

What Dental Plan 750 Does Not Cover

Any claim submitted after one year (12 months) from the date of service will not be considered for payment. If you are unsure of any aspects of your dental coverage, contact United Concordia at **1.866.851.7576**. The UCC Dental Plan does not cover the following services and/or supplies, unless otherwise specified:

1. Charges for reline/rebase of dentures or bridges are not covered more than once every 36 months. Repair of dentures is not covered more than once per arch per 36 month period.
2. Facings on pontics or crowns posterior to the second bicuspid.
3. Motor vehicle accident injuries – services for treatment for injuries resulting from the maintenance or use of a motor vehicle if the services/treatment have been paid or are payable under a plan/policy of motor vehicle insurance. This includes a certified or qualified plan of self-insurance, or any fund or program for the payment of extraordinary medical benefit established by state law. Payment for such injuries may be coordinated with your other insurance after those benefits have first been exhausted. The Dental Plan will then pay on a secondary basis.
4. Oral surgery for bony impactions of third molars (wisdom teeth). Contact Highmark BCBS for benefits that might be available under the Medical Plan.
5. Orthodontic services that occurred before enrollment in this Plan or after enrollment is terminated.
6. Procedures, restorations and appliances to increase vertical dimension or to restore occlusion.
7. Replacement of an existing crown or gold filling will not be covered unless for tooth decay.
8. Services and supplies furnished in a U.S. governmental hospital for which you would not be required to pay if there were no coverage.
9. Services and supplies in connection with illness and injury caused by war, whether declared or not, or by international armed conflict.

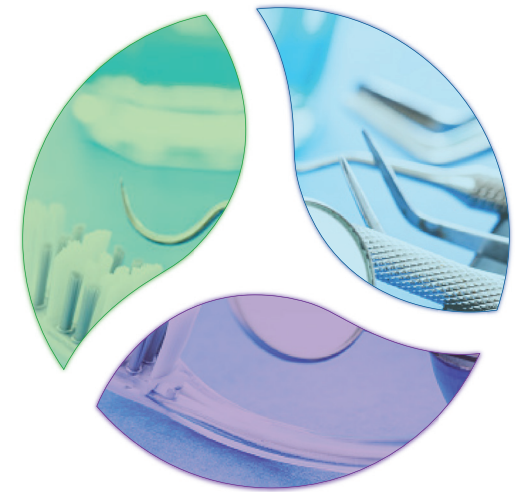
10. Services and supplies partially or wholly cosmetic in nature.
11. Training in or supplies used for dietary counseling, oral hygiene, or plaque control.
12. Treatment by someone other than a dentist or physician, except where performed by a duly qualified technician under the direction of a dentist or physician.
13. Workers' compensation-related illness or bodily injury, if benefits or compensation are available, in whole or in part, under the provisions of any federal, state or local government workers' compensation, occupational disease or similar type legislation. This exclusion applies whether or not the Enrollee files a claim for said benefits or compensation.
14. Implants, except in limited circumstances. Please contact United Concordia Dental for review.

This is a summary of UCC Dental Plan 750. Additional information on covered services can be obtained by contacting the Pension Boards' Health Plan Operations toll-free at **1.800.642.6543**.

**The Pension Boards—United Church of Christ, Inc.
Health Plan Operations
700 Prospect Avenue
Cleveland, OH 44115**

Operating at the intersection of faith and finance, we are caring professionals partnering with those engaged in the life of the Church to provide valued services leading to greater financial security and wellness.

United Church of Christ Dental Benefits Plan



Dental Plan 750
Effective January 1, 2020

UCC DENTAL PLAN 750

The UCC Dental Plan provides preventive, therapeutic, restorative and prosthetic services, as well as orthodontic services. Plan 750 pays between 50% and 80% of covered expenses after an annual deductible (\$100 per person or \$200 per family) is satisfied. The Dental Plan includes preventive care covered at 100%, with no deductible or coinsurance. Preventive care services will not reduce the plan annual maximum.

