and Certificates issued and delivered in Pennsylvania for Cosmetic services required as the result of an accidental injury.

    This exclusion does not apply to Group Contracts and Certificates issued and delivered in New Jersey for Cosmetic services for newly-born children of Members as defined in the definition of Dependent.

    For Group Contracts and Certificates issued and delivered in Maryland services which are Cosmetic in nature, including, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures.

27. For broken appointments.

28. Arising from any intentionally self-inflicted injury or contusion when the injury is a consequence of the Member's commission of or attempt to commit a felony or engagement in an illegal occupation or of the Member's being intoxicated or under the influence of illicit narcotics.

    This exclusion does not apply to Group Contracts and Certificates issued and delivered in Maryland and Ohio.

29. 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.

LIMITATIONS

The following services, **if listed on the Schedule of Benefits**, will be subject to limitations as set forth below:

1. Bitewing x-rays – one set(s) per six consecutive months through age 13, and one set(s) of bitewing x-rays per 12 consecutive months for age 14 and older.

2. Panoramic or full mouth x-rays – one per three-year period.

3. Prophylaxis – one per six consecutive month period.

4. Routine prophylaxis and periodontal maintenance procedures are limited to no more than any combination of one per six consecutive month period.

5. Sealants – one per tooth per three year(s) through age 15 on permanent first and second molars.

6. Fluoride treatment – one per six consecutive months through age 18.

7. Space maintainers only eligible for Members through age 18 when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.

8. Restorations, crowns, inlays and onlays – covered only if necessary to treat diseased or fractured teeth.

9. Crowns, bridges, inlays, onlays, buildups, post and cores – one per tooth in a five-year period.

10. Crown lengthening – one per tooth per lifetime.

11. Referral for specialty care is limited to orthodontics, oral surgery, periodontics, endodontics, and pediatric dentists.

    This limitation does not apply to Group Policies and Certificates issued in Maryland if the service was provided as a result of a standing or non-network referral as described in the Certificate of Coverage.

12. Coverage for referral to a pediatric Specialty Care Dentist ends on a Member’s seventh birthday.

13. Pupal therapy – through age five on primary anterior teeth and through age 11 on primary posterior teeth.

14. Root canal treatment – one per tooth per lifetime.

15. Root canal retreatment – one per tooth per lifetime.

16. Periodontal scaling and root planing – one per 24 consecutive month period per area of the mouth.

17. Surgical periodontal procedures – one per 24 consecutive month period per area of the mouth.

18. Full and partial dentures – one per arch in a five-year period.

19. Denture relining, rebasing or adjustments – are included in the denture charges if provided within six months of insertion by the same dentist.

20. Subsequent denture relining or rebasing – limited to one every 36 consecutive months thereafter.

21. Oral surgery services are limited to surgical exposure of teeth, removal of teeth, preparation of the mouth for dentures, removal of tooth generated cysts up to 1.25cm, frenectomy and crown lengthening.

22. Wisdom teeth (third molars) extracted for Members under age 15 or over age 30 are not eligible for payment in the absence of specific pathology.

23. If for any reason orthodontic services are terminated or coverage under the Company is terminated before completion of the approved orthodontic treatment, the responsibility of the Company will cease with payment through the month of termination.

    For Group Contracts and Certificates issued and delivered in Maryland, services will continue for 60 days after termination if paid monthly, or until the later of 60 days after termination or the end of the quarter in progress if paid quarterly. This extension of orthodontic payment does not apply if coverage was terminated due to failure to pay required Premium, fraud, or if succeeding coverage is provided by another health plan and the cost is less than or equal to the cost of coverage during the extension and there is no interruption of benefits.

24. Orthodontic treatment – not eligible for Members over age 18 unless listed otherwise in the Member's Schedule of Benefits.

25. Comprehensive orthodontic treatment plan – one per lifetime.

26. In the case of a Dental Emergency involving pain or a condition requiring immediate treatment, the Plan covers necessary diagnostic and therapeutic dental procedures administered by an Out-of-Network Dentist up to the difference between the Out-of-Network Dentist's charge and the Member Copayment up to a maximum of $50 for each emergency visit.

    This limitation does not apply to Group Contracts and Certificates issued and delivered in California and Texas.

27. Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving one or more impacted teeth (soft tissue, partial bony or complete bony impactions).

28. An Alternate Benefit Provision (ABP) may be applied by the Primary Dental Office if a 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 for the ABP.