

## Standard Dental Programs for New York LIAHA Pool-Rated Employer Groups (10–50 Enrolled Contracts)

### Advantage PLUS Network–90th Out-of-Network

Valid programs and rates for effective dates of January 1, 2012 through June 1, 2012.

Groups must meet underwriting guidelines.

#### Concordia Flex

#### Concordia Preferred

STANDARD OPTION	LIAMF	
	<b>CLASS I SERVICES</b>	
Exams, Cleanings & Fluoride Treatments	100%	
All X-Rays		
Sealants		
Palliative Treatment (Emergency)		
<b>CLASS II SERVICES</b>		
Space Maintainers	80%	
Basic Restorative (Fillings, etc.)		
Endodontics		
Repairs (Crowns, Inlays, Onlays, Bridges, Dentures)		
Periodontics (Surgical and Nonsurgical)		
Oral Surgery (including Extractions)		
General Anesthesia		
<b>CLASS III SERVICES</b>		
Inlays, Onlays, Crowns	50%	
Prosthetics		
<b>ORTHODONTICS (dependent children to age 19)</b>		
Diagnostic, Active, Retention Treatment	Not Covered	
<b>DEDUCTIBLES, MAXIMUMS &amp; MINIMUM CONTRACTS</b>		
Deductible (Concordia Flex: waived for Class I Services) (Concordia Preferred: waived for Orthodontics & In-Network Class I Services)	\$50/\$150	
Orthodontic Lifetime Maximum	Not Covered	
Minimum Enrolled Contract Count	10-25	26-50

LIAPA		LIAPB	
Network	Non-Network	Network	Non-Network
<b>CLASS I SERVICES</b>			
100%	80%	100%	100%
<b>CLASS II SERVICES</b>			
80%	60%	90%	80%
<b>CLASS III SERVICES</b>			
50%	40%	60%	50%
Not Covered		Not Covered	
\$50/\$150		\$50/\$150	
Not Covered		Not Covered	
10-25	26-50	10-25	26-50

#### \$1250 Calendar Year Maximum Option

Plan ID		LIAMFB	LIAMFC
Two-Tier Rates	Employee	\$71.65	\$69.35
	Family	\$184.00	\$178.10
Four-Tier Rates	Employee	\$71.65	\$69.35
	Employee + 1 Adult	\$143.30	\$138.70
	Employee + Child(ren)	\$130.15	\$125.95
	Family	\$218.95	\$211.90

	LIAPAM	LIAPAL	LIAPBM	LIAPBL
Two-Tier Rates	\$60.05	\$58.10	\$72.35	\$70.05
Family	\$153.60	\$148.65	\$184.05	\$178.15
Four-Tier Rates	\$60.05	\$58.10	\$72.35	\$70.05
Employee + 1 Adult	\$120.05	\$116.15	\$144.70	\$140.05
Employee + Child(ren)	\$108.40	\$104.90	\$129.50	\$125.30
Family	\$182.60	\$176.70	\$218.60	\$211.55

#### \$1500 Calendar Year Maximum Option

Plan ID		LIAMFE	LIAPAD
Two-Tier Rates	Employee	\$73.35	\$71.00
	Family	\$188.35	\$182.25
Four-Tier Rates	Employee	\$73.35	\$71.00
	Employee + 1 Adult	\$146.70	\$141.95
	Employee + Child(ren)	\$133.20	\$128.95
	Family	\$224.10	\$216.90

	LIAPAE	LIAPAF	LIAPBE	LIAPBF
Two-Tier Rates	\$61.45	\$59.45	\$74.10	\$71.70
Family	\$157.20	\$152.15	\$188.40	\$182.30
Four-Tier Rates	\$61.45	\$59.45	\$74.10	\$71.70
Employee + 1 Adult	\$122.85	\$118.90	\$148.15	\$143.35
Employee + Child(ren)	\$110.95	\$107.40	\$132.55	\$128.25
Family	\$186.90	\$180.85	\$223.75	\$216.50

Valid in the following NY Zip Codes: 100xx, 101xx, 102xx, 103xx, 104xx, 109xx, 111xx, 112xx, 113xx, 114xx, 116xx, 118xx

LIAHA10NYC0112

## Underwriting Guidelines

The following underwriting guidelines apply to the program on the attached document.

