



# Health Benefits

*Together, we are working toward a healthier community*



*Dental Preferred Provider Organization (DPPO)*

## United Concordia Dental Benefits for State of Maryland Employees and Retirees

*January 1, 2021 to December 31, 2021*



UNITED CONCORDIA<sup>®</sup> DENTAL  
Protecting More Than Just Your Smile<sup>®</sup>

## How to Enroll in a Dental Plan from United Concordia

If you are not already enrolled in the DPPO plan  
you can enroll during open enrollment  
October 19, 2020 through November 13, 2020.

### DPPO Members

If you are currently enrolled in the United Concordia Dental PPO plan, if you choose to remain in the DPPO plan, you do not need to do anything during open enrollment.

### Questions on the State of Maryland DPPO plan?

Call United Concordia at 1-888-638-3384  
(TTY Hearing Impaired 1-800-345-3837)  
Visit [www.UnitedConcordia.com](http://www.UnitedConcordia.com)



## United Concordia Dental PPO Plan High Level Summary

Plan Characteristics	DPPO
In-network benefits and out-of-network benefits available	Yes
National access	Yes
Must use an assigned dentist	No
Claim required with out-of-network care	Yes <sup>1</sup>
Balance billing for covered services out-of-network	Yes <sup>1</sup>
Referral required for specialty care	No
Orthodontia benefits available	Yes (for dependent children only)
Orthodontia maximum (lifetime)	\$2,000
Benefit maximum (per person)	\$2,500 <sup>2</sup>
Deductible (per person)	\$50 <sup>3</sup>
Deductible (per family)	\$150 <sup>3</sup>

1. Applies when visiting any nonparticipating dentist under this plan.

2. Excludes covered Class I Services.

3. Deductible does not apply to Class I—Diagnostic and Preventive Services, and Class IV—Orthodontic Services.

Biological children, stepchildren and adopted children are covered through end of the month in which they turn 26. Other child dependents—grandchildren, step grandchildren, legal wards, and other child relatives—are only covered until the end of the month in which they turn 25.

Benefit maximum and deductibles are for the period of January 1, 2021–December 31, 2021.

All services are subject to the contract, Schedules of Benefits, and the Exclusions and Limitations.

## Dental Preferred Provider Organization (PPO) Plan

### How the United Concordia DPPO Plan Works

- Members may utilize participating and/or nonparticipating dentists.
- Preventive and diagnostic procedures (cleanings, exams, x-rays, etc.) do not count toward your \$2,500 program maximum.
- There is a deductible of \$50 per person/\$150 per family, excluding Class I–Diagnostic and Preventive Services and Class IV–Orthodontic Services.
- The Smile for Health® Maternity Dental Benefit provides women with an additional dental cleaning during pregnancy. This extra cleaning can help control pregnancy gingivitis and help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies.
- There is a maximum benefit of \$2,500 per member per contract year (January 1, 2021–December 31, 2021) for services received under the DPPO plan. Your plan includes the Preventive Incentive® feature, in which covered Class I services do not count toward the maximum benefit.
- When care is received from an Advantage Plus network dentist, there are no claim forms to submit and you are only responsible for coinsurance amounts and applicable deductibles. If you receive services from a nonparticipating dentist, claim forms must be submitted and you are subject to balance billing.
- You do not need a referral to receive care from a specialist.
- Orthodontic benefits are available for biological children, stepchildren and adopted children are covered through end of the month in which they turn 26. Other child dependents—grandchildren, step grandchildren, legal wards, and other child relatives—are only covered until the end of the month in which they turn 25. The orthodontia lifetime maximum is \$2,000. Orthodontic services are available from participating and nonparticipating dentists.
- The DPPO plan is available anywhere in the U.S.

### DPPO Network of Dentists

To receive *in-network* benefits, members must receive services from a dentist who participates in the Advantage *Plus* network. You always have the option of receiving care from non-network dentists under the DPPO plan. You can search for an Advantage *Plus* network dentist by visiting [www.UnitedConcordia.com/statemd](http://www.UnitedConcordia.com/statemd) and selecting **DPPO** on the left side of the page. You can **Search for an Advantage *Plus* Network Dentist** by clicking the Advantage *Plus* button in the middle of the screen.

