



Pennsylvania State
Corrections Officers Association

Retired Chapter

2421 North Front Street | Harrisburg, PA 17110-1110
phone: 717.364.1700 | toll free: 866.GO.PSCOA | fax 717.364.1705
www.pscOA.org

Eye & Dental Coverage Plans

Membership Prices

	<u>Monthly</u>	<u>Semi-Annual</u>	<u>SAVES</u>	<u>Annual</u>	<u>SAVES</u>
<i>Single Member:</i>	\$40.00	\$200.00	\$40.00	\$385.00	\$95.00
<i>Member & Spouse:</i>	\$70.00	\$390.00	\$30.00	\$740.00	\$100.00
<i>Member & Family:</i>	\$100.00	\$580.00	\$20.00	\$1150.00	\$50.00

PLEASE SEND **AT LEAST** YOUR **FIRST MONTHLY PAYMENT** ALONG WITH YOUR
ENROLLMENT APPLICATIONS.

PLEASE CALL **ANNA EVANS** WITH ANY QUESTIONS.

866-GO-PSCOA

Thank you!



Vision & Dental Benefits

PLEASE READ THE FOLLOWING
INFORMATION CAREFULLY
TO LEARN MORE ABOUT
WHAT THE PLANS OFFER



CONCORDIA CHOICE V1

Dental Benefits Summary for PSCOA

Effective Date: May 1, 2009

Network: Advantage

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

Benefit Category²	Plan Pays¹
Class I – Diagnostic/Preventive Services	
Exams	100%
Cleanings & Fluoride Treatments	
Bitewing X-rays	
Class II – Basic Services (6-month waiting period, new entrants only)	
All Other X-rays	80%
Sealants	
Palliative Treatment (Emergency)	
Space Maintainers	
Basic Restorative (Fillings, etc.)	
Simple Extractions	
Class III – Major Services (12-month waiting period, new entrants only)	
Repairs of Crowns, Inlays, Onlays	50%
Repairs of Bridges	
Denture Repair	
Nonsurgical Periodontics	
Surgical Periodontics	
Endodontics	
Complex Oral Surgery	
General Anesthesia	
Inlays, Onlays, Crowns	
Prosthetics (Bridges, Dentures)	
Orthodontics (dependents to age 19; 24-month waiting period)	
Diagnostic, Active, Retention Treatment	Not Covered
Program Maximums/Deductibles	
Annual Program Maximum (per covered person)	\$1,000
Lifetime Orthodontic Maximum (per covered person)	Not Covered
Annual Program Deductible (per person/per family)	\$50/\$150 for Classes II & III only
Non-network Reimbursement	
	MAC

- The listed network percentages represent the portion of United Concordia's maximum allowable charges (MAC) for which the plan will be responsible. Network providers agree to accept United Concordia's MAC for covered services as payment in full and also agree to file claims for you. If you or your family members receive services from a non-network provider, United Concordia will apply the percentages shown to the [non-network reimbursement] for covered services and you will be responsible for the difference, up to the provider's charge. United Concordia's standard exclusions and limitations apply.
- Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 25.
- Waiting periods only apply to new entrants.

CONTACT UNITED CONCORDIA

Phone 1-800-332-0366

Customer service representatives are available from 8 a.m. to 8 p.m. ET.

Mail United Concordia, PO Box 69420, Harrisburg, PA 17106-9420

Web www.unitedconcordia.com

Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more!

PA STATE CORRECTIONAL OFFICERS ASSOCIATION

MANAGED VISION CARE PROGRAM \$25 COPAYMENT PROGRAM

FREQUENCY OF SERVICE:

	<u>Employee</u>	<u>Spouse</u>	<u>Children</u> (to age 19)
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

STUDENT AGE: 25

BENEFITS:

EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor</u> <u>(15,000 Nationwide)</u>	<u>O</u> <u>R</u> <u>Non-Participating Doctor</u>
	<u>Amount Covered</u> <u>(Less Copayment*)</u>	<u>Amount Reimbursed</u> <u>(Zero Copayment)</u>
Vision Exam	100%	\$ 40.00
Clear Standard Lenses (<i>Pair</i>):		
Single Vision	100%	\$ 40.00
Bifocal	100%	50.00
Blended "No-Line" Bifocal	100%	50.00
Trifocal	100%	75.00
Lenticular	100%	100.00
Progressive	Controlled Cost*****	75.00
1 yr Scratch Protection	100%	N/A
Polycarbonate Lens Material****	100%	N/A
Frame	100%***	\$ 50.00
- OR -		
Contacts (<i>Includes the vision exam allowance</i>):		
Selected In Lieu of Glasses	\$125.00	\$ 125.00
Medically Required	UCR**	250.00
Low Vision Aids (per 24. mths. No lifetime Max)	UCR**	650.00

Laser Vision Correction: Discount off of prevailing fees at **TLC Laser Eye Centers.**

Hearing Aid Program: Discount off of prevailing fees through **TruHearing.**

* A \$5 copayment applies to the vision exam and a \$20 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the contacts.

