

# iDental<sup>®</sup>

## United Concordia

Your **iDental Discount Plan by United Concordia** provides you with discounts of 10% to 50%\* on dental procedures - everything from **general dentistry and cleanings to root canals, crowns and orthodontia** - at over 140,000 dental practice locations nationwide.

All dentists accepting the plan are credentialed and participate in a quality management program. No health restrictions. No predetermination of benefits required. There is no referral required to see a Specialist. And there are no annual caps - use the plan as many times as needed.

### Your Plan Also Provides Savings on

#### Virtual Dentistry

Teledentistry offers a simple way to address dental questions or concerns. Schedule a video call with a dentist or submit images for review, offering an alternative to in-office appointments.”



To talk to a dentist online, at [Dental.com](https://www.dental.com) and click “See A Dentist Now” to make an account. When asked “Do you have insurance?”, select “yes” (your response indicates you have a dental discount plan). On the Dental Insurance Information page, select “iDental Discount Plan” from the Dental Insurance Carrier list to get your discount. To use Smart Scan to submit pictures of your mouth for a free review, click “Start your AI Assessment” and follow the directions to get a personalized oral health report.

Remember that the iDental Discount Plan by United Concordia is not insurance. Savings plans work differently than traditional insurance. Rather than waiting for reimbursements, you pay your provider directly for services and you save immediately.

You can review all the details of your plan in your Member’s Area at [DentalPlans.com/myplan](https://www.dentalplans.com/myplan). And if you ever have any questions about your plan, please call us at 1-800-494-9294.

# Select Your Dentist

You'll find everything that you need to make the most of your **iDental Discount Plan by United Concordia**, plus special savings and perks, in the Member's Area. Your first step towards saving is to select your dentist. Follow the easy to follow steps below to search and select your dentist.

- ▶ Visit [DentalPlans.com/myplan](https://DentalPlans.com/myplan), and **log in with your email and password**. (Forgot your password? No problem, it's **easy to reset it** on the log in page.)

**DentalPlans.com**  
Need Help? Call 800-494-9294, M-F 8:30am-8pm EST

Welcome Back!

Please enter your email address & password.

Email Address  
[Input Field]

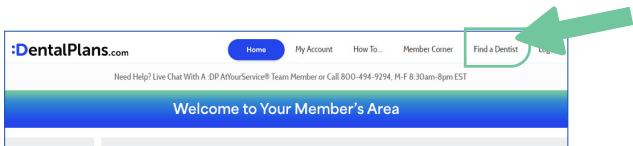
Password  
[Input Field]

Sign In

If you forgot your password, click here

Please note that participating provider lists and fee schedules for all plans are updated regularly. We recommend that you login to your account periodically to review any changes to your plan(s). You must be a plan member in order to login

- ▶ If you haven't already done so, please link your dentist to your account. You can easily do this by clicking "**Find a Dentist**". Here you can either locate your dentist, or find nearby dentists who accept your plan. Just click "**Add Dentist**" to add the dentist's info to your Member's Area.



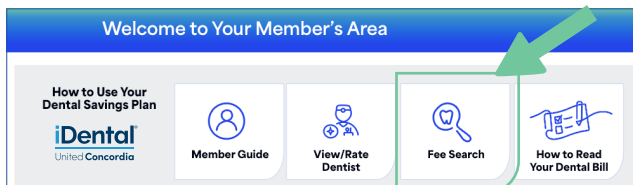
Dentist Last Name	Closest Location	Select Your Dentist
Axel Martinez-Negron General Dentist	2654 N ANDREWS AVE FORT LAUDERDALE, FL 33311 (954)567-3311 Distance: less than 3 miles	Add Dentist
Joseph Heider General Dentist	2026 NE 19TH ST FORT LAUDERDALE, FL 33305 (954)566-5428 Distance: less than 5 miles	Add Dentist

- ▶ You can add as many dentists as you choose, and you can always opt to see any dentist - anywhere in the nation - that accepts your plan!

The Member's Area also includes information on how to use and renew your plan, your plan's documentation, a tool to help you track your dental savings, and special offers for health and wellness services and products.

