Protecting More Than Just Your Smile®

### **Welcome to United Concordia!**

At United Concordia, we know oral health is more than just your smile—it affects your entire body. That's why everything we do is focused on connecting you to a life of better overall health. You can count on our more than 40 years of dental experience, strong dental network and personal service. We proudly serve the dental health needs of NMPSIA, as well as the needs of more than six million Americans worldwide.

# With your United Concordia dental plan, you will experience:

- Access to quality dentists through our Alliance network with more than 1,500 access points in New Mexico
- · Online and personal service
  - Access your benefit information when you need it, where you need it through **UnitedConcordia.com** and our mobile app—scan the code now to get started



- Create a MyDentalBenefits account for fast, secure access to claim details, payment information, procedure history, printable ID cards and more
- Speak to a knowledgeable, US-based representative by calling 1-888-898-0370 who can resolve problems and give on-the-spot solutions

### Why use a United Concordia network dentist?

Network dentists agree to accept our discounted fees as payment in full for covered services. Non-network dentists can charge you more. This means you'll lower your out-of-pocket expense using a network dentist. Using a network dentist maximizes your dental benefits because they:

- Save money—a network dentist saves you the difference between our negotiated fees and the dentist's regular charges; putting more money in your pocket
- **Save time**—a network dentist files your claims for you, saving you time and the hassle of paperwork

 Save worry—every network dentist is carefully screened, so you know you're getting high-quality care

You can still receive care from any licensed dentist, but your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist. Find a dentist by visiting **UnitedConcordia.com** and click **Find a Dentist** on our homepage; select **Alliance** network.

### Your plan includes Smile for Health®-Wellness

If you or your dependents have a chronic medical condition,\* you are eligible for improved dental benefits to care for gum disease. With Smile for Health®–Wellness, you get 100% coverage for periodontal services. Here's how to sign up:

- Visit UnitedConcordia.com
- Sign in to MyDentalBenefits (Or, create an account)
- Click My Oral Health
- · Add your medical condition

#### Enhanced Benefits with Smile for Health®-Wellness

Service	Coverage*
Periodontal Maintenance—  one additional to your plan's standard limit per year	100%
Scaling & Root Planing	100%
Periodontal Surgery—four procedures**	

- \* Conditions include diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis, stroke
- \*\* Four procedures related to gingival flap or osseous surgeries.

  Must have selected High Option to have Periodontal

  Surgeries covered.

Protecting More Than Just Your Smile®

#### **Concordia Preferred Comprehensive Plan HIGH OPTION** Alliance Network Non-Network **Benefit Category** Plan Pays<sup>1</sup> You Pay<sup>1</sup> Plan Pays<sup>4</sup> You Pay **Diagnostic & Preventive Services** ■ Routine Oral Exams (twice every 12 months) 0% ■ Routine Cleanings (twice every 12 months) (of Allowed Amount) ■ Periodontal Cleanings (twice every 12 months) 0% 100% ■ X-rays—complete mouth (once every 5 years); 100% Any charges in excess of bitewings (twice every 12 months through age 13, (of Allowed (No the allowed amount once every 12 months thereafter) Deductible) Amount) ■ Sealants (through age 15): permanent first and second (No Deductible) molars only ■ Emergency Treatment for Relief of Pain ■ Fluoride Treatment (twice every 12 months through age 19) **Basic Services** ■ Basic Restorative (amalgam and posterior composites) 45% ■ Simple Extractions (of Allowed Amount) 20% 55% ■ Endodontics ■ Repair of Denture and Bridgework 80% Any charges in excess of (Deductible (of Allowed ■ General Anesthesia & IV Sedation (covered only in the allowed amount Applies) Amount) conjunction with dental surgery) ■ Complex Oral Surgery (Deductible Applies) ■ Surgical Periodontics ■ Nonsurgical Periodontics **Major Services** 65% ■ Removable Partial or Complete Dentures and Fixed (of Allowed Amount) 35% 50% Bridges (to replace teeth lost while insured under 50% Any charges in excess of (Deductible (of Allowed ■ Inlays, Onlays & Crowns (when teeth cannot be restored the allowed amount Applies) Amount) to normal form and function with amalgam, composite resin or plastic fillings) (Deductible Applies) ■ Implant Coverage **Orthodontic Services** 50% 50% 50% (of Allowed Amount) ■ Diagnostic, Active, Retention Treatment 50% Adult and Child + any charges in excess of (No (of Allowed the allowed amount Deductible) Amount) (No Deductible) **Included Plan Features** ■ Covers 1 additional cleaning during pregnancy ■ Pregnancy Benefit ■ Covers 1 additional periodontal maintenance ■ Covers 1 additional periodontal maintenance per year and all ■ Smile for Health®-Wellness² (Provides periodontal care are covered at 100% for people with certain chronic medical conditions: Scaling and root planing are covered at 100% diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke) ■ 4 periodontal surgery procedures are covered at 100% Calendar Year Deductible (per person/per family) \$50/\$150 \$50/\$150 Calendar Year Maximum (per person)3 \$1,500 \$1,000 Lifetime Orthodontic Maximum (per person)5 \$1,500 \$500

- 1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
- 2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through *MyDentalBenefits* on UnitedConcordia.com.
- 3. Network and non-network maximums cannot be combined.
- 4. Non-network reimbursed at the 80th percentile.
- 5. Orthodontic benefit is paid on a prorated basis. Payments are made quarterly. If coverage ends before the treatment plan is completed, the full benefit of \$1,500 may not be paid.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at www.nmpsia.state.nm.us.