### Financial Responsibility of Plan Member

Deductibles and coinsurance are the responsibility of the plan member. Before you receive any services, be sure to review your dental plan design to ensure that you have anticipated all out-of-pocket costs and liabilities associated with a particular treatment. If your dental treatment is estimated to cost \$500 or more, you may want to ask your dentist to request a predetermination of benefits. You are encouraged to discuss major procedures and your financial liability with your dentist. You may also contact United Concordia's Customer Service Department to determine your financial responsibility. If calling Customer Service, please have the ADA procedure code, dentist's name and dentist's charge available (you can get this information from your dentist).

## Q&A for United Concordia DPPO Members

### **Are there any benefit maximums?**

Yes, there is a benefit maximum of \$2,500 per member (for the plan year, January 1, 2021 – December 31, 2021). There is a lifetime orthodontia maximum of \$2,000 for dependent children. Biological children, stepchildren and adopted children are covered through end of the month in which they turn 26. All other child dependents—grandchildren, step grandchildren, legal wards, and other child relatives—are only covered until the end of the month in which they turn 25.

### **Do I have to fill out claim forms after each routine visit?**

If you receive care from a Concordia Advantage *Plus* network dentist, you do not need to fill out claim forms—your dentist will take care of the paperwork. Under the DPPO plan, you must submit claim forms if you are seeking reimbursement for services performed by an out-of-network dentist.

### **If my dentist does not participate in the Advantage *Plus* network, can I still see him or her?**

Yes, you can receive care from any licensed dentist. If you choose to see a nonparticipating dentist, you will be responsible for the deductible and/or coinsurance amount, as well as any charges over and above United Concordia's reimbursement for covered services. Advantage *Plus* network dentists accept United Concordia's reimbursement as payment in full for covered services, which means you are only responsible for the applicable deductible and/or coinsurance amount.

### **Can I obtain the charge and coinsurance amount for specific services prior to receiving treatment?**

Yes, simply obtain the ADA procedure code and dentist's charge from your dentist's office. Contact United Concordia's Customer Service Department at 1-888-638-3384 with this information and they can provide you with your financial responsibility for the service, including any deductibles and coinsurance amounts.

### **How can I obtain a directory of participating dentists?**

Either call 1-888-638-3384 or visit [www.UnitedConcordia.com/statemd](http://www.UnitedConcordia.com/statemd) and select **DPPO** on the left side of the page. You can **Search for an Advantage *Plus* Dentist** at [UnitedConcordia.com/statemd](http://UnitedConcordia.com/statemd). To receive in-network benefits, members must receive services from dentists in the Advantage *Plus* network. You always have the option of receiving care from non-network dentists under the DPPO plan.

### **Do I have to be referred to a specialist?**

No. Under the DPPO plan, referrals are not required. To maximize your benefits, you may wish to utilize a participating dentist.

### **Who is eligible to receive fluoride treatments?**

Eligible dependent children through age 18.

### **What about orthodontia for children?**

Orthodontic benefits are available for biological children, stepchildren and adopted children through end of the month in which they turn 26. All other child dependents—grandchildren, step grandchildren, legal wards, and other child relatives—are only covered until the end of the month in which they turn 25. Orthodontic benefits can be received from participating and nonparticipating dentists. There is a lifetime orthodontic maximum of \$2,000 per covered dependent child. There is no adult orthodontic coverage under the United Concordia DPPO plan.

