

**Bundled Sponsored Dental Programs for California Employer Groups with 2-99 Enrolled Contracts
For Standard SIC Codes**

Valid programs and rates for effective dates of January 1, 2025 through June 30, 2025.
Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines.
The rates on this card do not apply to existing United Concordia Dental groups.
Rates available only when bundled with a new or in force UC ClearVision policy.

FFS PRODUCTS	Flex		Preferred		Preferred		Preferred	
	2-99		2-99		2-99		2-99	
	F-3W*	F-7W*	P-13WD*	P-4WD*	P-4WD*	P-CA1W*	P-CA1W*	
UNITED CONCORDIA DENTAL PLAN OPTION			Network	Non-Network	Network	Non-Network	Network	Non-Network
Standard Plan Option								
CLASS I SERVICES								
Exams, Cleanings & Fluoride Treatments			100%	100%	100%	100%	100%	80%
All X-Rays								
Sealants	100%	100%						
Palliative Treatment (Emergency)								
Space Maintainers								
CLASS II SERVICES								
Basic Restorative (Fillings, etc.)			100%	80%	90%	80%	80%	80%
Repairs (Crowns, Inlays, Onlays, Bridges, Dentures)								
Oral Surgery (including Extractions)								
General Anesthesia	80%	90%						
Endodontics								
Periodontics (Surgical and Nonsurgical)								
Posterior Resins (White Fillings)								
CLASS III SERVICES								
Inlays, Onlays, Crowns			60%	50%	60%	50%	50%	50%
Prosthetics (Bridges, Dentures)			60%	60%	60%	60%	50%	50%
Implants (minimum of 10 enrolled)								
ORTHODONTICS (dependent children to age 19)								
Diagnostic, Active, Retention Treatment (minimum of 10 enrolled)	If selected, 50%	If selected, 50%						
DEDUCTIBLES & MAXIMUMS								
Calendar Year Deductible	\$50/\$150 waived Class I and Ortho	\$50/\$150 waived Class I and Ortho	\$50/\$150 waived Class I in and out of network		\$50/\$150 waived Class I in and out of network		\$50/\$150 waived Class I in network only	
Child Only Orthodontics (Lifetime Maximum) "case size qualifications apply"	Based on Selection	Based on Selection	Based on Selection		Based on Selection		Based on Selection	
Network								
Network Reimbursement	Elite Plus	Elite Plus	Elite Plus		Elite Plus		Elite Plus	
Out-of-Network Reimbursement	Based on Selection	Based on Selection		Based on Selection		Based on Selection		Based on Selection
Plan Features								
Smile for Health® - Wellness Provides periodontal care for people with certain chronic medical conditions. Eligible conditions: diabetes, heart disease, stroke, rheumatoid arthritis, lupus, organ transplant and head & neck radiation.			♦Covers 1 additional periodontal maintenance per year and all are covered at 100% ♦Scaling and root planing are covered at 100% ♦4 periodontal surgery procedures are covered at 100%					
Pregnancy Benefit			♦Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health® - Wellness					
The College Tuition Benefit® College savings program that provides Tuition Rewards® points redeemable for tuition discounts at participating private colleges and universities.			♦Receive 2,000 at signup, then 2,000 points/year. Each child enrolled receives a one-time bonus of 500 Tuition Rewards points. One point = \$1 reduction in full tuition.					

* In order for a group with 10-24 enrolled contracts to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage. Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc. Program availability under dental policies subject to change without notice. Member rewards earned survive program/policy termination subject to SAGE Scholars, Inc. Terms and Conditions. Tuition Rewards is a value-added program and not benefits paid under the group policy.

United Concordia Dental PPO Plans

Bundled Sponsored Dental Programs for California Employer Groups with 2-99 Enrolled Contracts For Standard SIC Codes

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Central Valley

Valid in the following Zip Codes: 932xx-934xx, 935xx, 936xx-937xx

Minimum Enrollment & Participation		Groups 2-9					Groups 10-50					Groups 51-99					
Minimum Enrolled		2	2	2	2	2	10	10	10	10	10	51	51	51	51	51	
Minimum Participation		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	
STANDARD PLAN OPTION		F-3W	F-7W	P-13WD	P-4WD	P-CA1W	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	
		With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho					
		Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network					
\$1,000 Annual Program Maximum	Employee						\$24.20	\$27.00	\$27.40	\$24.40	\$22.50	\$25.30	\$28.30	\$28.80	\$25.60	\$23.70	
	Family						\$93.90	\$99.50	\$100.90	\$91.60	\$86.30	\$88.50	\$97.50	\$99.00	\$89.20	\$83.80	
	Employee						\$24.20	\$27.00	\$27.40	\$24.40	\$22.50	\$25.30	\$28.30	\$28.80	\$25.60	\$23.70	
	Employee & 1 Adult						\$58.10	\$65.00	\$66.10	\$58.70	\$54.50	\$61.00	\$68.20	\$69.40	\$61.60	\$57.30	
	Employee & Child(ren)						\$70.90	\$77.10	\$78.10	\$71.40	\$67.60	\$67.50	\$74.00	\$75.10	\$68.00	\$64.10	
\$1,500 Annual Program Maximum	Family						\$106.30	\$116.80	\$118.50	\$107.20	\$100.80	\$104.70	\$115.70	\$117.50	\$105.60	\$99.10	
	Employee						\$25.40	\$28.40	\$28.90	\$25.70	\$23.70	\$26.70	\$29.80	\$30.30	\$26.90	\$24.90	
	Family						\$94.70	\$103.80	\$105.30	\$95.50	\$90.00	\$92.50	\$102.00	\$103.60	\$93.30	\$87.70	
	Employee						\$25.40	\$28.40	\$28.90	\$25.70	\$23.70	\$26.70	\$29.80	\$30.30	\$26.90	\$24.90	