# See How Much You Will Save

A dental fee schedule lists the discounted prices that members of your dental plan pay for dental services. Obtain a copy of your **iDental Discount Plan by United Concordia** fee schedule by logging into the DentalPlans.com Member's Area. Fee schedules for iDental Discount Plan by United Concordia are specific to the dentist you have selected. After you have selected a dentist, click on "**Fee Search**" to view the fee schedule for your selected dentist.



ADA codes (also known as "Dental Procedure Codes") are numerical codes that are used by insurance companies, dentists and government agencies to help ensure consistency in dental records. There is a code for every dental procedure, and the codes are used nationwide. Dental procedures associated with each code are listed on your fee schedule under the "Description" column.

## Example Code

ADA CODE **D1110** adult prophylaxis  
more commonly known as a cleaning

When your dentist tells you what treatments you need, you can ask for the ADA codes. If your dentist provides you with a treatment plan, the codes for each recommended procedure will be listed. The **reduced fees that you pay for each procedure** are listed in the right-hand column, underneath the type of service.

### Diagnostic

ADA Number	Description	GENERAL DENTISTRY
D0120	periodic oral evaluation - established patient	\$17.00
D0140	limited oral evaluation - problem focused	\$19.00
D0150	comprehensive oral evaluation - new or established patient	\$22.00
D0210	intraoral - complete series of radiographic images	\$52.00
D0220	intraoral - periapical first radiographic image	\$12.00
D0230	intraoral - periapical each additional radiographic image	\$8.00
D0270	bitewing - single radiographic image	\$12.00
D0272	bitewings - two radiographic images	\$16.00
D0274	bitewings - four radiographic images	\$26.00
D0330	panoramic radiographic image	\$52.00
D0273	bitewings - three radiographic images	\$22.00

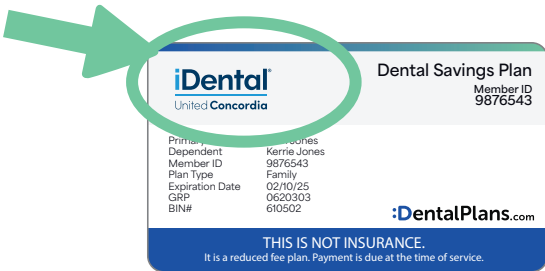
It's a good idea to log into your account periodically to ensure you always have the most recent fee schedule. If you have any questions, please call 1-800-494-9294.

Get More Info: [DentalPlans.com/myplan](https://www.dentalplans.com/myplan)

# Use Your Plan

Here's a quick reminder of how to use your plan to save directly at the dentist:

1. Make a dentist appointment, and provide the dental office with the name of your dental savings plan - **iDental Discount Plan by United Concordia**.



2. Take your membership card with you to the dentist.
3. You can get information about the savings you'll receive for any treatment by calling us at 1-800-494-9294. We'll need your dentist's name and the ADA codes for each treatment your dentist recommends.
4. Pay the discounted fee directly to your dentist. No claims to file, and no waiting for reimbursement with your dental plan!
5. After your visit, don't forget to return to your Member's Area and enter your savings in your DP Savings Tracker! That way you can keep track of how much you're saving with your plan.

**Questions? Call 1-800-494-9294**

**Get More Info: [DentalPlans.com/myplan](https://www.dentalplans.com/myplan)**

# Member's Agreement

## DISCLOSURE:

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The plan provides discounts at certain health care providers for medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. Discount Plan Organization providing discounts through the Vendor's website, DentalPlans.com, is [United Concordia Insurance Company or United Concordia Insurance Company of New York] located at 4401 Deer Path Road, Harrisburg, PA 17011. Inquiries related to the Plan including those related to renewal, cancellation, change of plan, change of Member information including adding additional members, website issues, Member complaints and any other general inquiries should be directed to a DentalPlans.com Member C.A.R.E representative at the contact information provided on your Identification Card and as listed below.