## Concordia DPPO Benefit Summary

- Members may utilize participating and/or nonparticipating dentists
- Members cannot be balance billed when utilizing in-network dentists
- Deductibles and maximums apply
- Claim submission is required for services provided by nonparticipating (out-of-network) dentists
- Orthodontia benefits are available for dependent children only
- This is only a benefits summary; to verify benefits and eligibility, please contact Customer Service at 1-888-638-3384

BENEFIT CATEGORY	In-Network Plan Pays <sup>1</sup>	Out-of-Network Plan Pays <sup>2</sup>
<b>Class I—Diagnostic and Preventive (Excluded from Annual Program Maximum)</b>		
Exams	100%	100%
All Eligible X-Rays		
Cleanings (includes 1 additional cleaning during pregnancy)		
Fluoride Treatments <sup>3</sup>		
Sealants		
Palliative Treatment		
<b>Class II—Basic Services</b>		
Basic Restorative	70%	70%
Space Maintainers		
Endodontics		
Nonsurgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures		
Simple Extractions		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia and/or IV Sedation		
<b>Class III—Major Restorative</b>		
Inlays, Onlays, Crowns <sup>4</sup>	50%	50%
Implants		
Prosthetics		
<b>Orthodontics (dependent children only)</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Deductibles and Maximums</b>		
\$50/\$150 Deductible (excludes Class I—Diagnostic and Preventive services, and Class IV—Orthodontic Services)		
\$2,500 Contract Maximum per Member during the period of January 1st–December 31st (excludes covered Class I services)		
\$2,000 Lifetime Orthodontia Maximum for dependent children. Orthodontic coverage for dependent children will cease at the end of the month in which the child turns 26. <sup>5</sup>		

1. Plan payments, member coinsurances and deductibles are based on the maximum allowable charge. In-Network dentists accept the maximum allowable charge as payment in full.
2. Members utilizing out-of-network dentists may be subject to balance billing by their dentist.
3. Eligible dependents through age 18.
4. An alternate benefit provision may be applied (see LIMITATIONS–DPPO).
5. Biological children, stepchildren and adopted children are covered through end of the month in which they turn 26. Other child dependents—grandchildren, step grandchildren, legal wards, and other child relatives—are only covered until the end of the month in which they turn 25.

## Exclusions and Limitations – DPPO

### EXCLUSIONS – DPPO Plan

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. Not specifically listed as a Covered Service on the Schedule of Benefits and those listed as not covered on the Schedule of Benefits.
2. Which are necessary due to patient neglect, lack of cooperation with the treating dentist or failure to comply with a professionally prescribed Treatment Plan.
3. Started prior to the Member's Effective Date or after the Termination Date of coverage with the Company, including, but not limited to multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures.
4. Services or supplies that are not deemed generally accepted standards of dental treatment.
5. For hospitalization costs.
6. For prescription or non-prescription drugs, vitamins, or dietary supplements.
7. Administration of nitrous oxide, general anesthesia and i.v. sedation, unless specifically indicated on the Schedule of Benefits.
8. 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.
9. Elective procedures including but not limited to the prophylactic extraction of third molars.
10. For the following which are not included as orthodontic benefits - retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient neglect, or repair of an orthodontic appliance.
11. For congenital mouth malformations or skeletal imbalances, including, 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.
12. For dental implants including placement and restoration of implants unless specifically covered under a rider to the Certificate.
13. For oral or maxillofacial services including but not limited to associated hospital, facility, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth.
14. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under a Rider to 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.
15. For treatment of fractures and dislocations of the jaw.
16. For treatment of malignancies or neoplasms.
17. 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.
18. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances.
19. For broken appointments.
20. For house or hospital calls for dental services.
21. Replacement of existing crowns, onlays, bridges and dentures that are or can be made serviceable.
22. Preventive restorations in the absence of dental disease.
23. Periodontal splinting of teeth by any method.
24. For duplicate dentures, prosthetic devices or any other duplicative device.
25. For services determined to be furnished as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Health Occupations Article. Prohibited referrals are referrals of a patient to an entity in which the referring dentist, or the dentist's immediate family: (a) owns a beneficial interest; or (b) has a compensation arrangement. The dentist's immediate family includes the spouse, child, child's spouse, parent, spouse's parent, sibling, or sibling's spouse of the dentist, or that dentist in combination.
26. For which in the absence of insurance the Member would incur no charge.
27. For plaque control programs, oral hygiene, and dietary instructions.
28. 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.

29. For training and/or appliance to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy).
30. 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. Failure to furnish the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible and, except in the absence of legal capacity of the Member, not later

than 1 year from the time claim is otherwise required.