	Employee & 1 Adult						\$61.20	\$68.40	\$69.60	\$61.80	\$57.50	\$64.20	\$71.80	\$73.10	\$64.80	\$60.40	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$73.60	\$80.20	\$81.30	\$74.20	\$70.30	\$70.40	\$77.30	\$78.40	\$71.00	\$67.00	
	Family						\$111.00	\$122.00	\$123.90	\$111.90	\$105.40	\$109.60	\$121.20	\$123.10	\$110.60	\$103.80	
			With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,500 Annual Program Maximum	Employee						\$30.60	\$34.20	\$34.80	\$30.90	\$28.80	\$32.10	\$35.90	\$36.50	\$32.40	\$30.20
Family							\$110.60	\$121.60	\$123.40	\$111.50	\$105.40	\$109.20	\$120.70	\$122.60	\$110.20	\$103.90	
Employee							\$30.60	\$34.20	\$34.80	\$30.90	\$28.80	\$32.10	\$35.90	\$36.50	\$32.40	\$30.20	
Employee & 1 Adult							\$73.90	\$82.70	\$84.10	\$74.60	\$69.80	\$77.50	\$86.70	\$88.30	\$78.30	\$73.30	
Employee & Child(ren)							\$85.10	\$93.10	\$94.40	\$85.80	\$81.40	\$82.50	\$90.80	\$92.20	\$83.20	\$78.70	
\$1,500 Annual Program Maximum	Family						\$130.30	\$143.70	\$145.90	\$131.40	\$124.10	\$129.90	\$143.90	\$146.30	\$131.10	\$123.50	
	Employee						\$32.20	\$36.00	\$36.70	\$32.60	\$30.30	\$33.80	\$37.80	\$38.50	\$34.20	\$31.90	
	Family						\$115.50	\$127.10	\$129.00	\$116.50	\$110.10	\$114.30	\$126.50	\$128.50	\$115.40	\$108.80	
	Employee						\$32.20	\$36.00	\$36.70	\$32.60	\$30.30	\$33.80	\$37.80	\$38.50	\$34.20	\$31.90	
	Employee & 1 Adult						\$77.80	\$87.00	\$88.60	\$78.60	\$73.60	\$81.70	\$91.40	\$93.00	\$82.50	\$77.30	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$88.70	\$97.10	\$98.50	\$89.40	\$84.90	\$86.20	\$95.00	\$96.50	\$86.90	\$82.30	
	Family						\$136.30	\$150.40	\$152.70	\$137.50	\$129.90	\$136.20	\$150.00	\$153.40	\$137.40	\$129.60	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network				
	\$1,500 Annual Program Maximum	Employee	\$25.80	\$28.80	\$29.30	\$26.10	\$24.10	\$24.20	\$27.00	\$27.40	\$24.40	\$22.50	\$25.30	\$28.30	\$28.80	\$25.60	\$23.70
Family		\$78.10	\$87.30	\$88.80	\$78.80	\$73.30	\$73.00	\$81.60	\$83.00	\$73.70	\$68.40	\$76.60	\$85.60	\$87.10	\$77.30	\$71.90	
Employee		\$25.80	\$28.80	\$29.30	\$26.10	\$24.10	\$24.20	\$27.00	\$27.40	\$24.40	\$22.50	\$25.30	\$28.30	\$28.80	\$25.60	\$23.70	
Employee & 1 Adult		\$62.20	\$69.50	\$70.80	\$62.80	\$58.40	\$58.10	\$65.00	\$66.10	\$58.70	\$54.50	\$61.00	\$68.20	\$69.40	\$61.60	\$57.30	
Employee & Child(ren)		\$56.60	\$63.30	\$64.40	\$57.20	\$53.30	\$53.00	\$59.20	\$60.20	\$53.50	\$49.70	\$55.60	\$62.10	\$63.20	\$56.10	\$52.20	
\$1,000 Annual Program Maximum	Family	\$94.60	\$105.80	\$107.70	\$95.50	\$88.90	\$88.40	\$98.90	\$100.60	\$89.30	\$82.90	\$92.80	\$103.80	\$105.60	\$93.70	\$87.20	
	Employee	\$26.90	\$30.10	\$30.60	\$27.20	\$25.20	\$25.40	\$28.40	\$28.90	\$25.70	\$23.70	\$26.70	\$29.80	\$30.30	\$26.90	\$24.90	
	Family	\$81.40	\$91.00	\$92.60	\$82.20	\$76.60	\$76.80	\$85.90	\$87.40	\$77.60	\$72.10	\$80.60	\$90.10	\$91.70	\$81.40	\$75.80	
	Employee	\$26.90	\$30.10	\$30.60	\$27.20	\$25.20	\$25.40	\$28.40	\$28.90	\$25.70	\$23.70	\$26.70	\$29.80	\$30.30	\$26.90	\$24.90	
	Employee & 1 Adult	\$64.90	\$72.50	\$73.80	\$65.50	\$61.00	\$61.20	\$68.40	\$69.60	\$61.80	\$57.50	\$64.20	\$71.80	\$73.10	\$64.80	\$60.40	
\$1,500 Annual Program Maximum	Employee & Child(ren)	\$59.10	\$66.00	\$67.20	\$59.70	\$55.60	\$55.70	\$62.30	\$63.40	\$56.30	\$52.40	\$58.50	\$65.40	\$66.50	\$59.00	\$55.00	
	Family	\$98.70	\$110.40	\$112.40	\$99.70	\$92.90	\$93.10	\$104.10	\$106.00	\$94.00	\$87.50	\$97.70	\$109.30	\$111.20	\$98.70	\$91.90	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,500 Annual Program Maximum	Employee	\$32.80	\$36.60	\$37.30	\$33.10	\$30.80	\$30.60	\$34.20	\$34.80	\$30.90	\$28.80	\$32.10	\$35.90	\$36.50	\$32.40	\$30.20
Family		\$99.20	\$110.90	\$112.90	\$100.20	\$93.80	\$92.70	\$103.70	\$105.50	\$93.60	\$87.50	\$97.30	\$108.80	\$110.70	\$98.20	\$91.90	
Employee		\$32.80	\$36.60	\$37.30	\$33.10	\$30.80	\$30.60	\$34.20	\$34.80	\$30.90	\$28.80	\$32.10	\$35.90	\$36.50	\$32.40	\$30.20	
Employee & 1 Adult		\$79.10	\$88.50	\$90.00	\$79.80	\$74.80	\$73.90	\$82.70	\$84.10	\$74.60	\$69.80	\$77.50	\$86.70	\$88.30	\$78.30	\$73.30	
Employee & Child(ren)		\$71.90	\$80.40	\$81.90	\$72.60	\$68.10	\$67.20	\$75.20	\$76.50	\$67.90	\$63.50	\$70.60	\$78.90	\$80.30	\$71.30	\$66.70	
\$1,000 Annual Program Maximum	Family	\$120.30	\$134.60	\$137.00	\$121.50	\$113.80	\$112.40	\$125.80	\$128.00	\$113.50	\$106.20	\$118.00	\$132.00	\$134.30	\$119.20	\$111.60	
	Employee	\$34.20	\$38.20	\$38.90	\$34.50	\$32.20	\$32.20	\$36.00	\$36.70	\$32.60	\$30.30	\$33.80	\$37.80	\$38.50	\$34.20	\$31.90	
	Family	\$103.50	\$115.70	\$117.80	\$104.50	\$97.90	\$97.60	\$109.20	\$111.10	\$98.60	\$92.30	\$102.40	\$114.50	\$116.60	\$103.40	\$96.90	
	Employee	\$34.20	\$38.20	\$38.90	\$34.50	\$32.20	\$32.20	\$36.00	\$36.70	\$32.60	\$30.30	\$33.80	\$37.80	\$38.50	\$34.20	\$31.90	
	Employee & 1 Adult	\$82.50	\$92.30	\$93.90	\$83.30	\$78.10	\$77.80	\$87.00	\$88.60	\$78.60	\$73.60	\$81.70	\$91.40	\$93.00	\$82.50	\$77.30	
\$1,500 Annual Program Maximum	Employee & Child(ren)	\$75.10	\$83.90	\$85.40	\$75.80	\$71.10	\$70.80	\$79.20	\$80.60	\$71.50	\$67.00	\$74.30	\$83.10	\$84.50	\$75.00	\$70.30	
	Family	\$125.60	\$140.50	\$143.00	\$126.80	\$118.90	\$118.40	\$132.50	\$134.80	\$119.60	\$112.00	\$124.30	\$139.00	\$141.50	\$125.50	\$117.60	

