



**Just imagine** the peaceful security of knowing that you and your family are being cared for by America's Premier Dental Insurer. As one of the largest dental carriers in the country, **United Concordia** currently has more than 6.5 million members. The benefits are right, the provider network is nationwide and the cost is a proven value. And, dental enrollment is easy. With one less worry, you'll have more time to enjoy life.

We are pleased to announce that you have the opportunity to join **Concordia CHOICE**, the affordable, voluntary dental program from United Concordia. As "America's Premier Dental Insurer," United Concordia provides:

**Accessibility** — Recognizing the importance of access to quality dental care, we provide one of the largest provider networks in the country.

**Flexibility** — See any dentist you wish, in or out of the network.

**Innovation** — We deliver a growing spectrum of dental insurance products to meet the needs of our members.

**Specialization** — Dental insurance is our exclusive focus. This expertise, combined with more than 30 years of experience, has made us an industry leader with a proven track record of outstanding customer satisfaction.

**Responsive Service** — Our commitment to prompt personal service, supported by the latest technology, allows us to be responsive and accurate in attending to your needs.

**Concordia CHOICE offers the following features:**

➤ Great dental benefits at affordable monthly premiums:

Employee only	\$23.14	Employee + Child(ren)	\$53.13
Employee & 1 Adult	\$44.75	Employee + Family	\$64.65

- **Concordia Advantage Plus** network of more than 60,000 dentists at 68,000 offices nationwide.
- Freedom to seek care from a network provider or any licensed dentist.
- Significant savings, no claim forms and no balance billing when using a participating dentist.
- Vision discount plan with access to 14,000 participating vision providers nationwide.
- Toll-free customer service.
- Online access to eligibility, benefits, network provider, I.D. card issuance and claim status information through *My Dental Benefits* at [www.ucci.com](http://www.ucci.com).

To enroll, simply complete the enclosed enrollment form, keep a copy and return all other copies to your benefits department prior to the end of your enrollment period.

**Welcome to United Concordia!**

# ABOUT YOUR DENTAL PLAN

With 30 years of dental health management experience, United Concordia is a recognized leader in the dental benefits industry. United Concordia is one of the largest dental insurers in the United States and currently covers more than 6.5 million members.

- **Freedom to access any United Concordia Advantage Plus Network participating dentist.** You have direct access to specialists. No referral is necessary. You may change dentists as often as you like without notifying United Concordia.
- **Greatest savings by seeking services within the network.** Because participating dentists have agreed to a pre-negotiated fee (allowed amount), you pay less money out of your pocket since you pay your portion of the coinsurance on a reduced charge. However, you are free to see any dentist you like and receive excellent benefits.
- You may access the United Concordia Advantage Plus Network participating dentist directory on the internet at [www.ucci.com](http://www.ucci.com).
- **United Concordia participating dentists WILL:**
  1. File your claim with United Concordia
  2. Accept payment from United Concordia for covered services
  3. **Accept United Concordia's allowed amount as payment in full.** You will be responsible for your co-insurance, deductible and any other services not covered under this plan.
- **Non-Participating Dentists:** Your out-of-pocket costs may be greater because United Concordia will pay the allowed amount (up to the 80<sup>th</sup> percentile) and you will be responsible to the dentist for the total amount due. You may be balanced billed the difference between the allowed amount and the dentist's actual charges.
- **Pre-determination:** When your dentist recommends dental services, we STRONGLY ADVISE that he or she submit a treatment plan to United Concordia for a Pre-determination of Benefits. This way you'll know in advance if the recommended treatment is a covered benefit, how much United Concordia will pay, and what your financial obligation will be. Substantiating material such as radiographs and study models must be submitted to estimate benefits when requested by United Concordia. United Concordia reserves the right to determine benefits payable, taking into account alternative procedures, services or courses of treatment, based upon accepted standards of dental practice. Any amount estimated by United Concordia shall be subject to such adjustments at the time of final payment in order to correct any mathematical errors and to comply with the plan in effect and maximum at the time the covered services is completed.
- **Alternate Treatment** – United Concordia covers the least expensive most commonly used and accepted American Dental Association treatment. For example: United Concordia covers amalgams fillings on posterior teeth. If you choose a composite resin filling, you pay the difference.
- **Eligibility** – Dependents are eligible upon enrollment of the Certificate Holder (employee), or within 30 days of their eligibility due to a change in status such as marriage, and the like. If Certificate Holders and/or their dependents are not enrolled within 30 days of eligibility, they cannot be enrolled in the plan until the next open enrollment period conducted for the Policyholder. Dependent coverage may be terminated only during open enrollment periods unless a change in status, such as divorce, has occurred.

