

## 2015 Pediatric Dental Coverage

Dental coverage is automatically included for children up to age 19 when you select a Small Business Group medical plan offered by Group Health Cooperative or Group Health Options, Inc. Our pediatric dental plans are administered by United Concordia Dental (UCD) and use the UCD Advantage Plus dental provider network.

Below is a summary of our pediatric dental benefits and coverage, depending on the medical plan you select. Please see the following page for a list of general exclusions. Refer to your medical coverage agreement for full benefit details.

	Core or Core Plus	Connect3	Core Bronze HSA	Connect Bronze HSA
<b>Your pediatric dental coverage features</b>	In-network care: UCD Advantage Plus network.  No benefits for out-of-network care.	In-network care: UCD Advantage Plus network.  Out-of-network care: Any licensed dentist.  Same benefits for in- and out-of-network care.  With out-of-network care, providers may bill plan members directly for costs that exceed the contracted Advantage Plus fee schedule.	In-network care: UCD Advantage Plus network.  No benefits for out-of-network care.	In-network care: UCD Advantage Plus network.  Out-of-network care: Any licensed dentist.  Same benefits for in- and out-of-network care.  With out-of-network care, providers may bill plan members directly for costs that exceed the contracted Advantage Plus fee schedule.
<b>Deductible per calendar year.</b> Class II and III only.	\$50	\$50	\$2,850 per member or \$5,700 per family.  Dental and medical combined.	\$2,800 per member or \$5,600 per family.  Dental and medical combined.
<b>Annual benefit maximum</b>	None	None	None	None
<b>Annual out-of-pocket maximum</b> Dental and Medical combined.	Silver: \$6,350 per member or \$12,700 per family.  Gold: \$4,500 per member or \$9,000 per family.  Platinum: \$2,000 per member or \$4,000 per family.	\$6,350 per member or \$12,700 per family.	\$6,450 per member or \$12,900 per family.	\$6,450 per member or \$12,900 per family.

**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](http://ghc.ourdentalcoverage.com/find-a-dentist).

Benefits	Coverage*
<b>Class I: Preventive services</b> Exams, fluoride, sealants, cleanings	100%
<b>Class I: Diagnostic services</b> X-rays	50%
<b>Class II and Class III: Restorative and major services</b> Fillings, simple extractions, oral surgery, endodontics, periodontics, crowns, dentures, partials, bridges	50% (after deductible)

\* Core and Core Plus: in-network coverage only. Connect HSA and Connect3: in- and out-of-network coverage.

### General Exclusions

The following is a summary of services and supplies that are not covered under our Small Business Group Pediatric Dental Plans. Please refer to your medical coverage agreement for full benefit details.

- Hospitalization charges and any other fees for hospital treatment.
- Dentistry for cosmetic reasons (such as bleaching, veneer facing, personalization or characterization of crowns, bridges, or dentures).
- Elective procedures (such as prophylactic extraction of third molars).
- Services or appliances to restore tooth structure lost as a result of attrition, abrasion, erosion, appliances, or due to any other method.
- Dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants.
- Replacement or repair of lost, stolen, or damaged prosthetic or orthodontic appliances.
- Preventive restorations.
- Duplicate dentures, prosthetic devices, or any other duplicative devices.
- Treatment and appliances for bruxism (such as night grinding of teeth).
- Topical fluoride, except fluoride varnish.
- Services and supplies not deemed necessary or that do not meet generally accepted standards of dental treatment.
- Miscellaneous services and appliances (such as athletic mouth guards, repair of occlusal guards, occlusal adjustment, odontoplasty, desensitization, drugs and medications, consultations, and office visits for observation or reevaluation).
- 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 medical coverage agreement, but it shall not exercise this authority arbitrarily, capriciously or in violation of the provisions of the coverage agreement.
- 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 coverage agreement as covered dental benefits.

This is a brief summary of benefits and does not constitute a contract. For complete plan information, please refer to your medical coverage agreement.

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