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Los Angeles

Valid in the following Zip Codes: 900xx-918xx

Minimum Enrollment & Participation	Groups 2-9					Groups 10-50					Groups 51-99					
	2	2	2	2	2	10	10	10	10	10	51	51	51	51	51	
Minimum Participation	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	
STANDARD PLAN OPTION	F-3W	F-7W	P-13WD	P-4WD	P-CA1W	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	
With \$1,500 Child Ortho																
Advantage Out-of-Network																
\$1,000 Annual Program Maximum	Employee					\$32.80	\$36.70	\$37.30	\$33.20	\$30.90	\$34.40	\$38.50	\$39.20	\$34.80	\$32.50	
	Family					\$117.30	\$129.10	\$131.10	\$118.30	\$111.90	\$116.30	\$128.60	\$130.70	\$117.30	\$110.70	
	Employee					\$32.80	\$36.70	\$37.30	\$33.20	\$30.90	\$34.40	\$38.50	\$39.20	\$34.80	\$32.50	
	Employee & 1 Adult					\$79.30	\$88.70	\$90.20	\$80.00	\$75.00	\$83.20	\$93.10	\$94.70	\$84.00	\$78.80	
	Employee & Child(ren)					\$90.00	\$98.50	\$100.00	\$90.70	\$86.10	\$87.60	\$96.50	\$98.00	\$88.30	\$83.60	
\$1,500 Annual Program Maximum	Family					\$138.50	\$152.80	\$155.20	\$139.70	\$132.00	\$138.50	\$153.60	\$156.10	\$139.80	\$131.80	
	Employee					\$34.60	\$38.60	\$39.30	\$34.90	\$32.60	\$36.30	\$40.50	\$41.30	\$36.60	\$34.20	
	Family					\$122.60	\$135.00	\$137.00	\$123.60	\$117.00	\$121.80	\$134.80	\$137.00	\$122.90	\$116.00	
	Employee					\$34.60	\$38.60	\$39.30	\$34.90	\$32.60	\$36.30	\$40.50	\$41.30	\$36.60	\$34.20	
	Employee & 1 Adult					\$83.50	\$93.40	\$95.00	\$84.30	\$79.10	\$87.60	\$98.00	\$99.80	\$88.50	\$83.10	
\$1,000 Annual Program Maximum	Employee & Child(ren)					\$93.80	\$102.80	\$104.30	\$94.60	\$89.80	\$91.60	\$101.00	\$102.60	\$92.40	\$87.50	
	Family					\$144.90	\$160.00	\$162.50	\$146.20	\$138.20	\$145.20	\$161.10	\$163.70	\$146.60	\$138.30	
	With \$1,500 Child Ortho															
	90th Out-of-Network															
	\$1,000 Annual Program Maximum	Employee					\$42.30	\$47.20	\$48.10	\$42.70	\$40.00	\$44.30	\$49.60	\$50.50	\$44.80	\$42.10
Family						\$146.00	\$161.20	\$163.70	\$147.30	\$139.60	\$146.40	\$162.30	\$165.00	\$147.70	\$139.80	
Employee						\$42.30	\$47.20	\$48.10	\$42.70	\$40.00	\$44.30	\$49.60	\$50.50	\$44.80	\$42.10	
Employee & 1 Adult						\$102.20	\$114.40	\$116.40	\$103.20	\$97.20	\$107.30	\$120.00	\$122.20	\$108.30	\$102.10	
Employee & Child(ren)						\$110.80	\$121.80	\$123.60	\$111.70	\$106.20	\$109.40	\$121.00	\$122.90	\$110.40	\$104.70	
\$1,500 Annual Program Maximum	Family					\$173.40	\$191.90	\$195.00	\$175.00	\$165.80	\$175.20	\$194.60	\$197.80	\$176.80	\$167.30	
	Employee					\$44.50	\$49.70	\$50.60	\$44.90	\$42.20	\$46.70	\$52.20	\$53.10	\$47.10	\$44.30	
	Family					\$152.80	\$168.80	\$171.50	\$154.10	\$146.20	\$153.50	\$170.30	\$173.10	\$154.90	\$146.70	
	Employee					\$44.50	\$49.70	\$50.60	\$44.90	\$42.20	\$46.70	\$52.20	\$53.10	\$47.10	\$44.30	
	Employee & 1 Adult					\$107.60	\$120.50	\$122.60	\$108.70	\$102.40	\$113.00	\$126.40	\$128.70	\$114.10	\$107.60	
\$1,000 Annual Program Maximum	Employee & Child(ren)					\$115.70	\$127.30	\$129.20	\$116.70	\$111.00	\$114.60	\$126.80	\$128.80	\$115.60	\$109.70	
	Family					\$181.70	\$201.20	\$204.50	\$183.30	\$173.80	\$183.80	\$204.30	\$207.70	\$185.60	\$175.70	
	With No Child Ortho Coverage															
	Advantage Out-of-Network															
	\$1,000 Annual Program Maximum	Employee	\$35.10	\$39.30	\$40.00	\$35.50	\$33.10	\$32.80	\$36.70	\$37.30	\$33.20	\$30.90	\$34.40	\$38.50	\$39.20	\$34.80
Family		\$106.40	\$119.00	\$121.10	\$107.40	\$100.70	\$99.40	\$111.20	\$113.20	\$100.40	\$94.00	\$104.30	\$116.70	\$118.70	\$105.40	\$98.80
Employee		\$35.10	\$39.30	\$40.00	\$35.50	\$33.10	\$32.80	\$36.70	\$37.30	\$33.20	\$30.90	\$34.40	\$38.50	\$39.20	\$34.80	\$32.50
Employee & 1 Adult		\$84.80	\$94.90	\$96.60	\$85.70	\$80.40	\$79.30	\$88.70	\$90.20	\$80.00	\$75.00	\$83.20	\$93.10	\$94.70	\$84.00	\$78.80
Employee & Child(ren)		\$77.20	\$86.30	\$87.80	\$77.90	\$73.10	\$72.10	\$80.60	\$82.10	\$72.80	\$68.20	\$75.70	\$84.60	\$86.10	\$76.40	\$71.70
\$1,500 Annual Program Maximum	Family	\$129.10	\$144.40	\$147.00	\$130.40	\$122.30	\$120.60	\$134.90	\$137.30	\$121.80	\$114.10	\$126.60	\$141.60	\$144.10	\$127.80	\$119.90
	Employee	\$36.60	\$41.00	\$41.70	\$37.00	\$34.60	\$34.60	\$38.60	\$39.30	\$34.90	\$32.60	\$36.30	\$40.50	\$41.30	\$36.60	\$34.20
	Family	\$111.00	\$124.20	\$126.30	\$112.10	\$105.20	\$104.70	\$117.10	\$119.20	\$105.70	\$99.10	\$109.90	\$122.90	\$125.00	\$110.90	\$104.10
	Employee	\$36.60	\$41.00	\$41.70	\$37.00	\$34.60	\$34.60	\$38.60	\$39.30	\$34.90	\$32.60	\$36.30	\$40.50	\$41.30	\$36.60	\$34.20
	Employee & 1 Adult	\$88.50	\$99.00	\$100.80	\$89.40	\$83.90	\$83.50	\$93.40	\$95.00	\$84.30	\$79.10	\$87.60	\$98.00	\$99.80	\$88.50	\$83.10
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$80.50	\$90.00	\$91.60	\$81.30	\$76.30	\$75.90	\$84.90	\$86.40	\$76.70	\$71.90	\$79.70	\$89.10	\$90.70	\$80.50	\$75.50
	Family	\$134.70	\$150.70	\$153.40	\$136.00	\$127.70	\$127.00	\$142.10	\$144.60	\$128.30	\$120.30	\$133.30	\$149.20	\$151.80	\$134.60	\$126.40
	With No Child Ortho Coverage															
	90th Out-of-Network															
	\$1,000 Annual Program Maximum	Employee	\$45.20	\$50.60	\$51.40	\$45.60	\$42.90	\$42.30	\$47.20	\$48.10	\$42.70	\$40.00	\$44.30	\$49.60	\$50.50	\$44.80
Family		\$137.10	\$153.40	\$156.10	\$138.40	\$130.40	\$128.10	\$143.30	\$145.80	\$129.40	\$121.80	\$134.40	\$150.40	\$153.10	\$135.80	\$127.90
Employee		\$45.20	\$50.60	\$51.40	\$45.60	\$42.90	\$42.30	\$47.20	\$48.10	\$42.70	\$40.00	\$44.30	\$49.60	\$50.50	\$44.80	\$42.10
Employee & 1 Adult		\$109.40	\$122.40	\$124.60	\$110.50	\$104.10	\$102.20	\$114.40	\$116.40	\$103.20	\$97.20	\$107.30	\$120.00	\$122.20	\$108.30	\$102.10
Employee & Child(ren)		\$99.40	\$111.20	\$113.20	\$100.40	\$94.60	\$92.90	\$103.90	\$105.70	\$93.80	\$88.30	\$97.50	\$109.00	\$111.00	\$98.40	\$92.80
\$1,500 Annual Program Maximum	Family	\$166.50	\$186.30	\$189.60	\$168.10	\$158.50	\$155.50	\$174.00	\$177.10	\$157.10	\$147.90	\$163.20	\$182.70	\$185.90	\$164.90	\$155.30
	Employee	\$47.20	\$52.70	\$53.70	\$47.60	\$44.80	\$44.50	\$49.70	\$50.60	\$44.90	\$42.20	\$46.70	\$52.20	\$53.10	\$47.10	\$44.30
	Family	\$143.00	\$160.00	\$162.90	\$144.50	\$136.20	\$134.90	\$150.90	\$153.60	\$136.20	\$128.30	\$141.60	\$158.40	\$161.20	\$143.00	\$134.80
	Employee	\$47.20	\$52.70	\$53.70	\$47.60	\$44.80	\$44.50	\$49.70	\$50.60	\$44.90	\$42.20	\$46.70	\$52.20	\$53.10	\$47.10	\$44.30
	Employee & 1 Adult	\$114.20	\$127.80	\$130.00	\$115.30	\$108.80	\$107.60	\$120.50	\$122.60	\$108.70	\$102.40	\$113.00	\$126.40	\$128.70	\$114.10	\$107.60
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$103.70	\$116.00	\$118.10	\$104.70	\$98.80	\$97.80	\$109.40	\$111.40	\$98.80	\$93.10	\$102.60	\$114.80	\$116.90	\$103.70	\$97.80
	Family	\$173.70	\$194.40	\$197.90	\$175.50	\$165.50	\$163.80	\$183.30	\$186.60	\$165.40	\$155.90	\$171.90	\$192.40	\$195.80	\$173.60	\$163.80