** Usual, Customary and Reasonable as determined by VBA.

*** Within the program's \$50 wholesale allowance (*approximately \$100 to \$135 retail*).

**** Available In-Network at no charge for children under age 19.

***** Progressive Lenses typically retail from \$100 to \$300, depending on lens options. VBA's controlled costs generally range from \$45 to \$130.

LIMITATIONS

Vision Benefits of America is designed to cover visual needs rather than cosmetic materials, and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by **VBA**.

- Tinted Lenses
- Photochromic lenses
- Polycarbonate (*covered under age 19*)
- Hi-Index lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (*except 1-Yr Scratch Protection*)
- A frame that costs more than the plan allowance
- Rimless frames

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives **VBA** the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. **VBA** provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Workers' Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

NOTE: In addition, if the covered person does not obtain the **VBA** benefit form in advance, but visits the Participating Doctor as a private patient, the Participating Doctor is not obligated to accept **VBA** fees as full payment for these services, and may elect to charge his or her usual and customary fees.

VBA PATIENT OPTION PRICE LIST

<u>PATIENT OPTION</u>	<u>TYPICAL RETAIL CHARGE</u>	<u>CONTROLLED VBA CHARGE</u>
Polycarbonate Lens Material (<i>single</i>)	\$ 40.00	\$ 20.00
Polycarbonate Lens Material (<i>multifocal</i>)	\$ 60.00	\$ 30.00
Glass Photochromic (<i>single</i>)	\$ 35.00	\$ 18.00
Glass Photochromic (<i>multifocal</i>)	\$ 45.00	\$ 28.00
Plastic Photochromic (<i>single</i>)	\$ 80.00	\$ 55.00
Plastic Photochromic (<i>multifocal</i>)	\$ 100.00	\$ 65.00
Solid Tints	\$ 12.00	\$ 10.00
Gradient Tints	15.00	12.00
Color/Edge Coating	28.00	23.00
Mirror Coating	40.00	32.00
UV400	18.00	12.00
Rimless Mounting (<i>usually included in frame price</i>)	12.00	8.00
Roll & Polish Edges	15.00	10.00
Polarized Lenses (<i>single</i>)	\$ 80.00	\$ 56.00
Polarized Lenses (<i>multifocal</i>)	100.00	66.00
Super A/R *99%+ Transmission	\$ 50.00	\$ 40.00
Super A/R Premium/Scratch Coated	70.00	49.00
Ultra A/R (Alize, Teflon)	95.00	59.00
Scratch Resistant Coating	\$ 28.00	\$ N/C
Premium Scratch Resistant Coating	40.00	30.00
Blended Bifocal	\$ 55.00	\$ N/C
Smart Seg Bifocal	55.00	35.00
<u>Progressive Lenses Add Ons:</u>		
Super No-Line / Navigator / etc.	\$ 90.00	\$ 45.00
Kodak / Summit / etc.	125.00	58.00
Comfort / Solamax, Compact / etc.	185.00	80.00
Mid Index Plastic (<i>single</i>)	\$ 60.00	\$ 28.00
Mid Index Plastic (<i>multifocal</i>)	80.00	35.00
Hi Index Plastic (<i>single</i>)	\$ 100.00	\$ 50.00
Hi Index Plastic (<i>multifocal</i>)	125.00	60.00

NOTE: VBA's controlled prices are considered fair and reasonable in today's market, thus assuring your members will not be overcharged for items not covered by the Plan.

TLC Offers a LASIK Advantage

Vision Benefits of America and TLCVision[®], helping you see to a clearer tomorrow with the TLCVision Advantage Program.



The TLCVision Advantage Program Savings

Members save up to 15%[†] on LASIK services. The benefit is available at more than 100 Advantage Program Network locations across the U.S.

The TLCVision Advantage Program Services Include:

- FREE Consultation to determine candidacy.
- Comprehensive pre-operative testing with some of the most advanced technology in the industry.
- LASIK with an experienced surgeon at any TLCVision Advantage Network location.
- Post-operative visits for up to 12 months following your procedure.
- Affordable and convenient payment plans. Our financial application process is quick and easy. Usually, approvals take only a few minutes.
- The TLC Lifetime Commitment[®] for qualified candidates.



[†] TLCVision Advantage Program members will receive a 15% savings off of the usual and customary global fee OR 5% off any promotional pricing being offered on LASIK services at any of the more than 100 Advantage Program network locations in the United States.

* Most common rate is listed. Offer varies at some locations. The TLC Lifetime Commitment is available only at participating TLC Laser Eye Centers[®]. TLC Surgeon to determine eligibility prior to initial surgery. Not available with Silver Package. Must be purchased at time of surgery. A refundable deposit may also be required at the time services are scheduled.

