



Dental Proposal for:
ST JOSEPHS MISSIONS

Effective Date: 11/01/2019

Presented By:

United Concordia

Sales Representative:
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Proposed Plan Summary for ST JOSEPHS MISSIONS

Effective 11/01/2019

Concordia Preferred is an active PPO program that combines the cost savings available in a managed dental care program with greater access available in traditional indemnity programs. It also allows members to receive care from any licensed dentist and increases the plan coverage when members receive care from participating dentists.

	P-Plan10W (OON Ded applies Class 1,2&3)	
	In-Network ¹	Non-Network ²
	Advantage MAC	Advantage MAC
Class I	100%	80%
Class II	80%	60%
Class III	50%	30%
Class IV	50%	50%
Annual Program Maximum	\$1500	\$1500
Annual Program Deductible	\$50/\$150(excludes Class I)	\$50/\$150
Lifetime Orthodontic Maximum	\$1000	\$1000

Selected Plan Features

Preventive Incentive Smile for Health - Wellness College Tuition Benefit

Proposed Dental Rates	13 Month Rates
Employee Only	\$31.27
Employee and Spouse	\$94.33
Employee + Child	\$94.33
Employee + Children	\$94.33
Employee + Family	\$94.33

BID QUALIFICATIONS:

- Rates and benefits after the effective date must be approved by Underwriting. See General Proposal Terms for additional Underwriting guidelines.
- Rates assume 19 eligible employees, with 19 participating. Upon sale, quoted rates and benefits may be adjusted or coverage denied, based on achieved participation levels. Required participation must be met and maintained throughout the policy period.
- Commissions included: 10%
- Rates are based upon Standard Industry Classification Code: 8322
- United Concordia's standard exclusions and limitations apply.
- Class IV Services are excluded from Annual Program Deductible and Annual Program Maximum.
- This plan cannot be offered in conjunction with another dental plan.
- In order for a group with 10-24 enrolled contracts on their FFS policy to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage.
- Matching current CPC 526AK but adding Implants only.
- Next renewal due date 12/2020.

1. 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, less applicable deductibles and coinsurance percentages.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Non-network dentists may bill the member for any difference between our allowance and their fee.

Proposed Dental Benefits for ST JOSEPHS MISSIONS

Effective Date: 11/01/2019

Benefit Category	P-Plan10W (OON Ded applies Class 1,2&3)
Class I	United Concordia's Standard Frequency Limitations
Exams	2 per calendar year
X-Rays (Bitewings Only)	1 set every 12 months under age 19 and 1 set every 18 months age 19 and over
X-Rays (All Others)	1 every 5 years for Full Mouth and Panoramic X-Rays Limitations may apply to other types of X-rays.
Cleanings	2 per calendar year
Fluoride Treatment	1 per calendar year under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Palliative Treatment (Emergency)	2 per 12 months in combination with pulpal debridement
Space Maintainers	1 every 5 years under age 14
Class II	
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins.
Simple Extractions	<i>Any frequency (no limitations)</i>
Repairs of Crowns, Inlays, Onlays, Dentures and Bridges	1 per 36 months
Endodontics	<ul style="list-style-type: none"> • Pulpal therapy: primary teeth that have no permanent tooth to replace it • Root canal treatment: one per tooth per lifetime
Non-Surgical Periodontics	<ul style="list-style-type: none"> • Full mouth debridement: 1 per lifetime • Scaling and root planing : 1 per 36 months (per area of mouth) • Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)
Surgical Periodontics	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Complex Oral Surgery	May vary by procedure
General Anesthesia	Limited to 60 minutes per session
Class III	
Inlays, Onlays and Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Implants	Covered at 50% for both in- and out-of-network reimbursement
Class IV	
Diagnostic, Active, Retention Treatment for dependents to age 19	
Dependent Eligibility	
Dependent children covered to age 26.	
<i>Due to state and federal mandates applying to other states, dependent eligibility may differ from that quoted.</i>	
Selected Plan Features	
Preventive Incentive®	Class I services do not count toward your annual program maximum
Smile for Health – Wellness Provides periodontal care for people with certain chronic medical conditions. Eligible conditions: diabetes, heart disease, stroke, rheumatoid arthritis, lupus, organ transplant and head & neck radiation.	<ul style="list-style-type: none"> • Covers 1 additional periodontal maintenance per year and all are covered at 100% • Scaling and root planing are covered at 100% • 4 periodontal surgery procedures are covered at 100%

GENERAL PROPOSAL TERMS:

- United Concordia's dental plan is the only plan offered for acceptance or consideration. The quoted information is invalid if any other dental carrier is offered for coverage.
- Rates assume the group does not currently have dental coverage with United Concordia Dental. If the group is currently covered under a United Concordia Dental insurance policy, the rates quoted in this proposal are not valid, and the renewal rates will apply. Please contact your United Concordia sales representative for more information.
- All proposed rates, guarantees and caps assume no change to the proposed benefit design or effective date. United Concordia reserves the right to re-evaluate proposed rates and benefits if any state or federally mandated benefits or fees are imposed.
- United Concordia Dental is not available to accept business submitted by or pay commissions to producers who are not appointed. Any binder check or other premium payment collected from a group by non-appointed producers, and is then submitted for acceptance to United Concordia Dental directly or through United Concordia Dental sales personnel, will be rejected and returned to the non-appointed producer. Your quotation of rates to groups or submission of business to United Concordia Dental will constitute acceptance of and agreement to comply with these rules regarding appointment and commission payments.
- United Concordia Dental may pay the selling broker or benefit consultant ("producer") compensation for the promotion and sale of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling producers in recognition of their marketing and distribution activities, persistency levels and volumes of business.
- We encourage producers and their clients to discuss what commissions or other compensation may be paid in connection with the purchase of products and services from United Concordia Companies, Inc. If you have questions regarding compensation programs related to your insurance plan, you may view the information on producer compensation that is available on our website at www.unitedconcordia.com.
- United Concordia Dental may offer premium rate discounts to groups that purchase additional lines of insurance coverage from other insurance companies that are affiliated with United Concordia Dental. You may be eligible for one or more of these multiple policy discounts. Contact your United Concordia sales representative regarding eligibility. The multiple policy discount programs offered by United Concordia Dental may change or terminate at any time without prior notice.
- Underwriting guidelines for any FFS plan, offering orthodontic coverage, are as follows:
 - If any FFS plan has 10-24 enrolled contracts, orthodontics is available on a takeover basis only. Groups that do not currently have orthodontic coverage are not eligible for this benefit. Proof of prior orthodontic coverage (prior carrier summary plan description) is required as part of the implementation package.
 - United Concordia Dental requires a minimum of 10 enrolled contracts on the FFS plan.
- Multiple Option rating guidelines:
 - For groups offered multiple policies, underwriting guidelines apply on a per policy basis.
 - If a FFS plan design is offered with another plan under the same policy, a minimum of 5 enrolled contracts is required on each FFS plan, unless orthodontia is covered. If orthodontia is covered on the FFS plan, a minimum of 10 enrolled contracts on a FFS plan is required, with proof of prior orthodontic coverage.
 - A minimum of 2 enrolled is required on every DHMO program offered.
 - A minimum of 5 enrolled is required on every FFS program offered, unless orthodontia is covered.
 - A minimum of 10 enrolled is required between all plans offered in a multi option offering.

• Dental plans cover only dental benefits, are administered by United Concordia Companies, Inc., and underwritten by United Concordia Life and Health Insurance Company, United Concordia Insurance Company of New York, United Concordia Insurance Company, United Concordia Dental Plans, Inc., United Concordia Dental Plans of California, Inc., United Concordia Dental Plans of Kentucky, Inc., United Concordia Dental Plans of the Midwest, Inc., United Concordia Dental Plans of Pennsylvania, Inc., and United Concordia Dental Plans of Texas, Inc. For information about the companies licensed and policies/contracts offered in your state, visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (888-483-9930). United Concordia Insurance Company, CA certificate of authority # 3739-0, is domiciled at 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016. Vision rider benefits are administered by Davis Vision Insurance Administrators in CA and by Davis Vision, Inc. in all other states. Vision discounts are not insurance, are under separate contract, and are only available from Davis Vision providers. Dental plans begin on the agreed effective date and renew subject to the terms of the Group Policy/Contract. The Policy/Contract specifies the agreed upon renewal, termination and rate/benefit provisions and any applicable notice requirements.

• Certain dental plans and their provisions may vary or be unavailable in some states. All plans have exclusions and limitations which may affect any benefits payable. DHMO members must select an in-network primary dentist and have a referral to in-network specialists unless authorized by the company or a POS plan is purchased. Fee-for-service and DHMO products are delivered under separate contracts.

• Dental plans begin on the agreed effective date and renew subject to the terms of the Group Policy/Contract. The Policy/Contract specifies the agreed upon renewal, termination and rate/benefit provisions and any applicable notice requirements.

• Employees/members may be subject to enrollment restrictions, eligibility requirements or waiting periods for insurance, and must also meet the group's eligibility requirements.

• Consult the policy/contract, or contact your agent or account representative for specific provisions and details of availability.