* In order for a group with 10-24 enrolled contracts to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage.
 Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc. Program availability under dental policies subject to change without notice. Member rewards earned survive program/policy termination subject to SAGE Scholars, Inc. Terms and Conditions. Tuition Rewards is a value-added program and not benefits paid under the group

United Concordia Dental PPO Plans

Bundled Sponsored Dental Programs for California Employer Groups with 2-99 Enrolled Contracts For Standard SIC Codes

Valid programs and rates for effective dates of January 1, 2025 through June 30, 2025.
 Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines.
 The rates on this card do not apply to existing United Concordia Dental groups.
 Rates available only when bundled with a new or in force UC ClearVision policy.

Northern

Valid in the following Zip Codes: 938xx-941xx, 943xx-955xx, 959xx-961xx

Minimum Enrollment & Participation		Groups 2-9					Groups 10-50					Groups 51-99					
Minimum Enrolled		2	2	2	2	2	10	10	10	10	10	51	51	51	51	51	
Minimum Participation		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	
STANDARD PLAN OPTION		F-3W	F-7W	P-13WD	P-4WD	P-CA1W	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	
		With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho					
		Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network					
\$1,000 Annual Program Maximum	Employee						\$34.00	\$38.00	\$38.60	\$34.30	\$32.00	\$35.60	\$39.80	\$40.50	\$36.00	\$33.60	
	Family						\$120.70	\$132.90	\$134.90	\$121.70	\$115.20	\$119.80	\$132.80	\$134.70	\$120.90	\$114.10	
	Employee						\$34.00	\$38.00	\$38.60	\$34.30	\$32.00	\$35.60	\$39.80	\$40.50	\$36.00	\$33.60	
	Employee & 1 Adult						\$82.00	\$91.70	\$93.30	\$82.80	\$77.60	\$86.00	\$96.30	\$98.00	\$86.90	\$81.50	
	Employee & Child(ren)						\$92.50	\$101.30	\$102.80	\$93.20	\$88.50	\$90.20	\$99.40	\$101.00	\$91.00	\$86.10	
\$1,500 Annual Program Maximum	Family						\$142.70	\$157.50	\$160.00	\$143.90	\$136.00	\$142.90	\$158.40	\$161.00	\$144.20	\$136.00	
	Employee						\$35.70	\$40.00	\$40.70	\$36.10	\$33.70	\$37.50	\$41.90	\$42.70	\$37.90	\$35.40	
	Family						\$126.20	\$139.00	\$141.10	\$127.20	\$120.50	\$125.50	\$139.00	\$141.30	\$126.70	\$119.70	
	Employee						\$35.70	\$40.00	\$40.70	\$36.10	\$33.70	\$37.50	\$41.90	\$42.70	\$37.90	\$35.40	
	Employee & 1 Adult						\$86.30	\$96.60	\$98.30	\$87.20	\$81.80	\$90.60	\$101.40	\$103.20	\$91.50	\$86.00	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$96.40	\$105.70	\$107.30	\$97.20	\$92.30	\$94.30	\$104.10	\$105.70	\$95.10	\$90.10	
	Family						\$149.30	\$164.90	\$167.50	\$150.60	\$142.40	\$149.80	\$166.20	\$169.00	\$151.20	\$142.80	
			With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee						\$45.40	\$50.80	\$51.70	\$45.90	\$43.10	\$47.70	\$53.30	\$54.20	\$48.10	\$45.30
Family							\$155.60	\$172.00	\$174.70	\$157.00	\$149.00	\$156.50	\$173.70	\$176.50	\$157.90	\$149.80	
Employee							\$45.40	\$50.80	\$51.70	\$45.90	\$43.10	\$47.70	\$53.30	\$54.20	\$48.10	\$45.30	
Employee & 1 Adult							\$109.90	\$123.00	\$125.20	\$111.00	\$104.60	\$115.40	\$129.10	\$131.40	\$116.50	\$109.90	
Employee & Child(ren)							\$117.80	\$129.60	\$131.60	\$118.70	\$113.00	\$116.70	\$129.20	\$131.30	\$117.80	\$111.80	
\$1,500 Annual Program Maximum	Family						\$185.10	\$205.10	\$208.40	\$186.80	\$177.10	\$187.50	\$208.40	\$211.90	\$189.20	\$179.20	
	Employee						\$47.80	\$53.50	\$54.40	\$48.30	\$45.40	\$50.20	\$56.10	\$57.10	\$50.70	\$47.70	
	Family						\$162.90	\$180.20	\$183.10	\$164.40	\$156.10	\$164.20	\$182.30	\$185.30	\$165.70	\$157.00	
	Employee						\$47.80	\$53.50	\$54.40	\$48.30	\$45.40	\$50.20	\$56.10	\$57.10	\$50.70	\$47.70	
	Employee & 1 Adult						\$115.80	\$129.60	\$131.90	\$116.90	\$110.30	\$121.50	\$136.00	\$138.40	\$122.70	\$115.90	
\$1,500 Annual Program Maximum	Employee & Child(ren)						\$123.10	\$135.60	\$137.60	\$124.10	\$118.10	\$122.30	\$135.40	\$137.60	\$123.40	\$117.20	
	Family						\$194.10	\$215.00	\$218.50	\$195.80	\$185.80	\$196.80	\$218.90	\$222.60	\$198.70	\$188.20	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$36.30	\$40.60	\$41.30	\$36.70	\$34.30	\$34.00	\$38.00	\$38.60	\$34.30	\$32.00	\$35.60	\$39.80	\$40.50	\$36.00	\$33.60
Family		\$110.00	\$123.10	\$125.20	\$111.10	\$104.30	\$102.80	\$115.00	\$117.00	\$103.80	\$97.30	\$107.90	\$120.70	\$122.80	\$109.00	\$102.20	
Employee		\$36.30	\$40.60	\$41.30	\$36.70	\$34.30	\$34.00	\$38.00	\$38.60	\$34.30	\$32.00	\$35.60	\$39.80	\$40.50	\$36.00	\$33.60	
Employee & 1 Adult		\$87.70	\$98.20	\$99.90	\$88.60	\$83.20	\$82.00	\$91.70	\$93.30	\$82.80	\$77.60	\$86.00	\$96.30	\$98.00	\$86.90	\$81.50	
Employee & Child(ren)		\$79.80	\$89.20	\$90.80	\$80.60	\$75.70	\$74.60	\$83.40	\$84.90	\$75.30	\$70.60	\$78.30	\$87.50	\$89.10	\$79.00	\$74.20	
\$1,500 Annual Program Maximum	Family	\$133.50	\$149.40	\$152.00	\$134.80	\$126.60	\$124.80	\$139.60	\$142.10	\$126.00	\$118.10	\$130.90	\$146.50	\$149.10	\$132.20	\$124.10	
	Employee	\$37.90	\$42.40	\$43.10	\$38.30	\$35.80	\$35.70	\$40.00	\$40.70	\$36.10	\$33.70	\$37.50	\$41.90	\$42.70	\$37.90	\$35.40	
	Family	\$114.80	\$128.40	\$130.70	\$115.90	\$108.90	\$108.30	\$121.10	\$123.20	\$109.30	\$102.60	\$113.60	\$127.10	\$129.30	\$114.70	\$107.70	
	Employee	\$37.90	\$42.40	\$43.10	\$38.30	\$35.80	\$35.70	\$40.00	\$40.70	\$36.10	\$33.70	\$37.50	\$41.90	\$42.70	\$37.90	\$35.40	
	Employee & 1 Adult	\$91.60	\$102.50	\$104.30	\$92.50	\$86.90	\$86.30	\$96.60	\$98.30	\$87.20	\$81.80	\$90.60	\$101.40	\$103.20	\$91.50	\$86.00	
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$83.30	\$93.10	\$94.80	\$84.10	\$79.00	\$78.50	\$87.80	\$89.40	\$79.30	\$74.40	\$82.40	\$92.20	\$93.80	\$83.20	\$78.20	
	Family	\$139.30	\$155.90	\$158.70	\$140.70	\$132.20	\$131.40	\$147.00	\$149.60	\$132.70	\$124.50	\$137.90	\$154.30	\$157.00	\$139.30	\$130.80	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$48.60	\$54.30	\$55.30	\$49.10	\$46.20	\$45.40	\$50.80	\$51.70	\$45.90	\$43.10	\$47.70	\$53.30	\$54.20	\$48.10	\$45.30
Family		\$147.40	\$164.90	\$167.80	\$148.90	\$140.40	\$137.70	\$154.10	\$156.80	\$139.10	\$131.10	\$144.50	\$161.70	\$164.60	\$146.00	\$137.70	
Employee		\$48.60	\$54.30	\$55.30	\$49.10	\$46.20	\$45.40	\$50.80	\$51.70	\$45.90	\$43.10	\$47.70	\$53.30	\$54.20	\$48.10	\$45.30	
Employee & 1 Adult		\$117.60	\$131.70	\$134.00	\$118.80	\$112.10	\$109.90	\$123.00	\$125.20	\$111.00	\$104.60	\$115.40	\$129.10	\$131.40	\$116.50	\$109.90	
Employee & Child(ren)		\$106.90	\$119.60	\$121.70	\$107.90	\$101.90	\$99.90	\$111.70	\$113.70	\$100.90	\$95.10	\$104.80	\$117.30	\$119.30	\$105.80	\$99.90	
\$1,500 Annual Program Maximum	Family	\$179.00	\$200.40	\$203.90	\$180.80	\$170.60	\$167.30	\$187.20	\$190.50	\$168.90	\$159.20	\$175.60	\$196.50	\$200.00	\$177.30	\$167.30	
	Employee	\$50.70	\$56.70	\$57.70	\$51.20	\$48.20	\$47.80	\$53.50	\$54.40	\$48.30	\$45.40	\$50.20	\$56.10	\$57.10	\$50.70	\$47.70	
	Family	\$153.80	\$172.10	\$175.20	\$155.30	\$146.70	\$145.00	\$162.30	\$165.20	\$146.50	\$138.20	\$152.20	\$170.30	\$173.30	\$153.70	\$145.10	
	Employee	\$50.70	\$56.70	\$57.70	\$51.20	\$48.20	\$47.80	\$53.50	\$54.40	\$48.30	\$45.40	\$50.20	\$56.10	\$57.10	\$50.70	\$47.70	
	Employee & 1 Adult	\$122.80	\$137.40	\$139.90	\$124.00	\$117.10	\$115.80	\$129.60	\$131.90	\$116.90	\$110.30	\$121.50	\$136.00	\$138.40	\$122.70	\$115.90	
\$1,500 Annual Program Maximum	Employee & Child(ren)	\$111.50	\$124.80	\$127.00	\$112.60	\$106.40	\$105.20	\$117.70	\$119.70	\$106.20	\$100.20	\$110.40	\$123.50	\$125.70	\$111.50	\$105.30	
	Family	\$186.80	\$209.10	\$212.80	\$188.70	\$178.20	\$176.20	\$197.20	\$200.70	\$177.90	\$167.90	\$184.90	\$206.90	\$210.60	\$186.70	\$176.30	

* In order for a group with 10-24 enrolled contracts to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage.
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United Concordia Dental PPO Plans

Bundled Sponsored Dental Programs for California Employer Groups with 2-99 Enrolled Contracts For Standard SIC Codes

Valid programs and rates for effective dates of January 1, 2025 through June 30, 2025.

Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines.

The rates on this card do not apply to existing United Concordia Dental groups.

Rates available only when bundled with a new or in force UC ClearVision policy.