31. Which are not Dentally Necessary as determined by the Company.

## LIMITATIONS — DPPO Plan

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 – two per benefit accumulation period.
4. Prophylaxis – two per benefit accumulation period. One (1) additional for Participants under the care of a medical professional during pregnancy.
5. Fluoride treatment – two per benefit accumulation period through age eighteen (18).
6. Space maintainers - only eligible for Participants 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.
7. Prefabricated stainless steel crowns - one per tooth per lifetime for Participants under age fourteen.
8. Crown lengthening - one per tooth per lifetime.
9. Periodontal maintenance following active periodontal therapy – two per calendar year in addition to routine prophylaxis.
10. Periodontal scaling and root planing - one per two year period per area of the mouth.
11. Replacement of an existing:
  - filling with another filling – not within 12 months of placement.
  - single crown with another single crown - not within five years of placement.
  - inlay with another inlay, or with a single crown or
  - onlay – not within five years of placement.
  - onlay with another onlay, or with a single crown -
  - not within five years of placement.
  - buildup with another buildup - not within five years of placement.
  - post and core with another post and core - not within five years of placement.
12. Replacement of natural tooth/teeth in an arch – not within five years of placement of a fixed partial denture, full denture or partial removable denture.
13. 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.
14. Denture relining, rebasing or adjustments - are included in the denture charges if provided within six months of insertion by the same dentist.
15. Subsequent denture relining or rebasing – limited to one every three year(s) thereafter.
16. Surgical periodontal procedures - one per two year period per area of the mouth.
17. Sealants - one per tooth per three year(s) through age fifteen on permanent first and second molars.
18. Pulpal therapy - through age five on primary anterior teeth and through age eleven on primary posterior molars.
19. Root canal treatment and retreatment – one per tooth per lifetime.
20. 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.
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.

# Rider to Schedule of Benefits and Schedule of Exclusions and Limitations

## Implantology

This Rider is effective on January 1, 2015 and is attached to and made a part of the Schedule of Benefits and Schedule of Exclusions and Limitations.

### **SCHEDULE OF BENEFITS**

The Company will pay implantology benefits for eligible Plan participants and enrolled dependents for the following Covered Services equal to 50% of the Maximum Allowable Charge as determined by United Concordia.

### **Implantology Services**

#### **Surgical Services**

- D6010 surgical placement of implant body: endosteal implant
- D6011 second stage implant surgery.
- D6013 surgical placement of mini implant; claims review includes a review of radiographs and an indication of how the implants will be restored
- D6040 surgical placement: eposteal implant
- D6050 surgical placement: transosteal implant
- D6100 implant removal, by report
- D6101 debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6102 debridement and osseous contouring of a periimplant defect or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces including flap entry and closure
- D6104 bone graft at time of implant placement
- D7994 surgical placement: zygomatic implant

#### **Supporting Structures**

- D6055 connecting bar – implant supported or abutment
- D6056 prefabricated abutment – includes modification and placement
- D6057 custom fabricated abutment – includes placement

#### **Implant/Abutment Supported Removable Dentures**

- D6110 implant/abutment supported removable denture for edentulous arch – maxillary
- D6111 implant /abutment supported removable denture for edentulous arch – mandibular
- D6112 implant/abutment supported removable denture for partially edentulous arch – maxillary
- D6113 implant/abutment supported removable denture for partially edentulous arch – mandibular
- D6114 implant/abutment supported fixed denture for edentulous arch – maxillary
- D6115 implant/abutment supported fixed denture for edentulous arch – mandibular
- D6116 implant/abutment supported fixed denture for partially edentulous arch – maxillary
- D6117 implant/abutment supported fixed denture for partially edentulous arch – mandibular

#### **Single Crowns, Abutment Supported**

- D6058 abutment supported porcelain/ceramic crown
- D6059 abutment supported porcelain fused to metal crown (high noble metal)
- D6060 abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 abutment supported porcelain fused to metal crown (noble metal)
- D6062 abutment supported cast metal crown (high noble metal)
- D6063 abutment supported cast metal crown (predominantly base metal)
- D6064 abutment supported cast metal crown (noble metal)
- D6094 abutment supported crown – (titanium)
- D6097 abutment supported crown-porcelain fused to titanium and titanium alloys

