



UNITED CONCORDIA  
Insuring America's Dental Health

Dear Greater Pennsylvania Union Carpenter:

Thank you for taking the next step by inquiring about the Dental insurance plans being offered to you. Enclosed in this kit you will find the necessary materials to help you choose between the two options available, **ConcordiaPLUS**, the dental HMO that is already offered or, **ConcordiaAccess**, a dental plan that provides you with more freedom of choice.

Please read all materials carefully, as we want you to be as comfortable and confident as possible when selecting the right plan for you and your family. If for any reason you have questions on any materials, you can call the Customer Service Department at 1-866-357-3304 for assistance.

Again, thank you for your interest and we look forward to serving you.



Dear Greater Pennsylvania Union Carpenter:

United Concordia is pleased to announce that this year, we will be offering you a dual choice for your voluntary dental benefit. You can elect to enroll in **ConcordiaPLUS**, the dental HMO that is already offered or you may enroll in **ConcordiaAccess**, a new dental plan that provides you with more freedom of choice.

### **How Do the Programs Work?**

The **ConcordiaPLUS** plan is a managed care dental plan that requires your selection of a Primary Dental Office (PDO) from our **ConcordiaPLUS** network for you and each of your covered family members.

Payment for covered services is made according to the enclosed **ConcordiaPLUS** Benefits Summary and is based upon United Concordia's Maximum Allowable Charge (MAC). You will be responsible only for the copayment amount for each procedure performed. *There are no deductibles, annual maximums or lifetime maximums on orthodontic services. Furthermore, you do not need to file any claim forms. If you have any treatment in progress, such as orthodontic work, bridgework, etc., please contact Dental Customer Service to confirm coverage.*

You can select a PDO by either visiting United Concordia's web site at [www.ucci.com](http://www.ucci.com) and selecting **ConcordiaPLUS** under the provider section or by contacting Dental Customer Service at **1-866-357-3304**.

The **ConcordiaAccess** plan is a passive PPO plan for your diagnostic, preventive and basic services and a discount plan for all other dental services. This plan provides you with a broader selection of providers, who are in the **ConcordiaAccess** network. You are not even required to use a participating provider for covered services. However, participating providers accept our payment as payment in full, less any deductible or coinsurance which is the member's responsibility. Non participating providers may balance bill you for charges which exceed our Maximum Allowable Charge (MAC).

You are required to use a participating provider for non covered, discounted services as those providers agree to offer you a discount on these services. The discount is typically around 20% of the provider's normal charge.

**Cost of the Programs**

***ConcordiaPLUS Premiums***

<u>Coverage Level</u>	<u>Quarterly Premium</u>
Single	\$76.41
Two Party	\$148.62
Family	\$228.75

***ConcordiaAccess Premiums***

<u>Coverage Level</u>	<u>Quarterly Premium</u>
Single	\$58.77
Two Party	\$105.27
Family	\$175.98

**How Do I Enroll in the Coverage?**

Complete the enclosed enrollment form and return it with a check for the first three months of premium (see box for quarterly costs). The information should be forwarded to:

***United Concordia Companies, Inc.  
PO Box 69423  
Harrisburg, PA 17106-9423***

***Mail in cut-off is 12/19/2009 for a 01/01/2009 effective date***

***Mail in cut-off is 1/19/2010 for a 2/1/2010 effective date***

***Mail in cut-off is 2/19/2010 for a 3/1/2010 effective date***

Please note that if you have not enrolled by 03/01/2009, you will not be eligible until the next open enrollment for 01/01/2010.

Please make checks payable to United Concordia Companies, Inc. and be sure to submit it to us with your enrollment application no later than the 19<sup>th</sup> of the month prior to the requested effective date as outlined above.