Protecting More Than Just Your Smile®

## **LOW OPTION**

### Concordia Preferred Basic Plan

LOW OF HON				
Benefit Category	Alliance Network		Non-Network	
benefit eategory	Plan Pays <sup>1</sup>	You Pay <sup>1</sup>	Plan Pays⁴	You Pay
Diagnostic & Preventive Services  Routine Oral Exams (twice every 12 months) Routine Cleanings (twice every 12 months) Periodontal Cleanings (twice every 12 months) X-rays—complete mouth (once every 5 years); bitewings (twice every 12 months through age 13, once every 12 months thereafter) Sealants (through age 15), permanent first and second molars only Emergency Treatment for Relief of Pain Fluoride Treatment (twice every 12 months through age 19)	100%	0% (No Deductible)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services  Basic Restorative (amalgam and posterior composites) Simple Extractions Endodontics (root canal therapy only) Repair of Denture and Bridgework Nonsurgical Periodontics	80%	20% (Deductible Applies)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services  Complex Oral Surgery Surgical Periodontics (including endodontic surgery) Removable Partial or Complete Dentures and Fixed Bridges Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)	Not Covered			
Orthodontic Services ■ Diagnostic, Active, Retention Treatment	Not Covered			
Included Plan Features  ■ Pregnancy Benefit	<ul> <li>Covers 1 additional cleaning during pregnancy</li> <li>Covers 1 additional periodontal maintenance</li> </ul>			
Smile for Health®–Wellness² (Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	<ul> <li>Covers 1 additional periodontal maintenance per year and all are covered at 100%</li> <li>Scaling and root planing are covered at 100%</li> </ul>			
Calendar Year Deductible (per person/per family)	\$50/\$150			
Calendar Year Maximum (per person) <sup>3</sup>	\$1,500			
Lifetime Orthodontic Maximum (per person)			Not Covered	d

- Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
   Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through *MyDental*Benefits on UnitedConcordia.com.
- 3. Network and non-network maximums cannot be combined.
- 4. Non-network reimbursed at the 80th percentile.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at www.nmpsia.state.nm.us.

Protecting More Than Just Your Smile®

### **Frequently Asked Questions**

#### Q. Do I have to complete a claim form for each dental visit?

A. If you receive care from a network dentist, he or she will file your claim for you. If you receive care from a non-network dentist, you may have to complete and submit your own claims. You can receive a claim form by visiting unitedconcordia.com/dental-insurance/member/forms.

### Q. How will orthodontic benefits be paid if I am currently undergoing orthodontic treatment?

A. An orthodontic treatment plan must be submitted by the treating provider to determine the remaining benefit that you may be entitled. (Orthodontic benefit is paid on a prorated basis. Payments are made quarterly. If coverage ends before the treatment plan is completed, the full benefit may not be paid.)

### Q. How do I know what my out-of-pocket costs will be for a procedure?

A. For services beyond routine diagnostic and preventive, most dentists will give you a pre-treatment estimate at the time they schedule your next appointment. This will give you an estimate of what the dentist expects to receive from your insurance per procedure. You may also ask your dentist to provide a list of procedures to be performed and their corresponding fees. Then check your dental coverage at *MyDentalBenefits* or, create an online account, to find out how much your plan will cover for these procedures. You may also ask your dentist for a predetermination of benefits.

### Q. Does United Concordia require predetermination of benefits?

A. Predeterminations are not required, although you should consider requesting that your dentist provide a predetermination before you begin treatment for services like crowns or dentures. That way you'll know whether or not a service is covered and an estimate of what you can expect to pay out-of-pocket.

#### Q. Are there frequency limitations for certain services?

A. Yes. For example, you can receive 2 routine cleanings in a 12 month period. This is not calendar year; it is a rolling 12 month period.

1st Cleaning			
Date	Covered?		
10/04/17	Yes		



2nd Cleaning			
Date	Covered?		
05/01/18	Yes		



3rd Cleaning				
Date	Covered?	Date	Covered?	
09/25/18	No	10/07/18	Yes	

In addition there are frequency limitations for other services, like x-rays. Please refer to your Certificate of Insurance for a complete listing of Plan Limitations and Exclusions.

### Q. When should I take my child to the their first dental appointment?

A. ADA recommends the first dental visit six months after the first tooth appears, but no later than the child's first birthday.

#### Q. Can I receive care from a dentist that is not in United Concordia's network?

A. Yes, you may receive care from any licensed dentist. If you choose to see a non-network dentist, you will be responsible for higher coinsurance amounts; subject to lower plan maximums and billed for any charges over and above United Concordia's allowed amount for covered services.

#### Q. How much will I pay if go out of network?

A. Depends on the plan, type of procedure and the dentist location. The following chart shows an example of the difference in costs if you have the high plan and receive a crown:

Dental Care from IN-NETWORK DENTIST	Example Dentist Charge	Plan Allowance	Plan Pays 50%	Member Owes the Network Dentist
1 Crown	\$1,200	\$690	\$690 minus \$50 deductible = \$640 \$640 x .50 = \$320	\$370 (\$690-320 = \$370)

Dental Care from NON-NETWORK DEN	TIST	Example Dentist Charge	Plan Allowance	Plan Pays 35%	Member Owes the Non-Network Dentist
1 Crown		\$1,200	\$690	\$690 minus \$50 deductible = \$640 \$640 x .35 = \$224	\$976 (\$1,200-224 = \$976)

Actual cost will vary depending on geographic area and actual dentist charge. You can request a predetermination to help determine your out-of-pocket cost. A predetermination lets you know what procedures will or won't be covered prior to receiving services. It calculates the total amount you owe and what your plan will cover based on your coinsurance amounts. A predetermination is not a guarantee of payment—it is an estimate of what you can expect to owe.