Orange

Valid in the following Zip Codes: 926xx-928xx

Minimum Enrollment & Participation		Groups 2-9					Groups 10-50					Groups 51-99					
Minimum Enrolled		2	2	2	2	2	10	10	10	10	10	51	51	51	51	51	
Minimum Participation		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	
STANDARD PLAN OPTION		F-3W	F-7W	P-13WD	P-4WD	P-CA1W	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	
		With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho					
		Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network					
\$1,000 Annual Program Maximum	Employee						\$33.20	\$37.20	\$37.80	\$33.60	\$31.30	\$34.90	\$39.00	\$39.70	\$35.20	\$32.90	
	Family						\$118.60	\$130.50	\$132.50	\$119.60	\$113.10	\$117.60	\$130.10	\$132.20	\$118.60	\$111.90	
	Employee						\$33.20	\$37.20	\$37.80	\$33.60	\$31.30	\$34.90	\$39.00	\$39.70	\$35.20	\$32.90	
	Employee & 1 Adult						\$80.20	\$89.80	\$91.40	\$81.00	\$75.90	\$84.20	\$94.20	\$95.90	\$85.10	\$79.80	
	Employee & Child(ren)						\$90.90	\$99.50	\$101.00	\$91.60	\$87.00	\$88.50	\$97.60	\$99.10	\$89.30	\$84.50	
\$1,500 Annual Program Maximum	Family						\$140.00	\$154.50	\$157.00	\$141.20	\$133.50	\$140.10	\$155.30	\$157.90	\$141.40	\$133.30	
	Employee						\$35.00	\$39.10	\$39.80	\$35.30	\$33.00	\$36.70	\$41.00	\$41.80	\$37.10	\$34.70	
	Family						\$123.90	\$136.40	\$138.50	\$124.90	\$118.30	\$123.20	\$136.30	\$138.50	\$124.30	\$117.40	
	Employee						\$35.00	\$39.10	\$39.80	\$35.30	\$33.00	\$36.70	\$41.00	\$41.80	\$37.10	\$34.70	
	Employee & 1 Adult						\$84.50	\$94.60	\$96.20	\$85.40	\$80.10	\$88.70	\$99.30	\$101.00	\$89.60	\$84.10	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$94.80	\$103.90	\$105.40	\$95.50	\$90.70	\$92.60	\$102.10	\$103.70	\$93.40	\$88.40	
	Family						\$146.50	\$161.80	\$164.40	\$147.80	\$139.70	\$146.90	\$163.00	\$165.60	\$148.30	\$139.90	
			With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee						\$42.80	\$47.80	\$48.70	\$43.20	\$40.50	\$44.90	\$50.20	\$51.10	\$45.30	\$42.60
Family							\$147.60	\$163.00	\$165.60	\$148.90	\$141.20	\$148.00	\$164.20	\$166.90	\$149.40	\$141.40	
Employee							\$42.80	\$47.80	\$48.70	\$43.20	\$40.50	\$44.90	\$50.20	\$51.10	\$45.30	\$42.60	
Employee & 1 Adult							\$103.50	\$115.80	\$117.90	\$104.50	\$98.40	\$108.60	\$121.60	\$123.70	\$109.70	\$103.40	
Employee & Child(ren)							\$111.90	\$123.10	\$125.00	\$112.90	\$107.40	\$110.60	\$122.30	\$124.30	\$111.60	\$105.90	
\$1,500 Annual Program Maximum	Family						\$175.40	\$194.10	\$197.20	\$176.90	\$167.70	\$177.20	\$196.90	\$200.20	\$178.90	\$169.30	
	Employee						\$45.00	\$50.40	\$51.30	\$45.50	\$42.70	\$47.30	\$52.90	\$53.80	\$47.70	\$44.90	
	Family						\$154.50	\$170.70	\$173.40	\$155.80	\$147.90	\$155.30	\$172.30	\$175.10	\$156.70	\$148.40	
	Employee						\$45.00	\$50.40	\$51.30	\$45.50	\$42.70	\$47.30	\$52.90	\$53.80	\$47.70	\$44.90	
	Employee & 1 Adult						\$109.00	\$122.00	\$124.10	\$110.10	\$103.80	\$114.40	\$128.00	\$130.30	\$115.50	\$109.00	
\$1,500 Annual Program Maximum	Employee & Child(ren)						\$116.90	\$128.70	\$130.60	\$117.90	\$112.20	\$115.90	\$128.20	\$130.30	\$116.90	\$111.00	
	Family						\$183.80	\$203.50	\$206.80	\$185.40	\$175.80	\$186.00	\$206.80	\$210.20	\$187.70	\$177.80	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$35.60	\$39.80	\$40.40	\$35.90	\$33.60	\$33.20	\$37.20	\$37.80	\$33.60	\$31.30	\$34.90	\$39.00	\$39.70	\$35.20	\$32.90
Family		\$107.70	\$120.50	\$122.60	\$108.80	\$102.00	\$100.70	\$112.60	\$114.60	\$101.70	\$95.20	\$105.60	\$118.10	\$120.20	\$106.70	\$100.00	
Employee		\$35.60	\$39.80	\$40.40	\$35.90	\$33.60	\$33.20	\$37.20	\$37.80	\$33.60	\$31.30	\$34.90	\$39.00	\$39.70	\$35.20	\$32.90	
Employee & 1 Adult		\$85.90	\$96.10	\$97.80	\$86.70	\$81.40	\$80.20	\$89.80	\$91.40	\$81.00	\$75.90	\$84.20	\$94.20	\$95.90	\$85.10	\$79.80	
Employee & Child(ren)		\$78.10	\$87.40	\$88.90	\$78.90	\$74.00	\$73.00	\$81.60	\$83.10	\$73.70	\$69.10	\$76.60	\$85.70	\$87.20	\$77.40	\$72.60	
\$1,500 Annual Program Maximum	Family	\$130.70	\$146.20	\$148.80	\$132.00	\$123.90	\$122.10	\$136.60	\$139.10	\$123.30	\$115.60	\$128.20	\$143.40	\$146.00	\$129.40	\$121.40	
	Employee	\$37.10	\$41.50	\$42.20	\$37.50	\$35.00	\$35.00	\$39.10	\$39.80	\$35.30	\$33.00	\$36.70	\$41.00	\$41.80	\$37.10	\$34.70	
	Family	\$112.40	\$125.70	\$127.90	\$113.50	\$106.60	\$106.00	\$118.60	\$120.60	\$107.00	\$100.40	\$111.20	\$124.40	\$126.60	\$112.30	\$105.40	
	Employee	\$37.10	\$41.50	\$42.20	\$37.50	\$35.00	\$35.00	\$39.10	\$39.80	\$35.30	\$33.00	\$36.70	\$41.00	\$41.80	\$37.10	\$34.70	
	Employee & 1 Adult	\$89.60	\$100.30	\$102.10	\$90.50	\$85.00	\$84.50	\$94.60	\$96.20	\$85.40	\$80.10	\$88.70	\$99.30	\$101.00	\$89.60	\$84.10	
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$81.50	\$91.20	\$92.80	\$82.30	\$77.30	\$76.90	\$86.00	\$87.50	\$77.60	\$72.80	\$80.70	\$90.20	\$91.80	\$81.50	\$76.50	
	Family	\$136.40	\$152.60	\$155.30	\$137.80	\$129.40	\$128.60	\$143.90	\$146.50	\$129.90	\$121.80	\$135.00	\$151.00	\$153.70	\$136.30	\$128.00	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$45.80	\$51.20	\$52.10	\$46.20	\$43.40	\$42.80	\$47.80	\$48.70	\$43.20	\$40.50	\$44.90	\$50.20	\$51.10	\$45.30	\$42.60
Family		\$138.80	\$155.30	\$158.00	\$140.20	\$132.10	\$129.70	\$145.10	\$147.70	\$131.00	\$123.30	\$136.10	\$152.30	\$155.00	\$137.50	\$129.50	
Employee		\$45.80	\$51.20	\$52.10	\$46.20	\$43.40	\$42.80	\$47.80	\$48.70	\$43.20	\$40.50	\$44.90	\$50.20	\$51.10	\$45.30	\$42.60	
Employee & 1 Adult		\$110.80	\$124.00	\$126.20	\$111.90	\$105.50	\$103.50	\$115.80	\$117.90	\$104.50	\$98.40	\$108.60	\$121.60	\$123.70	\$109.70	\$103.40	
Employee & Child(ren)		\$100.60	\$112.60	\$114.60	\$101.60	\$95.80	\$94.00	\$105.20	\$107.10	\$95.00	\$89.50	\$98.70	\$110.40	\$112.40	\$99.70	\$94.00	
\$1,500 Annual Program Maximum	Family	\$168.50	\$188.60	\$192.00	\$170.20	\$160.50	\$157.50	\$176.20	\$179.30	\$159.00	\$149.80	\$165.30	\$185.00	\$188.30	\$166.90	\$157.30	
	Employee	\$47.80	\$53.40	\$54.40	\$48.20	\$45.40	\$45.50	\$50.40	\$51.30	\$45.50	\$42.70	\$47.30	\$52.90	\$53.80	\$47.70	\$44.90	
	Family	\$144.80	\$162.10	\$164.90	\$146.30	\$138.00	\$136.60	\$152.80	\$155.50	\$137.90	\$130.00	\$143.30	\$160.40	\$163.20	\$144.80	\$136.50	
	Employee	\$47.80	\$53.40	\$54.40	\$48.20	\$45.40	\$45.50	\$50.40	\$51.30	\$45.50	\$42.70	\$47.30	\$52.90	\$53.80	\$47.70	\$44.90	
	Employee & 1 Adult	\$115.60	\$129.40	\$131.70	\$116.70	\$110.10	\$109.00	\$122.00	\$124.10	\$110.10	\$103.80	\$114.40	\$128.00	\$130.30	\$115.50	\$109.00	
\$1,500 Annual Program Maximum	Employee & Child(ren)	\$105.00	\$117.50	\$119.60	\$106.10	\$100.10	\$99.00	\$110.80	\$112.70	\$100.00	\$94.30	\$103.90	\$116.30	\$118.30	\$105.00	\$99.00	
	Family	\$175.90	\$196.90	\$200.40	\$177.70	\$167.60	\$165.90	\$185.60	\$188.90	\$167.50	\$157.90	\$174.10	\$194.80	\$198.30	\$175.80	\$165.80	

* In order for a group with 10-24 enrolled contracts to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage. Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc. Program availability under dental policies subject to change without notice. Member rewards earned survive program/policy termination subject to SAGE Scholars, Inc. Terms and Conditions. Tuition Rewards is a value-added program and not benefits paid under the group

United Concordia Dental PPO Plans

**Bundled Sponsored Dental Programs for California Employer Groups with 2-99 Enrolled Contracts
For Standard SIC Codes**

Valid programs and rates for effective dates of January 1, 2025 through June 30, 2025.
Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines.
The rates on this card do not apply to existing United Concordia Dental groups.
Rates available only when bundled with a new or in force UC ClearVision policy.