Learn
More

To Learn More About LASIK

Members should schedule a FREE Consultation to determine if they are a candidate. During the visit, Members may ask any questions they have about the benefits and risks of LASIK. Members must identify themselves as part of the TLCVision Advantage Program in order to qualify for the preferred rate, and they will be required to pay this rate on the day of their procedure.

877.PLAN.TLC www.tlcvision.com/why_advantage.fxml

The Right Procedure for You

The FREE Consultation will help determine which procedure is best for your vision.

Conventional LASIK

Conventional LASIK corrects basic vision errors such as nearsightedness, farsightedness and astigmatism.

CustomLASIK

After deciding to have LASIK many patients opt for CustomLASIK — the enhanced FDA approved vision correction technology. Corneas are like fingerprints — detailed, unique and no two are alike. This uniqueness creates distortions that Conventional LASIK is not designed to treat. That's why we offer CustomLASIK.

- Using wavefront technology, an analyzer projects waves of light into the eye.
- A customized map is created for each individual eye.
- Digital technology identifies and measures imperfections 25 times more precise than Conventional LASIK to offer higher levels of precision and treatment accuracy.

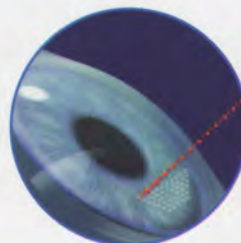
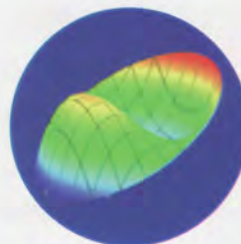
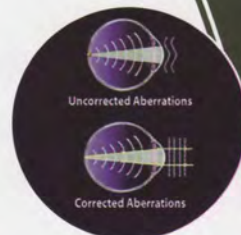
Bladeless LASIK

A silent computer-guided laser is used during the first step of the LASIK procedure to create the corneal flap. Bladeless LASIK eliminates the hand held microkeratome, giving you a truly 'all laser' procedure.

- The laser allows customization of the flap.
- Accounts for the natural curvature of the cornea, creating a flap of uniform thickness.
- In recent studies done by IntraLase®, this technology may now make it possible to treat patients with LASIK who were previously dismissed as candidates due to thin corneas.

LASIK is an Eligible Pre-tax Expense

Members may further increase their savings by using a pre-tax account such as a Flexible Spending Account (FSA) or Health Savings Account (HSA). Before allocating funds to a pre-tax account for LASIK, Members should first find out if they are a good candidate for the procedure. TLCVision provides FREE Consultations to any interested Member.



TLC Lifetime Commitment®

Purchase this exclusive TLC benefit and receive an enhancement at any of TLC's more than 80 centers across North America at NO CHARGE! Members should schedule a FREE Consultation to determine if they are a candidate. Call 877.PLAN.TLC or visit www.tlcvision.com/why_advantage.fxml.

Savings on Hearing Aids

for our members, their parents & grandparents



We have arranged a discount program through TruHearing that offers digital hearing aids at a reduced price.* This program is available to Vision Plan enrollees, as well as their parents and grandparents who are not enrolled in this Vision Plan.

Simply choose the price level you desire (see below), and then select the style within that level. Call TruHearing to discuss your options and to find the nearest provider.

The TruHearing program includes:

- Free hearing screening
- 45-day money back guarantee
- 2-year warranty
- 12 months, no interest financing available upon approved credit

Highest Quality at Exceptional Prices



TruHearing Basic

- Value in 100% Digital

Your Price \$995 ea.†

Regular Price \$1,595 ea.
100% digital, plus:

- 2 channels
- 2 memories
- Microphone Noise Reduction

TruHearing Medallion

- Technology & Value

Your Price \$1,495 ea.†

Regular Price \$3,595 ea.
Everything in Basic, plus:

- 7 channels
- 3 memories
- Sensitive Voice Processing
- Adaptive Feedback Detection

TruHearing Ultra

- Highest Technology
- Complete Features

Your Price \$1,995 ea.†

Regular Price \$4,755 ea.
Everything in Medallion, plus:

- 14 channels
- 6 compression areas
- Adaptive Noise Reduction
- Speech Preservation
- Much more...