# GRAMBLING STATE UNIVERSITY

## Summary of Benefits Concordia Choice:

<b>Calendar Year Deductible*:</b>	<b>\$50 (\$150 per family)</b>
<b>Calendar Year Maximum:</b>	<b>\$1,250 per person</b>
<b>Lifetime Orthodontic Maximum:</b>	<b>\$1,000 per person</b>

\* Waived for Diagnostic, Preventive & Orthodontic Services

COVERED SERVICES	Plan Pays**
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>➤ Routine oral exams &amp; Routine cleanings (once every 6 months)</li> <li>➤ X-Rays</li> <li>➤ Sealants (through age 15)</li> <li>➤ Emergency treatment for relief of pain</li> <li>➤ Fluoride treatment (once every 6 months through age 18)</li> <li>➤ Space Maintainers</li> </ul>	<b>100%</b> of <b>Allowed Amount</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>➤ Basic restorative (fillings) &amp; stainless steel crowns <sup>WP</sup> (United Concordia covers amalgam fillings on posterior teeth. If you choose a composite resin filling, you pay the difference).</li> <li>➤ Simple Extractions</li> <li>➤ Periodontics</li> <li>➤ Non-Surgical and Surgical Periodontics</li> <li>➤ Repair of Denture and Bridgework</li> </ul>	<b>80%</b> of <b>Allowed Amount</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>➤ Inlays, onlays &amp; crowns <sup>WP</sup></li> <li>➤ Removable partial or complete dentures &amp; fixed bridges <sup>WP</sup></li> <li>➤ Endodontics <sup>WP</sup></li> <li>➤ Complex Oral Surgery <sup>WP</sup></li> <li>➤ General Anesthesia &amp;/or IV Sedation <sup>WP</sup></li> </ul>	<b>50%</b> of <b>Allowed Amount</b>
<b>Orthodontic Services (No Deductible) to age 19</b> <ul style="list-style-type: none"> <li>➤ Diagnostic, active and retention treatment <sup>WP</sup></li> </ul>	<b>50%</b> of <b>Allowed Amount</b>

\*\* United Concordia's **Advantage Plus Network** of participating providers agree to accept United Concordia's allowed amount for covered services and also agree to file claims for you. You pay the deductible, coinsurance, and any charges for non-covered services. If you or your family members receive services from a non-network provider, United Concordia will reimburse you the allowed amount for covered services and you will be responsible for any amount that exceeds the **United Concordia 80<sup>th</sup> percentile** maximum allowable charge, if applicable.

Benefits subject to annual maximums, lifetime orthodontic maximums, limitations and exclusions.

<sup>WP</sup> The following waiting periods apply to new plan entrants. Waiting Periods do not apply to anyone enrolled under the prior carrier's dental program.

6 month waiting period, new entrants only, for Endodontics, Denture Relines & Rebasing and Stainless Steel Crowns.

12 month waiting period, new entrants only, for Complex Oral Surgery, Anesthesia, Inlays, Onlays, Crowns, Dentures & Bridges.

12 month waiting period, new entrants only, for Orthodontics.

## LIMITATIONS

The following services will be subject to limitations as set forth below:

1. Full mouth x-rays – one every five years.
2. One set(s) of bitewing x-rays per six months through age thirteen, and one set(s) of bitewing x-rays per twelve months for age fourteen and older.
3. Periodic oral evaluation – one per six months.
4. Limited oral evaluation (problem focused) – limited to one per dentist per twelve months.
5. Prophylaxis – one per six months.
6. Fluoride treatment – one per twelve months through age eighteen.
7. Space maintainers - only eligible for Members through age eighteen when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not develop.
8. Prefabricated stainless steel crowns - one per tooth per lifetime for age fourteen years and younger.
9. Crown lengthening - one per tooth per lifetime.
10. Periodontal maintenance following active periodontal therapy – two per twelve months in addition to routine prophylaxis.
11. Periodontal scaling and root planing - one per two year period per area of the mouth.
12. Placement or replacement of single crowns, inlays, onlays, single and abutment buildups and post and cores, bridges, full and partial dentures – one within five years of their placement.
13. Denture relining, rebasing or adjustments - are included in the denture charges if provided within six months of insertion by the same dentist.
14. Subsequent denture relining or rebasing – limited to one every three year(s) thereafter.
15. Surgical periodontal procedures - one per two year period per area of the mouth.
16. Sealants - one per tooth per three year(s) through age fifteen on permanent first and second molars.
17. Pulpal therapy - through age five on primary anterior teeth and through age eleven on primary posterior molars.
18. Root canal treatment and retreatment – one per tooth per lifetime.
19. Recementations by the same dentist who initially inserted the crown or bridge during the first twelve months are included in the crown or bridge benefit, then one per twelve months thereafter; one per twelve months for other than the dentist who initially inserted the crown or bridge.
20. Replacement restorations – limited to one per twelve months.
21. Contiguous surface posterior restorations not involving the occlusal surface will be payable as one surface restoration.
22. Posts are only covered as part of a post buildup.
23. An Alternate Benefit Provision (ABP) will be applied 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.
24. Payment for orthodontic services shall cease at the end of the month after termination by the Company.