The iDental Discount Member Agreement ("Agreement") is between [United Concordia Insurance Company or United Concordia Insurance Company of New York] and the purchaser identified in the Member's home page (hereinafter "Member"). [United Concordia Insurance Company (UCIC), United Concordia Insurance Company of New York (UCNY)] is the discount plan administrator organization. [UCIC or UCNY] is located at 4401 Deer Path Road, Harrisburg, PA 17110. Certain functions for the iDental Discount Plan including enrollment, renewal, customer service, complaint management functions as detailed below, and contract fulfillment are performed by [UCIC's, UCNY's] vendor, DentalPlans.com, Inc. The services performed by DentalPlans.com are specifically detailed below. References to "the Plan" indicate the discount plan. References to "Vendor" indicate "DentalPlans.com, Inc."

The following terms and conditions of the Agreement, as well as the Member Welcome letter, which is incorporated herein by reference as if fully set forth below, the Vendor website Terms of Use, the Refund and Cancellation Policy, and Member's Home Page, which are incorporated herein by reference as if fully set forth below, govern the iDental Discount plan that you are purchasing through your submission of the enrollment form on the vendors website. All Members of the Plan should read this Agreement and the incorporated Terms of Use, and Member's Home Page carefully and communicate any questions that may arise to a DentalPlans.com Member C.A.R.E. Representative at:

By Phone:  
Toll Free - (800) 494-9294  
Fax - (800) 497-8440

U.S. Postal Mail:  
DENTALPLANS.COM Member Care  
8100 SW 10th Street, Suite 2000  
Plantation, FL 33324

The DentalPlans.com website is administered by DentalPlans.com, Inc., 8100 S.W. 10th Street Suite #2000, Plantation, FL 33324.

# Member's Agreement

You have the right to cancel this policy at any time subject to the Cancellation and Refund Policy detailed in this Agreement.

By submitting your enrollment request form, you acknowledge that you have read (on your own behalf and on behalf of your enrolled dependents) the following terms and conditions:

Description of Services: Dental

## **1. DESCRIPTION OF PLAN FEATURES:**

Each Member is entitled to receive discounts on specified services when using a participating provider (hereinafter "Provider") as set forth on the Provider List located on the Vendor website. Members are entitled to receive certain services from Providers at predetermined rates. For some plan features, the discount is a percentage discount off a Provider's typical fees for such services. The Provider listings on DentalPlans.com are updated on a regular basis. Every effort is made to ensure that only active participating providers are listed. To ensure a provider is participating with the Plan, you should confirm that a provider is participating by contacting the provider's office prior to obtaining services.

Other terms and conditions, the services eligible for discounts, and other plan features are listed in the Member's Area Home Page and those Services included are subject to change, modification, or substitution by the [UCIC or UCN]. Members shall receive a reasonable notification of any such change, modification, or substitution. Fees for Services vary by region. In order to receive services at the discounted rate, a Member must present his/her membership Identification Card (hereinafter "ID card") to the Provider before services are rendered. Members must pay the Provider directly at the time of Service unless otherwise agreed upon between Provider and Member.

If a Member wishes to confirm whether a Plan discount is available for a particular service, or wishes to confirm the current fee for a particular service, he/she should first contact the Provider directly. If any further assistance is necessary, contact a Member C.A.R.E. Representative at the toll-free number located above and on the membership ID card.

## **2. MEMBERSHIP TERM:**

Once the initial fee for membership in the Plan (membership Fee) and any enrollment or non-refundable processing fee is paid and received, a Member will be entitled to all discounted services for the time period (membership Term) that the Member selects at the time of purchase. The non-refundable processing fee is applicable in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

The Member will receive a Plan activation notice with such activation commencing within 72 hours of the purchase. The Plan will remain in force as long as Member continues to pay required

# Member's Agreement

membership Fees and otherwise complies with the terms of this Agreement. Members may select from membership Terms offered at the time of activation, which include annual, quarterly and monthly options. Member may change the membership Term or payment frequency by calling Member C.A.R.E. before the new membership Term at the number located on the membership ID card. The Member may also change the plan type (i.e. family or individual) or add additional family members to an existing family plan by contacting a Member C.A.R.E. representative.

### **3. AUTOMATIC RENEWAL OF MEMBERSHIP TERM:**

By joining a plan, you are authorizing DentalPlans.com to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify DentalPlans.com of request to cancel. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term for a new term, and your credit card or bank account will be renewed automatically charged or drafted for the appropriate amount.