Sacramento

Valid in the following Zip Codes: 942xx, 956xx-958xx

Minimum Enrollment & Participation		Groups 2-9					Groups 10-50					Groups 51-99					
		2 70%	2 70%	2 70%	2 70%	2 70%	10 70%	10 70%	10 70%	10 70%	10 70%	51 70%	51 70%	51 70%	51 70%	51 70%	
STANDARD PLAN OPTION		F-3W	F-7W	P-13WD	P-4WD	P-CA1W	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	
		With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho					
		Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network					
\$1,000 Annual Program Maximum	Employee						\$29.40	\$32.80	\$33.40	\$29.60	\$27.60	\$30.80	\$34.40	\$35.00	\$31.10	\$28.90	
	Family						\$106.70	\$117.20	\$119.00	\$107.60	\$101.60	\$105.10	\$116.10	\$118.00	\$106.00	\$99.90	
	Employee						\$29.40	\$32.80	\$33.40	\$29.60	\$27.60	\$30.80	\$34.40	\$35.00	\$31.10	\$28.90	
	Employee & 1 Adult						\$70.80	\$79.20	\$80.60	\$71.50	\$66.80	\$74.30	\$83.10	\$84.60	\$75.00	\$70.20	
	Employee & Child(ren)						\$82.30	\$89.90	\$91.20	\$83.00	\$78.70	\$79.50	\$87.50	\$88.80	\$80.20	\$75.80	
\$1,500 Annual Program Maximum	Family						\$125.60	\$138.40	\$140.50	\$126.70	\$119.50	\$125.00	\$138.40	\$140.60	\$126.10	\$118.70	
	Employee						\$30.90	\$34.50	\$35.10	\$31.20	\$29.00	\$32.40	\$36.20	\$36.90	\$32.70	\$30.50	
	Family						\$111.40	\$122.50	\$124.30	\$112.30	\$106.20	\$110.00	\$121.70	\$123.60	\$111.00	\$104.70	
	Employee						\$30.90	\$34.50	\$35.10	\$31.20	\$29.00	\$32.40	\$36.20	\$36.90	\$32.70	\$30.50	
	Employee & 1 Adult						\$74.50	\$83.40	\$84.80	\$75.30	\$70.40	\$78.20	\$87.50	\$89.10	\$79.00	\$74.00	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$85.70	\$93.70	\$95.10	\$86.40	\$82.00	\$83.10	\$91.50	\$92.90	\$83.80	\$79.20	
	Family						\$131.30	\$144.80	\$147.00	\$132.40	\$125.00	\$131.00	\$145.10	\$147.50	\$132.10	\$124.50	
			With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee						\$39.20	\$43.90	\$44.60	\$39.60	\$37.10	\$41.20	\$46.00	\$46.80	\$41.60	\$39.00
Family							\$136.80	\$150.90	\$153.30	\$138.00	\$130.80	\$136.70	\$151.50	\$154.00	\$137.90	\$130.50	
Employee							\$39.20	\$43.90	\$44.60	\$39.60	\$37.10	\$41.20	\$46.00	\$46.80	\$41.60	\$39.00	
Employee & 1 Adult							\$94.80	\$106.10	\$108.00	\$95.80	\$90.10	\$99.50	\$111.40	\$113.40	\$100.50	\$94.60	
Employee & Child(ren)							\$104.10	\$114.30	\$116.00	\$105.00	\$99.80	\$102.40	\$113.10	\$114.90	\$103.30	\$97.90	
\$1,500 Annual Program Maximum	Family						\$162.20	\$179.40	\$182.30	\$163.70	\$155.00	\$163.40	\$181.40	\$184.50	\$164.90	\$155.90	
	Employee						\$41.30	\$46.20	\$47.00	\$41.70	\$39.10	\$43.30	\$48.50	\$49.30	\$43.80	\$41.10	
	Family						\$143.10	\$158.00	\$160.40	\$144.30	\$136.90	\$143.30	\$158.90	\$161.50	\$144.60	\$136.90	
	Employee						\$41.30	\$46.20	\$47.00	\$41.70	\$39.10	\$43.30	\$48.50	\$49.30	\$43.80	\$41.10	
	Employee & 1 Adult						\$99.90	\$111.80	\$113.80	\$100.90	\$94.90	\$104.80	\$117.30	\$119.40	\$105.90	\$99.70	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$108.70	\$119.50	\$121.30	\$109.60	\$104.20	\$107.20	\$118.50	\$120.40	\$108.20	\$102.60	
	Family						\$169.90	\$188.00	\$191.00	\$171.40	\$162.40	\$171.50	\$190.50	\$193.60	\$173.10	\$163.70	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$31.40	\$35.10	\$35.70	\$31.70	\$29.50	\$29.40	\$32.80	\$33.40	\$29.60	\$27.60	\$30.80	\$34.40	\$35.00	\$31.10	\$28.90
Family		\$95.00	\$106.30	\$108.10	\$96.00	\$89.70	\$88.80	\$99.30	\$101.10	\$89.70	\$83.70	\$93.20	\$104.20	\$106.10	\$94.10	\$88.00	
Employee		\$31.40	\$35.10	\$35.70	\$31.70	\$29.50	\$29.40	\$32.80	\$33.40	\$29.60	\$27.60	\$30.80	\$34.40	\$35.00	\$31.10	\$28.90	
Employee & 1 Adult		\$75.70	\$84.70	\$86.20	\$76.50	\$71.60	\$70.80	\$79.20	\$80.60	\$71.50	\$66.80	\$74.30	\$83.10	\$84.60	\$75.00	\$70.20	
Employee & Child(ren)		\$68.90	\$77.10	\$78.40	\$69.60	\$65.10	\$64.40	\$72.00	\$73.30	\$65.10	\$60.80	\$67.60	\$75.60	\$76.90	\$68.30	\$63.90	
\$1,500 Annual Program Maximum	Family	\$115.30	\$128.90	\$131.20	\$116.40	\$108.90	\$107.70	\$120.50	\$122.60	\$108.80	\$101.60	\$113.00	\$126.40	\$128.70	\$114.10	\$106.80	
	Employee	\$32.70	\$36.60	\$37.20	\$33.10	\$30.80	\$30.90	\$34.50	\$35.10	\$31.20	\$29.00	\$32.40	\$36.20	\$36.90	\$32.70	\$30.50	
	Family	\$99.10	\$110.90	\$112.80	\$100.10	\$93.70	\$93.50	\$104.60	\$106.40	\$94.40	\$88.30	\$98.10	\$109.70	\$111.70	\$99.10	\$92.70	
	Employee	\$32.70	\$36.60	\$37.20	\$33.10	\$30.80	\$30.90	\$34.50	\$35.10	\$31.20	\$29.00	\$32.40	\$36.20	\$36.90	\$32.70	\$30.50	
	Employee & 1 Adult	\$79.00	\$88.40	\$90.00	\$79.80	\$74.80	\$74.50	\$83.40	\$84.80	\$75.30	\$70.40	\$78.20	\$87.50	\$89.10	\$79.00	\$74.00	
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$71.90	\$80.40	\$81.80	\$72.60	\$68.00	\$67.80	\$75.80	\$77.20	\$68.50	\$64.10	\$71.20	\$79.60	\$81.00	\$71.90	\$67.30	
	Family	\$120.30	\$134.60	\$136.90	\$121.50	\$113.80	\$113.40	\$126.90	\$129.10	\$114.50	\$107.10	\$119.00	\$133.20	\$135.50	\$120.20	\$112.60	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$42.00	\$46.90	\$47.80	\$42.40	\$39.80	\$39.20	\$43.90	\$44.60	\$39.60	\$37.10	\$41.20	\$46.00	\$46.80	\$41.60	\$39.00
Family		\$127.20	\$142.30	\$144.90	\$128.50	\$120.90	\$118.90	\$133.00	\$135.40	\$120.10	\$112.90	\$124.80	\$139.60	\$142.10	\$126.00	\$118.60	
Employee		\$42.00	\$46.90	\$47.80	\$42.40	\$39.80	\$39.20	\$43.90	\$44.60	\$39.60	\$37.10	\$41.20	\$46.00	\$46.80	\$41.60	\$39.00	
Employee & 1 Adult		\$101.50	\$113.60	\$115.60	\$102.50	\$96.50	\$94.80	\$106.10	\$108.00	\$95.80	\$90.10	\$99.50	\$111.40	\$113.40	\$100.50	\$94.60	
Employee & Child(ren)		\$92.30	\$103.20	\$105.00	\$93.20	\$87.70	\$86.20	\$96.40	\$98.10	\$87.10	\$81.90	\$90.50	\$101.20	\$103.00	\$91.40	\$86.00	
\$1,500 Annual Program Maximum	Family	\$154.50	\$172.90	\$175.90	\$156.00	\$146.90	\$144.30	\$161.50	\$164.40	\$145.80	\$137.10	\$151.50	\$169.50	\$172.50	\$153.00	\$144.00	
	Employee	\$43.80	\$49.00	\$49.80	\$44.20	\$41.50	\$41.30	\$46.20	\$47.00	\$41.70	\$39.10	\$43.30	\$48.50	\$49.30	\$43.80	\$41.10	
	Family	\$132.80	\$148.50	\$151.20	\$134.10	\$126.30	\$125.20	\$140.10	\$142.50	\$126.40	\$119.00	\$131.40	\$147.00	\$149.60	\$132.70	\$125.00	
	Employee	\$43.80	\$49.00	\$49.80	\$44.20	\$41.50	\$41.30	\$46.20	\$47.00	\$41.70	\$39.10	\$43.30	\$48.50	\$49.30	\$43.80	\$41.10	
	Employee & 1 Adult	\$105.90	\$118.60	\$120.70	\$107.00	\$100.80	\$99.90	\$111.80	\$113.80	\$100.90	\$94.90	\$104.80	\$117.30	\$119.40	\$105.90	\$99.70	
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$96.30	\$107.70	\$109.60	\$97.20	\$91.60	\$90.80	\$101.60	\$103.40	\$91.70	\$86.30	\$95.30	\$106.60	\$108.50	\$96.20	\$90.70	
	Family	\$161.20	\$180.40	\$183.60	\$162.80	\$153.40	\$152.00	\$170.10	\$173.10	\$153.50	\$144.50	\$159.50	\$178.60	\$181.70	\$161.10	\$151.80	

* In order for a group with 10-24 enrolled contracts to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage.
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United Concordia Dental PPO Plans

Bundled Sponsored Dental Programs for California Employer Groups with 2-99 Enrolled Contracts For Standard SIC Codes

Valid programs and rates for effective dates of January 1, 2025 through June 30, 2025.
 Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines.
 The rates on this card do not apply to existing United Concordia Dental groups.
 Rates available only when bundled with a new or in force UC ClearVision policy.

