



Your Plan Information

Please review all pages

**Stick with
great
grinsurance.**



Hi, it's time to re-enroll in your dental plan.

At United Concordia Dental, we love smiles—especially yours. We're excited to continue providing the dental insurance you need to keep it healthy and beautiful.

Remember, we make it easy—and affordable—to visit the dentist. Most plans cover:

- ✓ **ROUTINE CARE** including checkups, cleanings and X-rays
- ✓ **BASIC PROCEDURES** like fillings and pulled teeth
- ✓ **MAJOR SERVICES** such as crowns, bridges and dentures

Plus, you'll still have the same handy online tools and friendly customer service you're used to.

To learn more great benefits of re-enrolling in United Concordia, keep reading.

We look forward to having you as a member again this year.

Dental Benefits Summary for Southern CA IBEW NECA

Effective Date: 01/01/2024

Network: Elite Plus

| Benefit Category ¹ | CONCORDIA PREFERRED PLAN | |
|--|---|--|
| | In-Network ² | Non-Network ³ |
| Class I – Diagnostic/Preventive Services | | |
| Exams | 100% | 100% |
| Bitewing X-rays | | |
| All Other X-rays | | |
| Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy) | | |
| Space Maintainers | | |
| Palliative Treatment (Emergency) | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) | 95% | 80% |
| Sealants | | |
| Simple Extractions | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | | |
| Endodontics | | |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III – Major Services | | |
| Inlays, Onlays, Crowns | 75% | 50% |
| Prosthetics (Bridges, Dentures) | | |
| Implants | 75% | 75% |
| Orthodontics for dependent children to age 19 | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| Included Plan Features | | |
| The College Tuition Benefit® – College Savings Program ⁴ (this value-added benefit is being offered by United Concordia) | <ul style="list-style-type: none">• Earn Tuition Rewards® points redeemable for tuition discounts• Receive 2,000 at signup, then 2,000 points/year• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points• One Tuition Rewards point = \$1 reduction in full tuition• Use Tuition Rewards points at participating private colleges and universities | |
| Preventive Incentive® | Class I services do not count toward your annual program maximum | |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) | | |
| Annual Program Deductible (per person/per family) | \$0 | \$25/\$75 Excludes Class I & Orthodontics |
| Annual Program Maximum (per person) | \$5,000 Excludes Class I | \$5,000 Excludes Class I |
| Lifetime Orthodontic Maximum (per person) | \$1,400 | \$1,400 |
| Reimbursement | Elite Plus | 80 th Percentile |

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

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. Dependent children covered to age 26.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services.
3. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 80th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
4. Tuition Rewards® is a Registered Trademark of and administered by SAGE Scholars, Inc. Participation in the program is contingent upon enrollment with SAGE Scholars, Inc. Tuition Rewards are not an underwritten benefit but a value-added program. Tuition Rewards not available in all jurisdictions (SAGE). SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCCI does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

| | |
|-------------------|--|
| English | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711). |
| Español (Spanish) | ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711). |
| 繁體中文 (Chinese) | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。 |

CA SCHEDULE OF EXCLUSIONS AND LIMITATIONS

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

EXCLUSIONS – The following services, supplies or charges are excluded:

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limited to, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. For Group Policies in California, the only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are solely Cosmetic in nature (for example but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
7. Elective procedures (for example but not limited to, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example but not limited to, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Schedule of Benefits or a Rider.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (for example but not limited to, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
15. Preventive restorations.
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices or any other duplicative device.
18. For which in the absence of insurance the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (night grinding of teeth).

22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (for example but not limited to, patient does not return to complete treatment) and temporary services (for example but not limited to, temporary restorations).
24. Procedures that are:
 - part of a service but are reported as separate services; or
 - misreported or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (for example but not limited to, precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. Those specifically listed on the Schedule of Benefits as “Not Covered” or “Plan Pays 0%”.

LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:

1. Full mouth x-rays – one (1) every 5 year(s).
2. Bitewing x-rays – two (2) set(s) per calendar year.
3. Oral Evaluations:
 - Comprehensive and periodic – two (2) of these services per 1 calendar year(s). Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
 - Limited problem focused and consultations – one (1) of these services per dentist per patient per 12 months.
 - Detailed problem focused – one (1) per dentist per patient per 12 months per eligible diagnosis.
4. Prophylaxis – two (2) per calendar year. One (1) additional for Members under the care of a medical professional during pregnancy.
5. Fluoride treatment – two (2) per calendar year under age nineteen (19).
6. Space maintainers – one (1) per three (3) year period for Members under age nineteen (19) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
7. Sealants – one (1) per tooth per lifetime under age sixteen (16) on permanent first and second molars.
8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fifteen (15).
9. Periodontal Services:
 - Full mouth debridement – one (1) per lifetime.
 - Periodontal maintenance following active periodontal therapy – two (2) per 12 months in addition to routine prophylaxis.
 - Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
 - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
 - Guided tissue regeneration – one (1) per tooth per lifetime.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
 - Basic restorations – not within 12 months of previous placement of any basic restoration.
 - Single crowns, inlays, onlays – not within 5 year(s) of previous placement of any of the procedures in this category.
 - Buildups and post and cores – not within 5 year(s) of previous placement of any of the procedures in this category.

- Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 year(s) thereafter.
 12. Pulpal therapy – one (1) per eligible tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior molars under age twelve (12).
 13. Root canal retreatment – one (1) per tooth per lifetime.
 14. Recementation – one (1) per 12 months. Recementation during the first 12 months following insertion of any preventive, restorative or prosthodontic service by the same dentist is included in the preventive, restorative or prosthodontic service benefit.
 15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP
 16. Payment for orthodontic services shall cease at the end of the month after termination by the Company.
 17. Intraoral Films:
 - Occlusal – two (2) per 24 months under age 8.
 18. General anesthesia and IV sedation: a total of sixty 60 minutes per session.

Frequently Asked Questions About Your PPO Dental Plan

Q: Is my dentist in United Concordia's network?

A: To search for your dentist, visit **UnitedConcordia.com**. Click on **Find a Dentist** and then select your network (see the enclosed benefits summary) and search preferences.

Q: Why should I visit a network dentist?

A: You can save time and money by using an in-network dentist. Our in-network dentists agree to file claims for you, and to accept our allowances as full payment for covered services. And, most of our dentists accept our allowances for non-covered services or services above your annual maximum. That means you can save money, because our allowances are typically lower than the dentist's standard charges. United Concordia's in-network dentists undergo rigorous review, so you can feel confident you're receiving quality care.

Q: Can I still see an out-of-network dentist?

A: Yes, you can receive care from any licensed dentist. However, if you visit an out-of-network dentist your benefits may differ and your out-of-pocket expenses could be higher than if you visit an in-network dentist. If your dentist is not a part of our network, you can recommend him or her on our **Find a Dentist** page on **UnitedConcordia.com**. Just scroll down and click on **Recommend a Dentist**.

Q: What if there is no in-network dentist near me?

A: If there isn't an in-network dentist within a reasonable distance from your home or work location, call Customer Service at 1-800-332-0366. Our representatives can help arrange coverage, and if necessary, facilitate a visit to an out-of-network dentist at in-network rates.

Q: What can my dentist bill me for?

A: It depends whether you visit an in-network or out-of-network dentist. In-network dentists are required to accept full reimbursement from United Concordia for covered services and to bill member only for applicable deductibles, coinsurance and/or amounts exceeding contractual maximums. Out-of-network dentists can charge you for applicable deductibles and coinsurance amounts, and the difference between their standard charges and United Concordia's allowances.

Q: What information is available online?

A: In the **My Benefits** section of **UnitedConcordia.com**, you can access forms, FAQs, an oral health resources center filled with info on taking good care of your mouth, plus links to apps, a dental health quiz and more. Once your plan is effective, you can view your plan details online in your **MyDentalBenefits** account. After registering, you can check your covered services and claims status, plus chat live with customer service if you need help.

Q: What if I have other questions about my dental plan?

A: Questions about dental treatment should always be discussed with your dentist. For information about your benefits, visit **UnitedConcordia.com** or call Customer Service at 1-800-332-0366.

The Group Policy or Contract and Certificate of Insurance/Coverage ("Plan Documents") include a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. PPO products are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company and United Concordia Insurance Company of New York. Not all products available in all jurisdictions. United Concordia policies are limited benefit policies covering dental benefits only. Administrative and claims offices located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

EEM-0052-0823 • MX2718885

Save more by visiting an in-network dentist



United Concordia Dental offers a nationwide network that makes it easy to find an in-network dentist. And when you stay in network, you'll enjoy benefits like:

- **Lower out-of-pocket costs.***
- **High-quality care.** Dentists have their credentials verified and receive on-site inspections.
- **Time savings.** Most in-network dentists file claims for you, so you don't have to deal with paperwork.

Follow these steps to find an in-network dentist:

1. Visit **UnitedConcordia.com**.
2. Click on **Find a Dentist**.
3. Type in an office location or dentist's **name**.
4. Select your **network** from the drop-down list.

Your network is Elite Plus

5. You can sort by dentist type, distance, gender, language and county.

What if I go out of network?

You have the flexibility to see an out-of-network dentist, but you'll usually pay more out of pocket. You may also have to file claims yourself.



Scan to find an
Elite Plus
in-network dentist



*In-network dentists are required to accept full reimbursement from United Concordia for covered services and to bill member only for applicable deductibles, coinsurance, and/or amounts exceeding contractual maximums.