Unless you are otherwise advised in advance by the Plan, in the event that your initial membership order is paid in the form of an electronic payment (credit card or electronic check for the withdrawal of funds from your checking account), the automatic renewal and the non-refundable \$20 processing fee will also be charged to the same credit card or checking account that you provided in making your initial membership order.

If a Member wishes to terminate his/her membership, the Member must provide notification to the Plan before the new membership term begins at the contact information provided on your ID card. If the Member fails to notify the Plan that the Member is terminating the membership, membership in the Plan will be renewed automatically. The membership Fee for an additional term will be charged against the Member's credit card or by debit to the Member's checking account, as applicable. Setting an account to "Do Not Renew" in the Member's Home Page on DentalPlans.com is also a sufficient form of notification to avoid automatic renewal. If the Member paid for the previous membership by check, then he/she will be sent a bill for the membership Fee. Should a Member have any questions concerning the Plan, or the continuation or cancellation of membership, he/she should telephone a Member C.A.R.E. Representative at the number on the membership ID Card.

### **4. CANCELLATION AND REFUND POLICY:**

Termination Conditions: DentalPlans.com and [UCIC or UCN], reserve the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: If a member cancels his or /her membership within the first 30 days after the effective date of enrollment in the plan or receipt of membership materials (whichever is later), the member will receive a full refund, less the processing fee, if applicable, after notification of cancellation is provided to DentalPlans.com. To ensure cancellation request is processed, Member must call a Member C.A.R.E. Representative at the num-

# Member's Agreement

ber on his or her Membership ID Card. The applicable refund will be made within 30 days of receipt of the notice of cancellation.

After 30 days of effective date or receipt of membership materials (whichever is later), the Refund Policy is as follows:

A member is eligible to receive a pro-rated refund only if a membership is cancelled by DentalPlans.com or [UCIC or UCNY], for any reason, if discounted savings are not realized on care delivered, or if the fee schedule of the plan you have selected is not honored by at least one participating general dentistry provider in your vicinity. Pro-rated refunds will not be issued for any other reason, including nonpayment of fees by the member.

**Applies to Automatic Renewals Only:** In the event that your annual or multi-year plan has been automatically renewed in any year following your initial purchase and provided that your discount plan services have not been used, a full refund will be issued within the first 60 days of the automatic renewal. If you would not like to have your plan renew automatically, you must set your account to "Do Not Renew." After 60 days from the automatic renewal, the above refund policy applies.

For residents of Florida, Oklahoma and North Dakota:

After 30 days of effective date or receipt of membership materials (whichever is later), the cancellation and refund policy is as follows:

A member whose plan bills in quarterly, annual or multi-year increments is eligible to receive a pro-rated refund for any reason, including if discounted savings are not realized on care delivered, or if the fee schedule of the plan you have selected is not honored by at least one participating general dentistry provider in your vicinity. Pro-rated refunds will not be issued for the nonpayment of fees by the member.

Any cancellation of membership in the Plan will not affect any services or discounts received by a canceling Member before the effective date of the cancellation.

## **5. COMPLAINT PROCEDURE:**

Any complaint regarding Plan membership should be directed to Member C.A.R.E. at the toll-free number on your ID card or in writing to the address on the first page of the Agreement.

## **6. MEMBERSHIP PAYMENT/BILLING:**

Unless payment is made by check (other than a direct debit), payment of the initial membership Fee and/or any renewal membership Fee will be made automatically. Payment will be made by electronic payment option as authorized by the Member, for the full amount of the membership Fee for the membership Term. Members who chose to pay membership Fees by an electronic payment may not receive notice of a subscription payment due. Instead, the Member will be notified of the billing on his/her credit card or checking account statement. Each Member hereby authorizes the Vendor to bill and receive payment for the membership Fee as set forth in the Agreement. [UCIC or UCNY], reserves the right to increase the membership Fee for a future membership Term. The Member will be notified of the increased membership Fee, which will be effective upon renewal of plan membership.