Southern

Valid in the following Zip Codes: 919xx-925xx, 929xx-931xx

Minimum Enrollment & Participation		Groups 2-9					Groups 10-50					Groups 51-99					
		2 70%	2 70%	2 70%	2 70%	2 70%	10 70%	10 70%	10 70%	10 70%	10 70%	51 70%	51 70%	51 70%	51 70%	51 70%	
STANDARD PLAN OPTION		F-3W	F-7W	P-13WD	P-4WD	P-CA1W	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	F-3W*	F-7W*	P-13WD*	P-4WD*	P-CA1W*	
		With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho					
		Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network					
\$1,000 Annual Program Maximum	Employee						\$28.80	\$32.20	\$32.80	\$29.10	\$27.00	\$30.20	\$33.80	\$34.40	\$30.50	\$28.40	
	Family						\$105.10	\$115.40	\$117.10	\$105.90	\$100.00	\$103.40	\$114.20	\$116.00	\$104.30	\$98.20	
	Employee						\$28.80	\$32.20	\$32.80	\$29.10	\$27.00	\$30.20	\$33.80	\$34.40	\$30.50	\$28.40	
	Employee & 1 Adult						\$69.40	\$77.70	\$79.10	\$70.10	\$65.50	\$72.90	\$81.50	\$83.00	\$73.60	\$68.80	
	Employee & Child(ren)						\$81.10	\$88.60	\$89.80	\$81.80	\$77.50	\$78.30	\$86.10	\$87.40	\$78.90	\$74.60	
\$1,500 Annual Program Maximum	Family						\$123.60	\$136.10	\$138.20	\$124.60	\$117.60	\$122.80	\$136.00	\$138.20	\$123.90	\$116.60	
	Employee						\$30.30	\$33.90	\$34.50	\$30.60	\$28.50	\$31.80	\$35.50	\$36.20	\$32.10	\$29.90	
	Family						\$109.70	\$120.50	\$122.30	\$110.60	\$104.50	\$108.20	\$119.60	\$121.50	\$109.20	\$102.90	
	Employee						\$30.30	\$33.90	\$34.50	\$30.60	\$28.50	\$31.80	\$35.50	\$36.20	\$32.10	\$29.90	
	Employee & 1 Adult						\$73.10	\$81.80	\$83.30	\$73.90	\$69.00	\$76.70	\$85.90	\$87.40	\$77.50	\$72.50	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$84.50	\$92.30	\$93.60	\$85.10	\$80.80	\$81.80	\$90.00	\$91.40	\$82.50	\$78.00	
	Family						\$129.20	\$142.40	\$144.60	\$130.30	\$123.00	\$128.70	\$142.60	\$144.90	\$129.90	\$122.30	
			With \$1,500 Child Ortho					With \$1,500 Child Ortho					With \$1,500 Child Ortho				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee						\$35.90	\$40.10	\$40.80	\$36.20	\$33.90	\$37.60	\$42.10	\$42.80	\$38.00	\$35.60
Family							\$126.60	\$139.50	\$141.60	\$127.70	\$120.90	\$126.00	\$139.50	\$141.80	\$127.10	\$120.10	
Employee							\$35.90	\$40.10	\$40.80	\$36.20	\$33.90	\$37.60	\$42.10	\$42.80	\$38.00	\$35.60	
Employee & 1 Adult							\$86.70	\$97.00	\$98.70	\$87.50	\$82.20	\$91.00	\$101.80	\$103.60	\$91.90	\$86.30	
Employee & Child(ren)							\$96.70	\$106.10	\$107.60	\$97.50	\$92.60	\$94.60	\$104.40	\$106.10	\$95.50	\$90.40	
\$1,500 Annual Program Maximum	Family						\$149.80	\$165.50	\$168.10	\$151.10	\$142.90	\$150.40	\$166.80	\$169.60	\$151.70	\$143.30	
	Employee						\$37.80	\$42.20	\$43.00	\$38.10	\$35.70	\$39.60	\$44.30	\$45.10	\$40.00	\$37.50	
	Family						\$132.30	\$145.90	\$148.20	\$133.50	\$126.40	\$132.00	\$146.30	\$148.70	\$133.20	\$125.90	
	Employee						\$37.80	\$42.20	\$43.00	\$38.10	\$35.70	\$39.60	\$44.30	\$45.10	\$40.00	\$37.50	
	Employee & 1 Adult						\$91.30	\$102.10	\$103.90	\$92.20	\$86.60	\$95.80	\$107.20	\$109.10	\$96.80	\$91.00	
\$1,000 Annual Program Maximum	Employee & Child(ren)						\$100.90	\$110.70	\$112.40	\$101.70	\$96.70	\$99.00	\$109.30	\$111.10	\$99.90	\$94.70	
	Family						\$156.80	\$173.30	\$176.10	\$158.20	\$149.70	\$157.70	\$175.10	\$178.00	\$159.20	\$150.40	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			Advantage Out-of-Network					Advantage Out-of-Network					Advantage Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$30.80	\$34.40	\$35.00	\$31.10	\$29.00	\$28.80	\$32.20	\$32.80	\$29.10	\$27.00	\$30.20	\$33.80	\$34.40	\$30.50	\$28.40
Family		\$93.20	\$104.30	\$106.10	\$94.20	\$88.00	\$87.20	\$97.50	\$99.20	\$88.00	\$82.10	\$91.50	\$102.30	\$104.10	\$92.40	\$86.30	
Employee		\$30.80	\$34.40	\$35.00	\$31.10	\$29.00	\$28.80	\$32.20	\$32.80	\$29.10	\$27.00	\$30.20	\$33.80	\$34.40	\$30.50	\$28.40	
Employee & 1 Adult		\$74.30	\$83.10	\$84.60	\$75.00	\$70.20	\$69.40	\$77.70	\$79.10	\$70.10	\$65.50	\$72.90	\$81.50	\$83.00	\$73.60	\$68.80	
Employee & Child(ren)		\$67.60	\$75.60	\$77.00	\$68.30	\$63.90	\$63.20	\$70.70	\$71.90	\$63.90	\$59.60	\$66.30	\$74.20	\$75.50	\$67.00	\$62.60	
\$1,500 Annual Program Maximum	Family	\$113.10	\$126.50	\$128.80	\$114.20	\$106.80	\$105.70	\$118.20	\$120.30	\$106.70	\$99.70	\$110.90	\$124.10	\$126.30	\$112.00	\$104.70	
	Employee	\$32.10	\$35.90	\$36.50	\$32.50	\$30.20	\$30.30	\$33.90	\$34.50	\$30.60	\$28.50	\$31.80	\$35.50	\$36.20	\$32.10	\$29.90	
	Family	\$97.30	\$108.80	\$110.70	\$98.20	\$91.90	\$91.80	\$102.60	\$104.40	\$92.70	\$86.60	\$96.30	\$107.70	\$109.60	\$97.20	\$91.00	
	Employee	\$32.10	\$35.90	\$36.50	\$32.50	\$30.20	\$30.30	\$33.90	\$34.50	\$30.60	\$28.50	\$31.80	\$35.50	\$36.20	\$32.10	\$29.90	
	Employee & 1 Adult	\$77.50	\$86.80	\$88.30	\$78.30	\$73.30	\$73.10	\$81.80	\$83.30	\$73.90	\$69.00	\$76.70	\$85.90	\$87.40	\$77.50	\$72.50	
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$70.60	\$78.90	\$80.30	\$71.30	\$66.70	\$66.60	\$74.40	\$75.70	\$67.20	\$62.90	\$69.80	\$78.10	\$79.50	\$70.50	\$66.00	
	Family	\$118.00	\$132.00	\$134.40	\$119.20	\$111.60	\$111.30	\$124.50	\$126.70	\$112.40	\$105.10	\$116.80	\$130.70	\$133.00	\$118.00	\$110.40	
			With No Child Ortho Coverage					With No Child Ortho Coverage					With No Child Ortho Coverage				
			90th Out-of-Network					90th Out-of-Network					90th Out-of-Network				
	\$1,000 Annual Program Maximum	Employee	\$38.40	\$42.90	\$43.70	\$38.80	\$36.30	\$35.90	\$40.10	\$40.80	\$36.20	\$33.90	\$37.60	\$42.10	\$42.80	\$38.00	\$35.60
Family		\$116.30	\$130.10	\$132.40	\$117.40	\$110.30	\$108.70	\$121.60	\$123.70	\$109.80	\$103.00	\$114.10	\$127.60	\$129.80	\$115.20	\$108.20	
Employee		\$38.40	\$42.90	\$43.70	\$38.80	\$36.30	\$35.90	\$40.10	\$40.80	\$36.20	\$33.90	\$37.60	\$42.10	\$42.80	\$38.00	\$35.60	
Employee & 1 Adult		\$92.80	\$103.80	\$105.60	\$93.70	\$88.00	\$86.70	\$97.00	\$98.70	\$87.50	\$82.20	\$91.00	\$101.80	\$103.60	\$91.90	\$86.30	
Employee & Child(ren)		\$84.30	\$94.30	\$96.00	\$85.20	\$80.10	\$78.80	\$88.20	\$89.70	\$79.60	\$74.70	\$82.70	\$92.50	\$94.10	\$83.50	\$78.50	
\$1,500 Annual Program Maximum	Family	\$141.20	\$158.00	\$160.80	\$142.60	\$134.00	\$131.90	\$147.60	\$150.20	\$133.20	\$125.00	\$138.40	\$154.90	\$157.60	\$139.80	\$131.30	
	Employee	\$40.00	\$44.80	\$45.60	\$40.40	\$37.90	\$37.80	\$42.20	\$43.00	\$38.10	\$35.70	\$39.60	\$44.30	\$45.10	\$40.00	\$37.50	
	Family	\$121.40	\$135.80	\$138.20	\$122.60	\$115.20	\$114.40	\$128.00	\$130.30	\$115.60	\$108.50	\$120.10	\$134.30	\$136.70	\$121.30	\$114.00	
	Employee	\$40.00	\$44.80	\$45.60	\$40.40	\$37.90	\$37.80	\$42.20	\$43.00	\$38.10	\$35.70	\$39.60	\$44.30	\$45.10	\$40.00	\$37.50	
	Employee & 1 Adult	\$96.80	\$108.30	\$110.20	\$97.80	\$92.00	\$91.30	\$102.10	\$103.90	\$92.20	\$86.60	\$95.80	\$107.20	\$109.10	\$96.80	\$91.00	
\$1,000 Annual Program Maximum	Employee & Child(ren)	\$88.00	\$98.40	\$100.20	\$88.90	\$83.60	\$83.00	\$92.80	\$94.50	\$83.80	\$78.80	\$87.10	\$97.40	\$99.10	\$88.00	\$82.70	
	Family	\$147.30	\$164.90	\$167.80	\$148.80	\$139.90	\$138.90	\$155.40	\$158.20	\$140.30	\$131.80	\$145.80	\$163.10	\$166.00	\$147.20	\$138.50	

* In order for a group with 10-24 enrolled contracts to qualify for dependent orthodontic coverage, the group must provide proof of prior fee-for-service orthodontic coverage.
 Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc. Program availability under dental policies subject to change without notice. Member rewards earned survive program/policy termination subject to SAGE Scholars, Inc. Terms and Conditions. Tuition Rewards is a value-added program and not benefits paid under the group

The following underwriting guidelines apply to stand alone dental programs on the attached document.