1. All percentages are approximated and based upon United Concordia's maximum allowable charge (MAC) in network and 90th percentile out-of-network.
2. An employer contribution is required.
3. A minimum of 70% eligible employee participation is required and minimum enrolled contract counts must be achieved.
4. Spousal waive outs count toward participation.
5. Programs assume dependent children are eligible to age 26 and full-time students to age 26.
6. Standard United Concordia policies and procedures and exclusions and limitations apply (refer to Es & Ls included).
7. 75% of eligibles must reside in New York State.
8. This chart is a representative listing of services covered under the proposed program.
9. The overall average number of members per contract is less than 5.
10. Dental plan is not offered in conjunction with another dental plan or another carrier.
11. The group has no claims experience available.
12. Rates on this card apply only to new business sold through United Concordia.
13. All proposed rates, guarantees and caps assume no change to the proposed benefit design. United Concordia reserves the right to re-evaluate proposed rates and benefit if any state or federally mandated benefits or fees are imposed.

United Concordia will not accept business submitted by or pay commissions to producers who are not appointed. Any premium payment or group application submitted to United Concordia or its sales personnel by non-appointed producers must be accompanied by completed appointment paperwork or it will be returned to the non-appointed producer. A producer's quotation of rates to groups or submission of business to United Concordia constitutes acceptance of and agreement to comply with this rule. To obtain an appointment packet, visit the Producer section of [www.unitedconcordia.com](http://www.unitedconcordia.com).

## **FFS & PPO Programs**

### **Standard Dental Plans Principal Exclusions**

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

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (e.g. 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 (e.g. facility-use fees).
3. 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.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Which are Cosmetic in nature or elective procedures not dentally necessary as determined by the Company (e.g. bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures), unless for care or treatment due to accidental injury to sound natural teeth within 12 months of the accident or for dental care or treatment deemed necessary due to congenital disease or anomalies of a covered Dependent Child. This exclusion is subject to External Appeal rights in accordance with Article 49.
6. Diagnostic services and treatment of jaw joint problems related to a medical condition are excluded unless specifically covered under the Certificate. 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 the joint.
7. For treatment of fractures and dislocations of the jaw unless for care or treatment due to accidental injury to sound natural teeth within 12 months of the accident.
8. Services and/or appliances that alter the vertical dimension (e.g. full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
9. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
10. Preventive restorations.
11. For duplicate dentures, prosthetic devices or any other duplicative device.
12. For which in the absence of insurance the Member would incur no charge.
13. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
14. 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.
15. 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.
16. Incomplete treatment (e.g. patient does not return to complete treatment) and temporary services (e.g. temporary restorations).
17. Procedures that are:
  - part of a service but are reported as separate services
  - reported in a treatment sequence that is not appropriate
  - misreported or that represent a procedure other than the one reported.
18. Specialized procedures and techniques (e.g. precision attachments, copings and intentional root canal treatment).
19. Fees for broken appointments.
20. For prosthetic services (e.g. full or partial dentures or fixed bridges) if such services replace one (1) or more missing teeth diagnosed, treated or identified by a dental professional within a six (6) month period prior to the Member's eligibility under the Group Policy and shall not exceed a period of twelve (12) months following the Member's enrollment.

### **Standard Dental Plans Principal Limitations**

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

1. Full mouth x-rays – one (1) every 5 year(s).
2. Bitewing x-rays – one (1) set(s) per 6 months under age fourteen (14) and one (1) set(s) per 12 months age fourteen (14) and older.
3. Oral Evaluations:
  - Comprehensive and periodic – two (2) of these services per 12 months. 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 12 months. One (1) additional for Members under the care of a medical professional during pregnancy.
  5. Fluoride treatment – two (2) per 12 months 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 3 year(s) 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.
    - Single crowns, inlays, onlays – not within 5 year(s) of previous placement.
    - Buildups and post and cores – not within 5 year(s) of previous placement.
    - 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. 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 the crown or bridge by the same dentist is included in the crown or bridge benefit.
  15. An alternate benefit provision (ABP) will be applied if a covered 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 under this ABP.
  16. Payment for orthodontic services shall cease at the end of the month after termination by the Company.
    - This limitation does not apply to Group Policies issued and delivered in Maryland.

### **Renewability, Termination Provisions of the Policy or Group Contract**

United Concordia policies cover dental benefits only. United Concordia's Group Policy begins on the agreed effective date and renews subject to the terms of the Group Policy. Either the employer/group or United Concordia may elect not to renew the Group Policy by providing written notice to the other party at least 31 days prior to renewal. United Concordia may terminate the Group Policy with 31 days written notice if the employer/group fails to pay premium. United Concordia may adjust rates or benefits or terminate the Policy on any premium due date with 31 days advance notice if the minimum participation requirements are not achieved or the nature of the risk changes significantly.

Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restrictions, or continuous enrollment to advance benefit level as required by the Group Policy terms. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits and cost depend upon the plan selected.

Policy Form: 9802 (06/01)

Underwritten by United Concordia Insurance Company of New York