

Individual and Family Dental PPO Plan Coverage

- Freedom to choose any dentist
- Access to quality care at discounted fees
- Wide range of dental services
- Preventive and diagnostic coverage begins on your plan effective date

Only treatments and procedures listed and identified in the benefit schedules are covered.

Good oral health is a real quality of life issue, affecting both mental and physical wellness. UniCare Health Insurance Company of the Midwest (UniCare) offers the Individual and Family Dental PPO Plan to help keep your teeth healthy and your smile bright. The UniCare Individual and Family Dental PPO Plan gives you the option of going to any dentist you choose. Hundreds of dedicated independent professionals have contracted with UniCare to provide a wide range of dental services such as routine check-ups, cleanings, fillings, crowns and dental surgery.

The plan was designed with two goals in mind. The first and foremost is to promote good dental hygiene and preventive care, important elements in a total health care package. The second goal is to provide you with the dental care you need in a convenient, cost-conscious manner, thus providing many dental services at reduced costs.

The plan features low-cost preventive and diagnostic care, basic dental care, and a benefit schedule that can help you offset the high cost of major dental care. Please read the following information for details about how the plan works, benefit information and exclusions and limitations that apply.

How the Individual and Family Dental Plan Works

When you choose an independent contracting dentist, you will receive care at negotiated discounted rates—what we term “The UniCare Advantage.” Should you choose a noncontracting dentist, the plan still provides benefits, but your out-of-pocket expense may be greater, as the negotiated fees don’t apply to noncontracting dentists. You are responsible for any charges in excess of the stated benefit for both contracting and noncontracting dentists.

Your current dentist may be an independent contracting dentist. Before you choose a dentist, be sure to check the Provider Finder on the UniCare Web site at: www.unicare.com or call UniCare Dental Services at (888) 209-7852. It could save you money.

The plan lets you know up front in flat dollar amounts how much the plan pays for covered services. This means that you are able to calculate how much you will have to pay once you have determined your dentist’s fee for the specific procedure(s) listed.

If your current dentist is not a contracted dentist and you would like him or her to become one, please notify:

WellPoint Dental
 Attn: Network Development
 P.O. Box 9069
 Oxnard, CA 93031
 or call (888) 209-7854

The following is an example of how UniCare’s negotiated fees may save you money. Negotiated fees may vary among contracting dentists.

Contracting Dentist	
If the billed charges are	\$754
And UniCare’s negotiated rate	\$500
UniCare will pay the amount specified in the benefit schedule	\$215*
Therefore, you pay the difference between the negotiated amount and the scheduled benefit	\$285

Noncontracting Dentist	
If the billed charges are	\$754
UniCare will pay the amount specified in the benefit schedule	\$215*
Therefore, you pay the difference between the billed amount and the scheduled benefit	\$539

* This assumes any deductible has been met and you have not reached your annual maximum. Billed charges and negotiated rates in the above table are determined by using an example of contracted and noncontracted fees for dentists in the Chicago, IL area 60601 for ADA procedure code D2750. Negotiated rates may vary by contracted dentists based on their contractual relationship with UniCare.

Calendar Year Deductible

You are responsible for a yearly \$50 per person deductible, with a maximum of three deductibles (\$150) per family, before your benefits for covered services are available. The calendar year deductible is waived for preventive and diagnostic services when rendered by a contracting dentist.

Calendar Year Maximum Benefit

All dental benefits are limited to a maximum \$1,000 payment by UniCare for expenses incurred by each enrolled member during a calendar year.

Waiting Periods

Preventive and diagnostic care begins upon approval of your application. Coverage for basic care begins after six (6) continuous months and for major care after twelve (12) continuous months of coverage.

Customer Service

UniCare's professional dedicated enrollment units are available to assist you and to answer any questions you may have about your plan. The toll-free number is listed on the dental plan identification card you will receive once your enrollment is approved.

Benefit Schedules

To use these schedules, check your dentist's fee and then determine how much the plan pays. You can then easily calculate what you will pay for a specific service after your deductible has been met. The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower. You are responsible for any charges in excess of the stated benefit for both contracting and noncontracting dentists.



Preventive and Diagnostic Care

- Begins upon approval of your application.
- Calendar year deductible of \$50 per person, with a maximum of three deductibles (\$150) per family, is waived **only** when preventive and diagnostic care services are rendered by a contracting dentist.
- Two oral examinations and two dental cleanings per member, per year.
- Total benefit for single and bitewing x-rays not to exceed benefit for full mouth—\$43.