1. In network benefits are calculated using United Concordia's Maximum Allowable Charge (MAC).
2. Out-of-network reimbursement levels are based on plan selection.
 - a. For 90th Percentile out-of-network reimbursement, United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
 - b. For MAC out-of-network reimbursement, out-of-network benefits are calculated based upon United Concordia's MAC.
3. Both minimum enrolled contract count and participation requirement must be achieved.
4. Spousal waive out count toward participation requirements but are not applicable to the minimum enrollment requirements.
5. Programs assume dependent children are eligible to age 26 and full-time students to age 26.
6. Preventive Incentive® included in the dental plan. All Class I Diagnostic and Preventive services do not count toward the annual maximum.
7. Implants can be offered for clients with 10 or more enrolled contracts. Implants are covered under the annual maximum, if covered on chosen plan.
8. Standard United Concordia policies and procedures and exclusions and limitations apply (refer to Es & Ls included).
9. If the group is multi-state, at least 90% of those eligible are located in the quoted rate card region.
10. This chart is a representative listing of services covered under the proposed program.
11. The overall average number of members per contract is less than 5.
12. Dental plan is not offered in conjunction with another dental plan or another carrier.
13. The group has no claims experience available.
14. Rates on this card apply only to new business sold through United Concordia.
15. Standard industry code applicable: 6600 - 6799, 7800 - 7899, 8000 - 8199, 8230 - 8499, 8600 - 8999, and excluding all cannabis industries, SIC 8021 and SIC 8072.
16. All proposed rates, guarantees and caps assume no change to the proposed benefit design. United Concordia reserves the right to re-evaluate proposed rates and benefit if any state or federally mandated benefits or fees are imposed. Rates are subject to regulatory approval.
17. Rates include 10% commission.
18. Discounted dental rates assume a new or in-force UC ClearVision policy.

United Concordia reserves the right to replace this rate card at any time. Please contact your sales representative to ensure that you have the most update information. United Concordia will not accept business submitted by or pay commissions to producers who are not appointed. Any premium payment or group application submitted to United Concordia or its sales personnel by non-appointed producers must be accompanied by completed appointment paperwork or it will be returned to the non-appointed producer. A producer's quotation of rates to groups or submission of business to United Concordia constitutes acceptance of and agreement to comply with this rule. To obtain an appointment packet, visit the Producer section of www.unitedconcordia.com.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

This plan does NOT meet the minimum essential health BENEFIT REQUIREMENTS FOR pediatric ORAL HEALTH AS REQUIRED UNDER THE FEDERAL Affordable Care Act.

Exclusions and limitations may differ by state as specified below. Only American Dental Association procedure codes are covered. In the event of a conflict between the Group Contract and this proposal, the Group Contract will govern.

EXCLUSIONS – The following services, supplies or charges are excluded

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limitation, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. That are the responsibility of Workers' Compensation or employer's liability insurance policy. The Company's benefits would be excess to the third-party benefits and therefore, the Company would have right of recovery for any benefits paid in excess. For Group Policies issued and delivered in Georgia, Missouri and Virginia, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan. For Group Policies issued and delivered in North Carolina, services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act are excluded only to the extent such services or supplies are the liability of the employee according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. For Group Policies issued and delivered in Maryland, this exclusion does not apply.
4. For prescription and non-prescription drugs, vitamins or dietary supplements. For Group Policies issued and delivered in Arizona and New Mexico, this exclusion does not apply.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits. For Group Policies issued and delivered in Washington, this exclusion does not apply when required dental services and procedures are performed in a dental office for covered persons under the age of seven (7) or physically or developmentally disabled. For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury. For Group Policies issued and delivered in Minnesota, this exclusion does not apply.
6. Which are Cosmetic in nature as determined by the Company (for example but not limitation, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures). For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury. For Group Policies issued and delivered in New Jersey, this exclusion does not apply for Cosmetic services for newly born children of Members. For Group Policies issued and delivered in Washington, this exclusion does not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.
7. Elective procedures (for example but not limitation, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example but not limitation, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment). For Group Policies issued and delivered in Kentucky, Minnesota and Pennsylvania, this exclusion shall not apply to newly born children of Members including newly adoptive children, regardless of age. For Group Policies issued and delivered in Colorado, Hawaii, Indiana, Missouri, New Jersey and Virginia, this exclusion shall not apply to newly born children of Members. For Group Policies issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age. For Group Policies issued and delivered in Washington, this exclusion shall not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Certificate.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint. For Group Policies issued and delivered in New York, diagnostic services and treatment of jaw joint problems related to a medical condition are excluded unless specifically covered under the Certificate. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint. For Group Policies issued and delivered in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of temporomandibular joint disorder (TMD) rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease or injury and such procedures are covered under the Certificate or the Schedule of Benefits. For Group Policies issued and delivered in Minnesota, this exclusion does not apply.
11. For treatment of fractures and dislocations of the jaw. For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.
12. For treatment of malignancies or neoplasms.

13. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
15. Preventive restorations
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices or any other duplicative device.
18. For which in the absence of insurance the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority. For Group Policies issued and delivered in Oklahoma, this exclusion does not apply.
21. For treatment and appliances for bruxism (night grinding of teeth).
22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service. For Group Policies issued and delivered in Maryland, failure to furnish the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible, and, except in the absence of legal capacity of the Member, not later than one (1) year from the time the claim is otherwise required.
23. Incomplete treatment (for example but not limitation, patient does not return to complete treatment) and temporary services (for example but not limitation, temporary restorations).
24. Procedures that are:
 - part of a service but are reported as separate services; or
 - reported in a treatment sequence that is not appropriate; or
 - misreported or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (for example but not limitation, precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. Those specifically listed on the Schedule of Benefits as "Not Covered" or "Plan Pays 0%".
28. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Company will apply.
29. For prosthetic services (e.g. full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member's eligibility under the Group Policy. For Group Policies issued and delivered in Georgia and North Carolina, this exclusion does not apply. For Group Policies issued and delivered in Maryland, this exclusion does not apply to prosthetic services placed five (5) years after the Member's Effective Date for services.

LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:

1. Full mouth x-rays – one (1) every 5 calendar year(s).
 2. Bitewing x-rays – one (1) set per 12 months under age nineteen and one (1) set per 18 months age nineteen (19) and older.
 3. Oral Evaluations:
 - Comprehensive and periodic – two (2) of these services per calendar year.Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
 - Limited problem focused and consultations – one (1) of these services per dentist per patient per 12 months.
 - Detailed problem focused – one (1) per dentist per patient per 12 months per eligible diagnosis.
4. Prophylaxis – three (3) per calendar year. One (1) additional for Members under the care of a medical professional during pregnancy.
 5. Fluoride treatment – one (1) per calendar year under age fourteen (14).
 6. Space maintainers – one (1) per five (5) year period for Members under age fourteen (14) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
 7. Sealants – one (1) per tooth per 3 calendar year(s) under age sixteen (16) on permanent first and second molars
 8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fourteen (14).
 9. Periodontal Services:
 - Full mouth debridement – one (1) per lifetime.
 - Periodontal maintenance following active periodontal therapy – two (2) per 12 months in addition to routine prophylaxis.
 - Periodontal scaling and root planing – one (1) per 36 months per area of the mouth.
 - Surgical periodontal procedures – one (1) per 36 months per area of the mouth.
 - Guided tissue regeneration – one (1) per tooth per lifetime.
 10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
 - Basic restorations – not within 24 months of previous placement of any basic restoration.
 - Single crowns, inlays, onlays – not within 5 calendar years of previous placement of any of the procedures in this category.
 - Buildups and post and cores – not within 5 calendar years of previous placement of any of the procedures in this category.
 - Replacement of natural tooth/teeth in an arch – not within 5 calendar years of a fixed partial denture, full denture or partial removable denture.

11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 calendar years thereafter.
12. Pulpal therapy – one (1) per primary tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth.
13. Root canal retreatment – one (1) per tooth per lifetime.
14. Recementation – one (1) per 36 months.
Recementation during the first 13 calendar year following insertion any preventive, restorative or prosthodontic service by the same dentist is included in the preventive, restorative or prosthodontic service benefit.
15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
16. Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
This limitation does not apply to Group Policies issued and delivered in Maryland.
17. Intraoral films:
· Periodical – four (4) per 12 months per dentist if not performed in conjunction with definitive procedure(s).
· Occlusal – two (2) per 24 months under age eight (8).
18. General anesthesia and IV sedation: a total of 60 minutes per session.

Renewability, Termination Provisions of the Policy or Group Contract

United Concordia policies cover dental benefits only. United Concordia's Group Policy begins on the agreed effective date and renews subject to the terms of the Group Policy. Either the employer/group or United Concordia may elect not to renew the Group Policy by providing written notice to the other party at least 31 days prior to renewal. United Concordia may terminate the Group Policy with 31 days written notice if the employer/group fails to pay the premium. United Concordia may adjust rates or benefits or terminate the Group Policy on any premium due date with 31 days advance notice if the minimum participation requirements are not achieved or the nature of the risk changes significantly.

Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restrictions, or continuous enrollment to advance benefit level as required by the Group Policy terms. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits and cost depend upon the plan selected.

Underwritten by United Concordia Insurance Company.

The exclusions and limitations listed here are representation of the standard exclusions and limitations (form series 9809). Exclusions and limitations vary by plan and by jurisdiction. Please contact your sales representative for details on your specific plan.