#### **Single Crowns, Implant Supported**

- D6065 implant supported porcelain/ceramic crown
- D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 implant supported metal crown (titanium, titanium alloy, high noble metal)

**Fixed Partial Denture, Abutment Supported**

- D6068 abutment supported retainer for porcelain/ceramic FPD
- D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 abutment supported retainer for cast metal FPD (high noble metal)
- D6073 abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 abutment supported retainer for cast metal FPD (noble metal)
- D6194 abutment supported retainer crown for FPD – (titanium)
- D6195 abutment supported retainer-porcelain fused to titanium and titanium alloys

**Fixed Partial Denture, Implant Supported**

- D6075 implant supported retainer for ceramic FPD
- D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
- D6082 implant supported crown-porcelain fused to predominantly base alloys
- D6083 implant supported crown-porcelain fused to noble alloys
- D6084 implant supported crown-porcelain fused to titanium and titanium alloys
- D6086 implant supported crown-predominantly base alloys
- D6087 implant supported crown-noble alloys
- D6088 implant supported crown-titanium and titanium alloys
- D6098 implant supported retainer-porcelain fused to predominantly base alloys
- D6099 implant supported retainer-for FPD porcelain fused to noble alloys
- D6120 implant supported retainer porcelain fused to titanium and titanium alloys
- D6121 implant supported retainer for metal FPD- predominantly base alloys
- D6122 implant supported retainer for metal FPD-noble alloys
- D6123 implant supported retainer for metal FPD-titanium and titanium alloys

**Other Repair Procedures**

- D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
- D7951 sinus augmentation with bone or bone substitutes via a lateral open approach
- D7952 sinus augmentation via a vertical approach
- D7953 bone replacement graft for ridge preservation – per site

**Deductible(s)**

Deductible will be applied to implantology services.

**Maximum(s)**

The annual Maximum indicated on the Schedule of Benefits will be applied to implantology services.

**Waiting Period(s)**

No Waiting Period will be applied to implantology services.

**SCHEDULE OF EXCLUSIONS AND LIMITATIONS**

The Schedule of Exclusions and Limitations is amended as follows:

**Exclusions**

Any exclusions relating to implantology services are deleted.

**Limitations**

The following limitation does not apply to the above listed implantology procedures:

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 following limitations are added to the Schedule of Exclusions and Limitations:

Implantology services are limited to one (1) per tooth per lifetime.

Implantology services are limited to participants age eighteen (18) and older.

## United Concordia DPPO Benefit Features

### Preventive Incentive®

With Preventive Incentive, all Class I Diagnostic and Preventive services—such as cleanings, exams, x-rays and more—**do not count toward your annual maximum.**

### The Smile for Health® Maternity Dental Benefit

This benefit provides pregnant women with an additional dental cleaning during pregnancy. The extra cleaning can help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies, as well as help control pregnancy gingivitis.



## Online Tools

### Dental Health Center

In the Dental Health Center on [www.UnitedConcordia.com](http://www.UnitedConcordia.com), you can find dental-health educational information including articles, brochures, videos and much more.

### MyDentalBenefits

Review benefits information any time in **MyDentalBenefits** on [www.UnitedConcordia.com/statemd](http://www.UnitedConcordia.com/statemd):

- Select **MyDentalBenefits** on the left side of the page
- Register or sign in with your user ID and password
- Access personalized information, including:
  - Eligibility
  - Benefits
  - Maximums and deductible status
  - Claim status
  - Procedure history
  - Explanations of benefits (EOBs)

### PPO Members

Beginning February 1, 2012, for all claims that are covered in full, you will no longer receive an Explanation of Benefits (EOB) in the mail from United Concordia, but you can access all of your EOBs online, any time. For all claims not covered in full or if we owe you a reimbursement, you will continue to receive an EOB in the mail.

## Enjoy Enhanced Benefits with our Advantage *Plus* Network

United Concordia is a national company with resources and an understanding of your local dentist market. We carefully screen and qualify dentists in our network to ensure you get the best oral care.

