

### Standard Dental HMO Programs for Southern New Jersey Groups (2-24 Enrolled Contracts)

#### Concordia Plus Network

Valid programs and rates for effective dates of July 1, 2010 through December 1, 2010.  
Rates are guaranteed for 12 months from the effective date, provided the group meets underwriting guidelines.

ADA PROCEDURE CODE*	ADA DESCRIPTION*	MEMBER COPAYMENTS		
		NJ0920 Plan 920_NJ	NJ0940 Plan 940_NJ	NJ0960 Plan 960_NJ
<b>CLINICAL ORAL EVALUATIONS</b>				
D0120	Periodic oral evaluation - established patient	\$0	\$0	\$0
D0140	Limited oral evaluation - problem focused	\$0	\$0	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0	\$0	\$0
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING</b>				
D0210	Intraoral - complete series (including bitewings)	\$0	\$0	\$0
D0220	Intraoral - periapical first film	\$0	\$0	\$0
D0274	Bitewings - four films	\$0	\$0	\$0
<b>PREVENTIVE</b>				
D1110	Prophylaxis - adult	\$0	\$0	\$0
D1120	Prophylaxis - child	\$0	\$0	\$0
D1203	topical application of fluoride (prophylaxis not included) - child	\$0	\$0	\$0
D1351	Sealant - per tooth	\$9	\$8	\$0
<b>RESTORATIVE</b>				
D2140	Amalgam - one surface, primary or permanent	\$25	\$13	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$31	\$17	\$0
D2330	Resin-based composite - one surface, anterior	\$29	\$15	\$0
D2331	Resin-based composite - two surfaces, anterior	\$36	\$20	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45	\$25	\$0
<b>CROWNS</b>				
D2750	Crown - porcelain fused to high noble metal	\$367**	\$329**	\$298**
<b>ENDODONTIC THERAPY</b>				
D3330	Endodontic therapy, molar (excluding final restoration)	\$202	\$178	\$167
<b>PERIODONTICS</b>				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$61	\$40	\$0
D4910	Periodontal maintenance	\$35	\$32	\$0
<b>ORAL SURGERY</b>				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$26	\$16	\$0
D7240	Removal of impacted tooth - completely bony	\$131	\$113	\$103
<b>ORTHODONTICS</b>				
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$3,667	\$3,454	\$3,454
<b>MINIMUM CONTRACTS</b>				
Minimum Enrolled Contract Counts		2	2	2
Two-Tier Rates				
	Employee	\$11.55	\$12.25	\$13.35
	Family	\$36.15	\$38.95	\$41.80
Four-Tier Rates				
	Employee	\$11.55	\$12.25	\$13.35
	Employee & 1 Adult	\$23.10	\$24.85	\$26.70
	Employee & Children	\$23.00	\$24.55	\$26.70
	Family	\$35.75	\$38.35	\$41.35

\*Current Dental Terminology © American Dental Association.

\*\*Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use those materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.

#### Comparable benefit under fee-for-service program without deductible or maximum.

Services	0920	0940	0960
Class 1	100%	100%	100%
Class 2	69%	80%	96%
Class 3	52%	57%	62%

Above plan payment percentages are for comparison purposes only and are not used rate calculation under a dental HMO program.

Valid in the following NJ counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem

## Underwriting Guidelines

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

1. Minimum enrolled contract counts must be achieved.
2. Spousal waive outs count toward participation.
3. Standard United Concordia policies and procedures and exclusions and limitations apply (Refer to Es and Ls included).
4. Programs assume dependent children are eligible to age 19 and full-time students to age 23.
5. If the group is multi-state, at least 70% of eligibles are located in the rate card region.
6. The overall average number of members per contract is less than 5.
7. Dental plan is not offered in conjunction with another dental plan or another carrier.
8. This chart is a listing of common services covered under the proposed program. A full list of covered services can be obtained from your United Concordia sales representative.
9. Rates on this card apply only to new business sold through United Concordia.

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).

## DHMO Program

### Standard Dental Plans Principal Exclusions

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

1. Not specifically listed in the Schedule of Benefits as a Covered Service.
2. Provided to Members by Out-of-Network Dentists except when immediate dental treatment is required as a result of a Dental Emergency occurring more than 50 miles from the Member's home.
3. Which in the opinion of the treating dentist, or the Company, are not clinically necessary, or do not have a reasonable, favorable prognosis.  
This exclusion does not apply to Group Contracts and Certificates issued and delivered in Maryland.
4. That are necessary due to lack of cooperation with Primary Dental Office, or failure to comply with a professionally prescribed Treatment Plan.
5. Started or incurred prior to the Member's Effective Date of Coverage with the Company or started after the Termination Date of Coverage with the Company.
6. For consultations by a Specialty Care Dentist for services not specifically listed on the Schedule of Benefits as a Covered Service.
7. Services or supplies that are not deemed generally accepted standards of dental treatment.
8. 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.  
For Group Contracts and Certificates issued and delivered in Missouri and New Jersey, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.  
For Group Contracts and Certificates issued and delivered in Texas, only services that are the responsibility of the employer's liability insurance, or for treatment of any automobile related injury shall be excluded from this Plan.  
For Group Contracts and Certificates delivered in Maryland, only services related to Workers' Compensation or employer's liability insurance shall be excluded from this Plan.  
For Group Contracts and Certificates issued and delivered in Florida, only services that are paid by Workers' Compensation or the 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 shall be excluded from this Plan.
9. 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.  
This exclusion does not apply to Group Contracts and Certificates issued in Pennsylvania if the dental condition is as a result of an accidental injury.
10. That restore tooth structure due to attrition, erosion or abrasion.
11. For periodontal splinting of teeth by any method.
12. For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices or any duplicative device.
13. For replacement of existing dentures that are, or can be made serviceable.
14. For prosthetic reconstruction or other services which require a prosthodontist.
15. For assistant at surgery.
16. For elective procedures, including prophylactic extraction of third molars.
17. For congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery, including orthodontic treatment, and oral and maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth. This exclusion shall not apply to newly born children of Members as defined in the definition of Dependent.  
For Group Contracts and Certificates issued and delivered in Kentucky and Pennsylvania, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent including newly adoptive children, regardless of age.  
For Group Contracts and Certificates issued and delivered in Indiana and New Jersey, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent.  
For Group Contracts and Certificates issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age.  
For Group Contracts and Certificates issued in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of TMD rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease, or injury and such procedures are covered under a Rider to the Certificate or the Schedule of Benefits.
18. For diagnostic services and treatment of jaw joint problems by any method. 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 that joint.
19. For implants, surgical insertion and/or removal of, and any appliances and/or crowns attached to implants.
20. For the following, which are not included as orthodontic benefits: retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, replacement of lost or stolen appliances, special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of 24 months.  
For Group Contracts and Certificates issued in Florida, this exclusion does not apply to diagnostic and surgical dental (not medical) procedures for treatment of TMD rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease, or injury and such procedures are covered under a Rider to the Certificate or the Schedule of Benefits.
21. For active orthodontic treatment if started prior to a Member's effective date.
22. For prescription or non-prescription drugs, home care items, vitamins or dietary supplements.
23. For hospitalization and associated costs for rendering services in a hospital.
24. For house or hospital calls for dental services.
25. For any dental or medical services performed by a physician and/or services which benefits are otherwise provided under a health care plan of the employer.
26. 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.  
This exclusion does not apply to Group Contracts and Certificates issued and delivered in Pennsylvania for Cosmetic services required as the result of an accidental injury.