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Checks returned as unpaid (NSF) will be assessed a \$25.00 service charge. Past due accounts that are not made current within 15 days of the e-mail notice are subject to suspension and possible account termination.

Unless you are otherwise advised in advance, if your initial membership order is paid in the form of an electronic payment (credit card or electronic check for the withdrawal of funds from your checking account), the automatic renewal will also be charged to the same credit card or checking account that you provided in making your initial membership order. If you wish to cancel subsequent to the automatic renewal of your discount plan, a full refund will be issued within the first 60 days of the automatic renewal. After 60 days, membership is subject to the cancellation policy detailed above. In the event that your initial membership order is paid via regular U.S. Mail in the form of a paper check or money order, it is the responsibility of the Member to supply current payment information to process membership renewal. Payment options are limited to the following: credit card, electronic check withdrawal, or paper check or money order sent regular U.S. Mail.

In order for your membership to continue without interruption, your renewal payment must be received prior to the expiration date identified in your order confirmation.

In the event that [UCIC's or UCNYS] attempts to automatically renew your membership fail due to the cancellation, inactivation or expiration of your credit card or other form of electronic payment, [UCIC or UCNYS] will notify the Member through the e-mail address on record. In all events, it is the responsibility of the Member to ensure that payment for membership renewal is received prior to the expiration date identified in the order confirmation. Neither [UCIC or UCNYS] nor the Vendor are responsible and neither assumes liability for a Member's failure to provide current payment information for membership renewal.

## **7. MEMBER ACKNOWLEDGEMENTS:**

Membership in the Plan and or Members rights or duties under this Agreement may not be assigned or delegated without the prior express written consent of [UCIC or UCNYS]. Member agrees that he/she will use his/her Plan membership only for his/her personal benefit or for the benefit of his/her Family Members (if Family Plan is elected). Family Members includes spouse, dependent children to any age, and any permanent resident of the Member's household. Family Members may be added to the plan by calling a DentalPlans.com Member C.A.R.E. Representative at the number on the membership ID Card.

A Members violation of this Paragraph may, at the discretion of [UCIC or UCNYS] result in immediate termination of the Plan membership. Neither [UCIC or UCNYS] nor its Vendor, DentalPlans.com, bear responsibility for the payment of or contribution to any use, sales or other tax that may be imposed on the services by any federal, state or other taxing authority. Payment of such taxes will remain the sole responsibility of the Member or the Provider of the services, as applicable. Member is responsible for paying

# Member's Agreement

Providers and/or vendors for all services rendered unless otherwise agreed upon by Member and Provider or vendor. Neither [UCIC or UCN] nor DentalPlans.com, are in any way responsible for the quality of services provided by a Provider. The Plan is not insurance.

The Plan provides Member access to a network of participating providers. Participating providers are independent contractors in private practice and are neither employees nor agents of [UCIC or UCN] or the DentalPlans.com, Inc., or any of their affiliated entities. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. All medical, dental and/or other health care is the responsibility of the treating provider, in consultation with the Member. Your selection of the provider is also the responsibility of the Member and is not based on any representations by [UCIC or UCN] nor DentalPlans.com, Inc.

The Providers participating in the iDental Discount Plan have agreed to make certain services and supplies available to Members on a Reduced Fee Service basis. The term Reduced Fee Service means a service that is available to a Member at a discount from fees normally charged by the provider and for which the Member is solely financially responsible. Member understands that all payments to providers are due and payable at the time of service, unless another payment arrangement is mutually agreed upon between the Member and the treating provider. Members may be subject to the Provider's late payment and other office policies.

In order to access Reduced Fee Service rates, the Member must present his/her Plan Identification Card to a Participating Provider office at the time of his/her appointment. In the event any of the terms and conditions hereof are violated by Member, Member participation in the Plan may be terminated immediately.