Procedure	The Plan Pays	
	Contracting	Non-Contracting
Initial Oral Exam	100%	\$15.00
Periodic Oral Exam limited to 2 per member, per year	100%	\$15.00
Bitewing X-rays - single film	100%	\$11.00
Bitewing X-rays - two films	100%	\$14.00
Single (periapical) X-rays - first film	100%	\$9.00
Single X-rays - additional films	100%	\$9.00
Bitewing X-rays - four films	100%	\$20.00
Full mouth X-rays limited to one set every 3 years	100%	\$43.00
Routine cleaning limited to 2 per adult per year	100%	\$33.00
Routine cleaning limited to 2 per child per year	100%	\$21.00
Cleaning with fluoride limited to 2 per child per year	100%	\$33.00
Topical fluoride only limited to 2 per child per year	100%	\$14.00

- Adult—Any person or dependent 19 years or older covered by this plan.
- Child—Any person or dependent 18 years or younger covered by this plan.

Basic Dental Care

- Coverage begins after the plan has been in effect for six continuous months.
- Calendar year deductible of \$50 per person, with a maximum of three deductibles (\$150) per family, must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.

Procedure	The Plan Pays
Filling - one surface	\$32.00
Filling - two surfaces	\$41.00
Filling - three surfaces	\$47.00
Filling - four or more surfaces	\$55.00
Extraction - erupted tooth or root	\$36.00
Surgical - removal of erupted tooth	\$65.00
Removal of impacted tooth - soft tissue	\$90.00
Removal of impacted tooth - partial bony	\$110.00
Removal of impacted tooth - complete bony	\$135.00



Major Dental Care

- Coverage begins after the plan has been in effect for twelve continuous months.
- Calendar year deductible of \$50 per person, with a maximum of three deductibles (\$150) per family, must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.

Procedure	The Plan Pays
Scaling/root planing per quadrant	\$41.00
Gingivectomy - per tooth	\$36.00
Gingivectomy - per quadrant	\$125.00
Root canal - 1 canal	\$135.00
Root canal - 2 canals	\$160.00
Root canal - 3 canals	\$205.00
Crown (except stainless steel)	\$215.00
Stainless steel crown	\$55.00
Pontic	\$215.00
Complete denture (upper or lower)	\$275.00
Partial denture (upper or lower)	\$255.00
Denture reline (chairside)	\$65.00
Denture reline (lab)	\$85.00

This is a brief summary of the plan. Please refer to the Certificate of Coverage for more complete details including benefits, limitations and exclusions.

Eligibility and Enrollment

To be eligible for enrollment, you must be:

- A resident of the State of Illinois who properly applies for coverage and is accepted by UniCare
- A resident of the United States for at least six months, age 64^{1/2} or younger
- The applicant's lawful spouse of the opposite sex, age 64^{1/2} or younger
- The applicant's unmarried child up to age 19
- The applicant's unmarried child who is a full-time student (12 units per semester), age 19 through 22
- Not enrolled under any other UniCare individual or group dental plan
- Unmarried stepchildren who reside with the applicant up to age 19 or if a full-time student (12 units), age 19 through 22

Date Coverage Begins

The effective date of your coverage is printed on your identification card. Your coverage will stay in effect with our consent, on a three-month basis if you have chosen quarterly coverage, or on a monthly basis if you have chosen the monthly checking account deduction program.

Premium Rates

The rates listed are monthly rates. Monthly payment is available only through the monthly checking account deduction program. If you prefer to pay quarterly, multiply the monthly rate by three.

UniCare Individual and Family Dental PPO Plan Monthly Rates	
One adult	\$31.00
Two adults	\$62.00
Adult with 1 child	\$47.00
Adult with 2 children	\$63.00
Adult with 3+ children	\$87.50
Family (1 child)	\$78.00
Family (2 children)	\$94.50
Family (3+ children)	\$118.50
One child	\$16.50
Two children	\$32.50
Three+ children	\$57.00

UniCare reserves the right to change rates. Please contact UniCare for the most current rates.

Counties with strong network access:

Clinton	Kanakakee	Ogle
Cook	Kendall	Peoria
DeKalb	Lake	St. Clair
DuPage	Livingston	Will
Jackson	Madison	Winnebago
Kane	McHenry	

Counties without strong network access: A fewer number of independently contracted dentists are available in other areas. UniCare plan members are entitled to the benefits of the negotiated amounts if they choose one of those independently contracted dentists. Benefits are still available for noncontracting dentists, as specified by the plan. If you would like your dentist to become an independently contracted dentist, please have him or her contact us.

