

## What's included:

- ✓ **UCWellness<sup>SM</sup>** benefit feature with enhanced coverage for diabetic and pregnant subscribers
- ✓ Enhanced coverage for pregnant subscribers
- ✓ Orthodontic coverage for FHFA employees (in addition to dependents)
- ✓ Extended customer service hours, Monday - Friday, 8 a.m. to 8 p.m. ET
- ✓ 24/7 access to United Concordia's *My Dental Benefits*



UNITED CONCORDIA<sup>®</sup>  
DENTAL

Web: [www.unitedconcordia.com/fhfa](http://www.unitedconcordia.com/fhfa)  
Customer Service: 1-888-977-FHFA (3432)  
Claims: United Concordia  
PO Box 69439  
Harrisburg, PA 17106-9439



UNITED CONCORDIA<sup>®</sup>  
DENTAL

For more information:  
[www.unitedconcordia.com/fhfa](http://www.unitedconcordia.com/fhfa)



## Save time and money...

### visit a network dentist

As an FHFA subscriber, you can visit any dentist you like. However, if you visit one of the dentists in our national **Advantage Plus** network, you can save even more.

That's because our network dentists provide services at significant savings to you, and they'll even save you time by filing claims on your behalf!

Find a dentist: [www.unitedconcordia.com/fhfa](http://www.unitedconcordia.com/fhfa)

## Register for My Dental Benefits and track your dental health history

Once your plan is effective, your personal benefits information is available in our online member tool, *My Dental Benefits*. Once you register, you can review details on your coverage, eligibility, network, claim status and procedure history; print an ID card; and sign up for paperless Dental Explanations of Benefits.

## It's easy to enroll.

Simply contact your FHFA human resources department to get started.

**Nichole Strong: (202) 649-3748**

Already enrolled? Your enrollement will automatically continue with United Concordia Dental.



## FHFA Dental Plan

Effective January 1, 2016

	Policy Pays	
	United Concordia Advantage Plus Network Dentist	Non-network Dentist
<b>Diagnostic and Preventive Services</b>		
<ul style="list-style-type: none"> <li>Exams, Cleanings</li> <li>X-Rays</li> <li>Fluoride Treatments</li> <li>Sealants</li> </ul>	100% (no waiting period)	100% (no waiting period)
<b>Basic Services</b>		
<ul style="list-style-type: none"> <li>Basic Restorative (Fillings)</li> <li>Space Maintainers</li> <li>Repairs of Crowns, Inlays, Onlays &amp; Dentures</li> </ul>	90%	50%
<b>Major Services</b>		
<ul style="list-style-type: none"> <li>Crowns, Inlays, Onlays</li> <li>Cast Restorations</li> </ul>	75%	50%
<b>Endodontics</b>		
<ul style="list-style-type: none"> <li>Root Canals</li> </ul>	90%	50%
<b>Periodontics</b>		
<ul style="list-style-type: none"> <li>Gum Treatment</li> </ul>	90%	50%
<b>Oral Surgery</b>		
<ul style="list-style-type: none"> <li>Incisions, Excisions, Simple and Surgical Extractions</li> </ul>	90%	50%
<b>Prostodontics</b>		
<ul style="list-style-type: none"> <li>Bridges, Dentures</li> <li>Implants</li> <li>Adjustments to dentures and partials</li> </ul>	75% 50% 90%	50% 50% 50%
<b>Additional Benefits</b>		
<ul style="list-style-type: none"> <li>UCWellness - Benefits for Diabetics and Pregnant Women</li> <li>One Additional Periodontal Maintenance per Year</li> <li>Select Periodontal Surgical Procedures</li> </ul>	100%	100%
<ul style="list-style-type: none"> <li>Third cleaning for pregnant subscribers</li> </ul>	100%	100%
<b>Orthodontic Benefit</b>		
<ul style="list-style-type: none"> <li>Eligible enrolled dependents</li> </ul>	70%	50%
<ul style="list-style-type: none"> <li>Enrolled employees</li> </ul>	50%	50%
Eligibility	Primary subscriber, spouse (includes domestic partner) and eligible dependent children to the end of the month in which the dependent turns 26.	
Annual Deductible (Per Calendar year) (Deductible waived for diagnostic, preventive and orthodontic procedures)*	\$50/Individual \$150/Family	\$100/Individual \$300/Family
Annual Maximum Per Insured Person (Per Calendar Year)*	\$2,500	\$1,500
Orthodontic Maximum (Lifetime)	\$3,000	\$2,000

The percentage in the Policy Pays column is the percentage of the policy's maximum allowable charge for covered services provided by either a network dentist or a non-network dentist. Network dentists accept the maximum allowable charge as payment in full. Non-network dentists may bill you for the difference between their charge and the maximum allowable charge paid by the policy.

\* Deductibles and maximums are calculated by aggregate.