# Davis Vision Discount Plan

## DISCOUNT VISION PLAN - BENEFITS YOU CAN SEE

Davis Vision is one of the nation's leading managed vision and eye care providers, administering vision care services and products for more than 20 million people nationwide. As a Davis Vision Discount Plan member, you and your family are entitled to discounts on eyewear and contact lenses from contracted Davis Vision providers. This easy-to-use discount program provides you three ways to save:

- Discount Card Program
- Lens 123®
- Laser Vision Correction

(Note: This is purely a discount program. All existing vision benefits, if any, associated with your health plan still apply—see "How the Discount Program Works with Your Plan" in this brochure.)

### DISCOUNT CARD PROGRAM

This low-cost, traditional discount card program provides significant discounts when the card is presented at any participating provider location.

Cardholders can easily obtain information on the more than 14,000 participating providers by calling our toll-free Interactive Voice Response (IVR) system or visiting the Davis Vision web site. For more details on finding a provider, see the Member Services section at the end of this brochure.

The Discount Card Program entitles cardholders to the following discounts off usual and customary fees:

<b>Vision Plan:</b>	Vantage Affinity Discount Program
<b>Client Code:</b>	7602
<b>Co-payment:</b>	N/A, Discount plan is 100% member paid at the time of service
<b>Lens 123®:</b>	Discounts on replacement contact lenses from 1-800-LENS123
<b>Laser Vision Correction:</b>	Discounts from participating providers

### Davis Vision Discount Schedule

	Member Cost
<b>Eye Examination</b>	
Complete Examination	15% off Usual & Customary
Contact Lens Examination	15% off Usual & Customary
<b>Frame</b>	
Frame - up to \$70 Retail	\$40.00
Frame - over \$70 Retail over \$70	\$40 plus 10% off the amount
<b>Spectacle Lenses</b>	
Single Vision Lenses	\$35.00
Bifocal Lenses	\$55.00
Trifocal Lenses	\$65.00
Lenticular Lenses	\$110.00

*(discounts continued on reverse)*

# Davis Vision Discount Plan (continued)

(discounts continued)

## Options (add to Spectacle Lenses Prices)

Standard Progressive Lenses	\$75.00
Premium Progressive Lenses	\$125.00
Polarized	\$75.00
High Index Lenses	\$55.00
Glass Lenses	\$18.00
Polycarbonate Lenses	\$30.00
Blended Invisible Bifocals	\$20.00
Intermediate Vision Lenses	\$30.00
Scratch Resistant Coating	\$15.00
Anti-reflective Treatment	\$45.00
Ultraviolet Coating	\$15.00
Solid Tint	\$10.00
Gradient Tint	\$12.00
PGX Lenses	\$35.00
Plastic Photosensitive Lenses	\$65.00

## Contact Lenses

Conventional	20% off Usual & Customary
Disposable/Planned Replacement Lens 123®	10% off Usual & Customary
	Free membership with up to 60% off Retail Prices

## Other Products

Non-Prescription Sunglasses	20% off Usual & Customary
Other Ancillary Products/Solutions	10% off Usual & Customary
Laser Vision Correction	Up to 25% off Usual & Customary

*Note: Any special lens designs, materials, powers and frames may require additional cost*

## HOW THE DISCOUNT PROGRAM WORKS WITH YOUR PLAN

You may choose from a list of Davis Vision contracted private practice providers or contracted retail locations for discounts on eyewear. If you already have a vision examination benefit as part of your health plan, you may use an in-network provider in your health plan network for your examination. Then use a Davis Vision contracted provider for your eyewear purchases (eyeglasses, etc.) and maximize your savings (you should verify whether or not the Davis Vision provider accepts outside prescriptions prior to your appointment).

## MEMBER SERVICES

Members may call toll-free 1-877-923-2847 to access the Interactive Voice Response (IVR) system available from Davis Vision 24 hours a day, seven days a week. The IVR system provides the names and locations of Davis Vision contracted providers near you. Members can also access the provider directory by going to the Davis Vision web site ([www.davisvision.com](http://www.davisvision.com)) and clicking on "Open Enrollment." To access these directories, use Control Code: 7602.

Davis Vision Member Services Representatives are available from 8 a.m. to 8 p.m. EST Monday through Friday and 9 a.m. to 4 p.m. EST Saturday.