Terms of Coverage

Coverage under this plan remains in force as long as the required premiums are paid on time and as long as the insured remains eligible for coverage. In addition, when an insured becomes ineligible because of divorce or a change in dependent status, coverage ceases. (In the case of divorce and over-age dependents, UniCare may offer a similar plan.) UniCare may refuse to renew or may change the premiums of this plan after 30 days written notice to the policyholder. However, UniCare will not refuse to renew or change the premium schedule for this plan on an individual basis, but only for all policyholders in the same class and covered under the same plan as you.

Other Insurance in This Company

Insurance effective at any one time on the insured under a like plan or plans in this company is limited to the one such plan elected by the insured, his beneficiary or his estate, as the case may be, and the company will return all premiums paid for all other such plans.

Exclusions and Limitations

The UniCare Individual and Family Dental PPO Plan does not provide benefits for:

- Unlisted services: Services not specifically listed in the benefit schedule of this policy.
- Excess amounts: Any amounts in excess of the maximum amount stated in the "calendar year maximum benefit" section or listed in the benefit schedule.
- Experimental or investigative procedures: Services or supplies that are mainly limited to laboratory and/or animal research, but which are not generally accepted as proven and effective procedures and are considered experimental within the organized medical community.
- Expenses before coverage begins: Services received before your effective date.
- End of coverage: Services received after your coverage ends.
- Services for which you are not legally obligated to pay: Services for which no charge would be made to you in the absence of insurance coverage.
- Workers' compensation: Any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- War: Disease contracted or injuries sustained as result of war declared or undeclared, conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Government services: Any services provided by a local, state, county or federal government agency including any foreign government.
- Services from relatives: Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption.
- Cosmetic dentistry: Any services performed for cosmetic purposes are not covered under this plan, unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this policy.
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.
- Replacement of an existing prosthesis which has been lost or stolen; or which in the opinion of the dentist is or can be made satisfactory.
- Replacement of a fixed or removable prosthesis if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- Orthodontic services, braces, appliances and all related services.
- Diagnosis or treatment of the joint of the jaw and/or occlusion (the way upper and lower teeth meet) services, supplies or appliances provided in connection with: (a) any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporo mandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or (b) any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion); or (c) treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.

- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to: (a) changing the vertical dimension; (b) replacing or stabilizing lost tooth structure by attrition, abrasion, or erosion; (c) realignment of teeth; (d) gnathological recording; (e) occlusal equilibration; (f) periodontal splinting.
 - Oral examinations exceeding two visits per insured per year.
 - Prophylaxis treatments, exceeding two treatments per insured per year.
 - Fluoride applications for patients over eighteen (18) years of age. Fluoride applications exceeding two visits per year.
 - More than one set of full-mouth x-rays or its equivalent per insured in a three year period.
 - Correction of congenital or development malformation for an insured person including but not limited to cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth). This exclusion does not apply to otherwise eligible charges incurred for the treatment of a congenital defect or defects in a dependent child who is eligible to be covered under this Policy and who has been so covered continuously from the date of her or his birth until the date the expense is incurred.
 - Adjustment, repairs or relines to prosthesis except following 6 months from initial placement and if the prosthesis was paid for under this plan.
 - Fixed bridges, removable cast partials and/or cast crown with or without veneers for patients under sixteen years of age.
 - Replacement of crowns and cast restorations including porcelain crowns, if such replacement occurs within five years of the original placement.
 - Transfer of care: If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, UniCare shall be liable only for the amount it would have been liable for had one dentist rendered the services.
 - Prescribed drugs, pre-medication or analgesia.
 - Oral hygiene instruction.
 - Malignancies and neoplasms: Services for treatment of malignancies and neoplasms are not covered services.
 - All hospital costs and any additional fees charged by the dentist for hospital treatment.
 - Implants: (materials implanted into or on bone or soft tissue), or the removal of implants are not benefits under the policy. However, if implants are provided in association with a covered prosthetic appliance, UniCare will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and the prosthetic appliances.
 - Services or supplies that are not medically necessary.
 - Replacement of teeth missing prior to the effective date of coverage.
 - Services for periodontics, fixed or removable prosthodontics within the first 12 months of the insured person's effective date.
- This is a brief summary of the plan. Please refer to the Certificate of Coverage for more complete details, including benefits, limitations and exclusions.