Preferred Provider Organization (PPO) for Dental Care Services

Advantage Plus 2.0, through United Concordia Companies, Inc. (UCCI), is the UCC Dental Plan PPO. Advantage Plus 2.0 network dentists provide services at discounted rates and submit claims directly to UCCI, our dental claims processor. You are later billed for your share of dental services in accordance with the Plan's provisions. You are not required to submit payment at the time you receive services, although the provider may request that you pay your deductible. Network providers may not bill you for charges in excess of network allowable fees.

This Plan provides open access, allowing you to see any dentist you choose. However, use of Advantage Plus 2.0 network providers is highly encouraged in order to maximize your dental benefits. You will not receive a discount if you obtain services from providers who do not participate in the Advantage Plus 2.0 network, and you are likely to be required to file a claim for services. If you wish to encourage your dentist to become an Advantage Plus 2.0 network provider, you can ask them to contact the local Blue Cross Blue Shield plan serving their area to join.

Your dental identification card contains contact information for the Advantage Plus 2.0 network. To find an Advantage Plus 2.0 network provider, call 1.800.332.0366 toll-free or visit Clients' Corner, United Concordia's dedicated website for UCC Dental Plan participants, at http://bit.ly/PB_UCC_DENTAL.

Use the following address if you need to submit dental claims:

United Concordia Companies, Inc.
P.O. Box 69421
Harrisburg, PA 17106-9421

Plan 750 - 2020 Premium Rates (Payable in One Annual Payment)

Coverage Type	Annual Premium
Single	\$ 564.50
Two Adults	\$1,092.50
Single with Child(ren)	\$1,108.25
Two Adults with Child(ren)	\$1,246.50

UCC DENTAL PLAN 750 SCHEDULE OF BENEFITS

Annual Deductible	\$100 per person \$200 per family	
Annual Benefit Maximum	*\$750 per person	
Coverage Type	You Pay	
Type of Service	Advantage Plus 2.0 PPO Network Plan Payments After Deductible ¹	Out-of-Network Plan Payments After Deductible ²
Preventive Services and Supplies <ul style="list-style-type: none"> • Cleaning and Oral Examination – two times per calendar year • Fluoride application to teeth, age 16 and under – two times per calendar year • Space maintainers, age 16 and under 	100% deductible and coinsurance do not apply	100%, up to R&C limit deductible and coinsurance do not apply
Diagnostic and Therapeutic Services and Supplies <ul style="list-style-type: none"> • Full mouth X-Rays – once in a three-year period • Periodontal cleanings – two times per calendar year • Bitewing X-Rays – two times per calendar year • Oral examination – two times per calendar year • Emergency care³ • Extractions • Treatment of gums • Root canals • General anesthetics for oral surgery • Injectable antibiotics 	80%	80%, up to R&C limit
Restorative Services and Supplies <ul style="list-style-type: none"> • Fillings⁴ • Crowns⁵ 	80% 50%	80%, up to R&C limit 50%, up to R&C limit
Prosthetic Services and Supplies <ul style="list-style-type: none"> • Full or partial dentures or fixed bridges • Repair or rebasing of dentures or bridges 	50%	50%, up to R&C limit
Orthodontics	50% after a separate deductible, up to a \$1,500 lifetime maximum per person	50% up to R&C limit after a separate deductible per person, up to a \$1,500 lifetime maximum per person

* Annual maximum will increase to \$2,000 after one year of participation in the plan.

¹ Advantage Plus 2.0 PPO network provides access to dental care at a lower cost than out-of-network providers.

² Benefit payments are based on reasonable and customary (R&C) limit.

³ Treatment received for the unexpected onset of severe pain or other symptoms which, if not treated immediately, could reasonably be expected to result in serious health threat or impair the health of the individual.

⁴ Fillings will only be covered on the same tooth once every five years, unless the replacement is due to tooth decay.

⁵ Crowns will only be covered on the same tooth once every five years, unless the replacement is due to tooth decay.