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MEM-0274-0623-ELITE PLUS

MX2642615-ELITE PLUS

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-332-0366. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-332-0366. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-332-0366. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

免費語言服務。您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-332-0366 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-332-0366. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-332-0366 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-332-0366. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-332-0366 للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Անվճար Լեզվական ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-888-222-3660 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-332-0366. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-332-0366 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាចឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-332-0366 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាតាមលេខ 1-800-927-4357. Khmer

خدمات مجاني مربوط به زبان. میتوانيد از خدمات يك مترجم شفاهي استفاده كنيد و بگوئيد مدارك به زبان فارسي براي تان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفني كه روی كارت شناسائي شما قيد شده است و يا اين شماره 1-800-332-0366 تماس بگيريد. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه كاليفرنيا) به شماره 1-800-927-4357 تلفن كنيد. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੜ੍ਹਾਈ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹਾਈ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-332-0366 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-332-0366. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Disclaimer

If your group is a voluntary group, then this package briefly describes the dental coverage offered through United Concordia Companies, Inc., and/or its licensed affiliates ("United Concordia"). Please refer to the Group Policy or Contract and Certificate of Insurance/Evidence of Coverage ("Plan Documents") for a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In case of conflict, the Plan Documents will govern. All plans and benefits are governed by the applicable Plan Documents and state laws which may require immediate changes to benefits or other features. United Concordia policies cover dental benefits only. For a complete listing of the products and services available in your area, the specific company licensed to provide those products, and exclusions, limitations, renewal, cancellation and cost information, contact a United Concordia account representative or visit UnitedConcordia.com.

In order to enroll, you must meet your group's eligibility requirements and waiting period for insurance. Your dependents must meet the requirements for eligible dependents as defined in United Concordia's Certificate. If you or your dependents do not enroll during an open enrollment period or within the required number of days of initial eligibility as indicated in the United Concordia's Certificate, you or your dependents cannot enroll until the next open enrollment. Coverage terminates when you no longer meet the eligibility requirements of your group, premium payment stops or your group's contract with United Concordia is terminated. Your dependents' coverage ends when they no longer meet the requirements for dependent coverage under United Concordia's Certificate, when premium payment stops, or when your coverage ends.* Notice for CA DHMO enrollees: Coverage also terminates when you or your dependents are convicted of fraud relative to the dental program or when you change your residence outside the state of California.

United Concordia Insurance Company, California certificate of authority number 3739-0, is domiciled in Arizona at its statutory address, 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016. Available products are underwritten by United Concordia Insurance Company in OK and AZ and written on OK policy forms OK9802S/L (2/13) and on AZ policy forms 9802S/L (04/15). The administrative office of UCCI and/or its licensed corporate affiliates is located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011.

Notice for CO residents:

Plans and policies offered by United Concordia Insurance Company do not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a standalone plan or as a covered benefit in another health plan.

Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified standalone dental plan that includes pediatric dental coverage.

PPO products are administered by United Concordia Companies, Inc. (UCCI) and are underwritten by United Concordia Insurance Company of New York in New York and by United Concordia Insurance Company (UCIC) in all other states.

Concordia Preferred is not available to groups headquartered in GA, LA, MS, NC, and TX. PPO products are currently not available on an insured basis for employers/groups situated in the Commonwealth of Puerto Rico, or any territory or jurisdiction outside of the continental United States.

DHMO product (Concordia Plus) is underwritten by:

- United Concordia Dental Plans of California, Inc. in CA
- United Concordia Dental Plans, Inc. in MD, KY, and NJ
- United Concordia Dental Plans of the Midwest, Inc. in MI, MO, and OH
- United Concordia Dental Plans of Pennsylvania, Inc. in PA
- United Concordia Dental Plans of Texas, Inc. in TX

Concordia Plus is currently not available for employers/groups situated in the states of: AL, AK, AZ, AR, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MA, MN, MS, MT, NE, NV, NH, NM, NY, NC, ND, OK, OR, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY, the Commonwealth of Puerto Rico, or in any jurisdiction outside of the continental United States. This advertisement is not a solicitation of coverage in these jurisdictions.

Discount vision plans offered with United Concordia products are not administered or underwritten by United Concordia. Discount vision plans are administered by Davis Vision, Inc. and are delivered under separate contract. Notice to FL groups: Your premium includes a fee for the discount vision plan.

United Concordia Companies Inc., and/or its licensed corporate affiliates (United Concordia), administrative and claims offices are located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (888-884-8224). United Concordia's licensed affiliates have sole financial responsibility for their products.

*For Concordia Choice and Select products, the following language should be added to the second paragraph (discussing enrollment and termination): *If you drop coverage for yourself or a dependent other than at open enrollment, you may be restricted from enrolling at a future time unless you provide loss of coverage under another dental plan due to a valid life change event.*