### Enhanced Network Benefits

Our Advantage *Plus* network gives you access to over 81,000 in-network dentists and specialists at over 295,000 access points nationwide. Chances are you'll find at least two dentists within 10 miles of where you live or work.

### Save More with a Network Dentist—Savings Example<sup>1</sup>

Check out why visiting a network dentist benefits your smile and your wallet!

Member's Annual Dental Care	Example Dentist Charge	Network Dentist Visit—Member Responsibility <sup>2</sup>	Non-network Dentist Visit—Member Responsibility	Member's Savings for Visiting an Advantage <i>Plus</i> Network Dentist
2 Cleanings	\$176	\$0	\$66	<b>\$66</b>
2 Exams	\$100	\$0	\$43	<b>\$43</b>
1 Set x-rays	\$131	\$0	\$51	<b>\$51</b>
2 Composite fillings	\$278	\$32	\$137	<b>\$104</b>
1 Crown	\$1,082	\$347	\$712	<b>\$366</b>
<b>TOTAL</b>	<b>\$1,767</b>	<b>\$379</b>	<b>\$1,009</b>	<b>\$630</b>

1. All services performed by an Advantage *Plus* Network dentist.

### Online and Personal Service

We offer a variety of tools that make handling your benefits easy:

- **MyDentalBenefits:** Create an online account at UnitedConcordia.com in the Member Sign In area to view your eligibility information, claim status, print ID cards and more!
- **Find a Dentist:** Visit UnitedConcordia.com to search by specialty, zip code or network.
- **Custom Mobile App:** Access your benefit information and virtual ID card. Download it for FREE at Google Play or the App Store (search for "United Concordia").



### Custom Mobile App

#### Directions to download:

- Download the United Concordia app
- After download launch the app
- Select "I am a State of Maryland Employee" in *Select Your Settings* screen
- Confirm that you are a State of Maryland employee

## Manage Your Benefits Online With *MyDentalBenefits*

### Create Your Account (be sure you have your insurance card handy!)

- Go to [UnitedConcordia.com/statemd](http://UnitedConcordia.com/statemd)
- Click *MyDentalBenefits*
- Enter the ID number found on your insurance card and your birthday
- Provide basic account registration information
- Confirm your account creation

### *MyDentalBenefits* Provides You Access to:

- Check claim status and payments
- Monitor deductibles and maximums
- Print ID cards
- Sign up for paperless EOBs

## Find a Dentist Search Tool

In a hurry and just need to find a dentist? Our search tool allows you to find network specialist, narrow providers by zip code, or confirm if your current provider is in your network. Start your search at [UnitedConcordia.com/statemd](http://UnitedConcordia.com/statemd).

Your network also includes access to dentists who can save you even more money!

That's because even though our entire network of dentists accepts our allowances for services that are covered, each dentist with a green **\$ave!** box next to his/her

name accepts our allowances for non-covered\* services as well. These include services that go over your \$2,500 annual maximum. Regardless of which dentist you see, you are still responsible for deductibles and coinsurance payments, as applicable.



## Award-Winning Customer Service

Call 1-888-638-3384 to speak to dental professionals and get benefits information.

- Tenured, US-based representatives with specialized knowledge
- Live 24/7 dedicated customer service
- 97% of calls resolved on first attempt

## Smartphone Apps

Download our FREE apps on the App Store or Google Play. Just search for "United Concordia."



### Custom Member App—Fast, secure, on-the-go access

- Access your benefits information from anywhere
- Find a dentist near you
- View and use a virtual United Concordia ID card



### Chomper Chums™ App for Kids Age 4–11

- Develop proper brushing habits
- Up to two-minute adjustable brushing timer
- Fun game characters

\*Discount arrangements are available where allowed by law. Non-covered services in which no benefit payments, including alternate benefit payments, are made by United Concordia, and may vary by plan design. Discount levels may vary by procedure and geographic area.

UNITED CONCORDIA<sup>®</sup> DENTAL  
Protecting More Than Just Your Smile<sup>®</sup>

