

2014 Adult Dental Plan

As a Group Health member, you can choose to enroll in the Individual and Family Adult Dental Plan offered by Group Health Options, Inc. The plan is available to members and their dependents 19 and older, and is administered by United Concordia Dental (UCD). It utilizes UCD's Advantage Plus network. When you receive your dental care from a UCD Advantage Plus dentist, you'll receive a higher level of coverage and will have lower out-of-pocket costs than if you see a non-network dentist.

This is a brief summary of benefits. Please see reverse for a list of general exclusions, and refer to your dental coverage agreement for full benefit details.

BENEFITS AND COVERAGE	When you see a United Concordia Advantage Plus dentist	When you see a non-network dentist
Class I: Diagnostic and preventive Exams, prophys, fluoride, X-rays, sealants	100% covered; No deductible	100% covered; No deductible
Class II: Restorative Fillings, oral surgery, endodontics, periodontics	50% covered You pay 50%	50% covered You pay 50%, after deductible
Class III: Major Crowns, dentures, partials, bridges	30% covered You pay 70%	30% covered You pay 70%, after deductible
Deductible Per calendar year (Does not apply to Class I services)	No deductible	\$50/person or \$150/family
Annual benefit maximum Per person, per calendar year	\$1,000 (UCD Advantage Plus and non-network combined)	

MONTHLY RATES

Subscriber only	\$51.50
Subscriber and spouse	\$99.29
Subscriber and child(ren), age 19 up to 26	\$89.82
Subscriber and spouse and child(ren), age 19 up to 26	\$150.96

Dental Customer Service for Group Health members: 1-866-568-5994 (toll-free)

Find UCD Advantage Plus dental providers online at ghc.ourdentalcoverage.com/find-a-dentist.

GENERAL EXCLUSIONS

The following is a summary of services and supplies that are not covered under the Individual and Family Adult Dental Plan. Please refer to your dental coverage agreement for full benefit details.

- Dentistry for cosmetic reasons.
- Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. Such procedures include restoration of tooth structure lost from attrition, abrasion, or erosion, and restorations for malalignment of teeth.
- Application of desensitizing agents.
- Experimental services or supplies.
- General anesthesia/intravenous (deep) sedation, except as specified for certain oral, periodontal, or endodontic surgical procedures.
- Analgesics such as nitrous oxide, conscious sedation, euphoric drugs, injections, or prescription drugs.
- Hospitalization charges and any additional fees charged by the dentist for hospital treatment.
- Orthodontic services, appliances, or supplies.
- TMJ (temporomandibular joint dysfunction) services, appliances, prosthetics, or supplies.
- Benefits are not covered for charges related to: broken appointments, patient management problems, or improperly completed insurance forms.
- Group Health shall have the discretionary authority to determine whether services are covered benefits in accordance with the general limitations and exclusions shown in the dental contract, but it shall not exercise this authority arbitrarily or capriciously or in violation of the provisions of the contract.
- This plan does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage.
- This plan does not provide benefits for services not specifically included in the dental contract as Covered Dental Benefits.

This is an overview of benefits and does not constitute a contract. For complete plan information, please refer to your dental coverage agreement.

Group Health refers to Group Health Cooperative or Group Health Options, Inc.