## **8. DISCLAIMER OF WARRANTIES:**

NEITHER [UCIC or UCN] NOR THE VENDOR OF THIS PLAN, DENTALPLANS.COM, INC., ARE NOT A MERCHANT, MANUFACTURER, OR A PROVIDER OF HEALTH RELATED SERVICES. [UCIC or UCN] DOES NOT GIVE ANY WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A MEMBER FROM A PROVIDER OR VENDOR THROUGH HIS/HER MEMBERSHIP IN THE PLAN. [UCIC or UCN] IS NOT RESPONSIBLE FOR THE SERVICES RENDERED BY A PROVIDER. BY ENTERING IN TO THIS AGREEMENT, MEMBER UNDERSTANDS THAT [UCIC or UCN] SHALL HAVE NO LIABILITY FOR PROVIDING OR GUARANTEEING SERVICE OR THE QUALITY OF SERVICE RENDERED BY PARTICIPATING PROVIDERS.

## **9. GENERAL RELEASE:**

Each Member, for himself/herself, and on behalf of any Family Member who uses the services under the Plan membership (membership Participant), hereby forever releases, acquits and discharges each of [UCIC or UCN] and its employees, officers, directors, agents, and affiliates from any and all liabilities, claims,

# Member's Agreement

demands, actions and causes of action that such Member, membership Participant or Members legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any health related service. The sole recourse available to a Member, membership Participant or Members legal representative(s) against [UCIC or UCNY] will be cancellation of the Plan membership as provided in Paragraph 4.

## **10. NOTICES:**

Any notice, consent, approval, complaint, request or other written communication given or required under this Agreement must be sent by first class mail, postage prepaid, or by an overnight delivery service such as Fed Ex or United Parcel Service, and addressed to the Member, at the address shown in the Vendor's records, or from the Member to DentalPlans.com, at:

DENTALPLANS.COM Member Care  
8100 SW 10th Street, Suite 2000  
Plantation, FL 33324

## **11. ENTIRE AGREEMENT:**

This Agreement, in conjunction with the Member Welcome Letter, DentalPlans.com Website Terms of Use, and Members Home Page which are hereby incorporated by reference, set forth the entire agreement and understanding between the parties with regard to Members membership in the Plan and constitutes a final, complete and exclusive statement of the terms of the Agreement between the parties with respect to membership in the Plan. Any other representation, inducement, promise or agreement shall be of no force or effect.

## **12. VALIDITY AND ENFORCEABILITY:**

The validity or unenforceability of any term of this Agreement will in no way affect the validity or enforceability of any other term of this Agreement.

## **13. GOVERNING LAW:**

Unless your state law requires otherwise, this Agreement shall be governed by the laws of the state where the Agreement is issued and delivered.

## **14. HEADINGS:**

The headings or captions provided throughout this Agreement are for reference purposes only and will in no way affect the meaning or interpretation of this Agreement.

**15. By electronically accepting this Agreement, Member understands that he/she is entering into a binding legal contract on behalf of Member and Member's dependents, and acknowledges acceptance of the terms and conditions therein contained.**

Notes:

- United Concordia Insurance Company (UCIC) is the Plan Administrator in all states except New York
- United Concordia Insurance Company of New York (UCNY) is the Plan Administrator in New York

# Healthy Smile, Healthier You!

Medical science continues to find important connections between oral health and overall wellness. Taking good care of your teeth and gums is critical to maintain optimal health. Follow the tips below and talk to your dentist to learn how to keep your smile healthy and strong.

- 1.** Brush with a soft toothbrush, 2 minutes per mouth quadrant (top left and top right, bottom left and bottom right), at least twice a day.
- 2.** Floss daily.
- 3.** Limit sugar intake. If you do indulge in a sweet treat, avoid sticky or hard candies as they expose your teeth to sugar longer than a chocolate bar or similar snack does.
- 4.** Acidic drinks, such as fruit juices, may also damage teeth. Rinse your mouth with water afterwards. Avoid brushing immediately after drinking as the acid may temporarily soften your tooth enamel.
- 5.** Chewing sugarless gum helps promote saliva production, which assists in keeping your mouth healthy.
- 6.** See your dentist regularly for checkups & cleanings.
- 7.** Use your plan! Every dollar spent on preventive oral care can result in up to \$40 in savings on future dental costs, according to the American Dental Hygienists' Association.

**:DentalPlans.com**

**Questions? Call 1-800-494-9294**

**Get More Info: [DentalPlans.com/myplan](https://www.dentalplans.com/myplan)**