TruHearing
www.truhearing.com

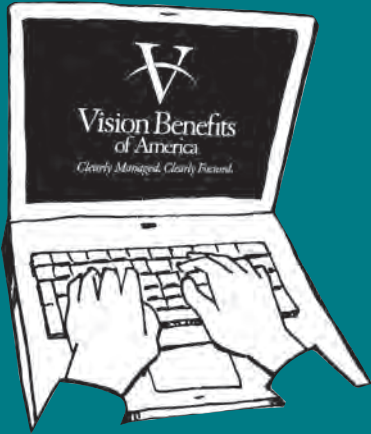
For More Information, Call
(800) 319-1012



Vision Benefits of America

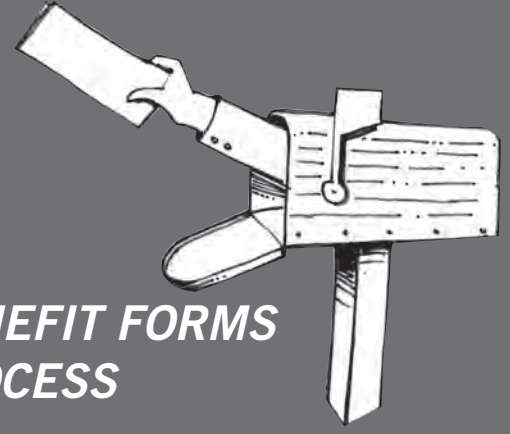
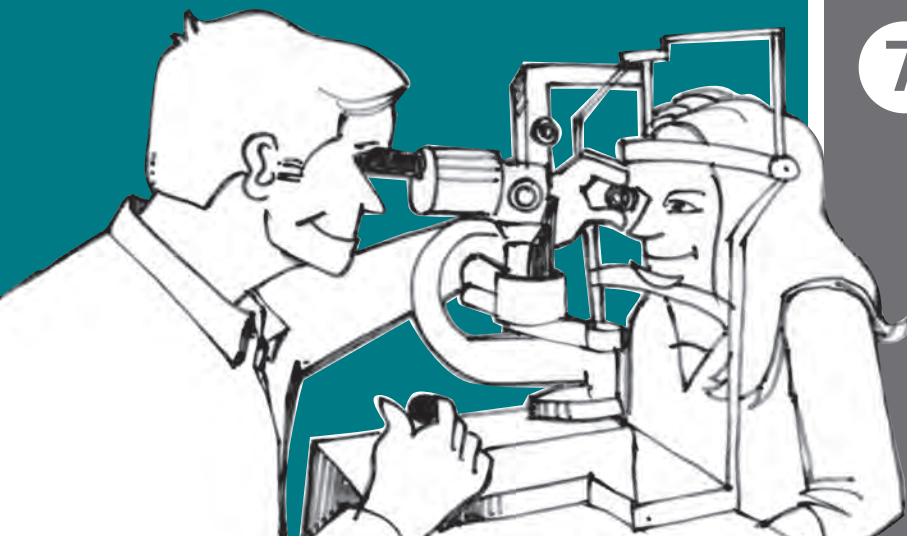
HOW TO MAKE YOUR
FIRST APPOINTMENT

HOW VISION BENEFITS OF AMERICA WORKS



ELECTRONIC PROCESS

- 1e** *VBA brochure informs employee of plan benefits.*
- 2e** *Employee may visit visionbenefits.com to search for a doctor (**bold print**) who does e-claims (**no benefit form needed**).*
- 3e** *Simply make appointment with one of those doctors, saying that you are a VBA covered employee, and that you want to use the e-claim system.*
- 4e** *The doctor verifies eligibility and provides vision examination.*
- 5e** *Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.*
- 6e** *VBA pays doctor for all covered professional services.*



BENEFIT FORMS PROCESS

- 1** *VBA brochure informs employee of plan benefits.*
- 2** *Employee may request vision care either by calling 1-800-432-4966 or by visiting visionbenefits.com*
- 3** *VBA verifies eligibility and mails benefit form and current doctors' list to employee.*
- 4** *Employee chooses anyone from VBA doctors' list and makes appointment.*
- 5** *Employee presents benefit form at time of first visit and is examined by doctor (**no paperwork for employee**).*
- 6** *Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.*
- 7** *VBA pays doctor for all covered professional services.*



Vision Benefits
of America

Clearly Managed. Clearly Focused.

PA STATE CORRECTIONAL OFFICERS ASSOCIATION

Dear Valued Employee:

In order that we might assist you in using your VBA Vision Benefits, we've compiled the following most frequently asked questions and answers. It is our hope that this will provide you with a better understanding of how the program works and what you must do to receive the maximum benefit.

1. What is the benefit of using a VBA Participating Provider?

Every VBA Participating Provider location must have either a licensed practicing Doctor of Optometry or Ophthalmology associated with it. Each has agreed to accept VBA's fee as full payment for their services and adhere to VBA's comprehensive examination standards. Additionally, all lenses will be fabricated at one of VBA's Approved Optical Labs, where both the cost and the quality are strictly controlled.

2. Who are the VBA Participating Providers in my area?

VBA represents one of the most comprehensive networks of Optometrists, Ophthalmologists and well known Retail Optical Stores in the nation. An up-to-date list of the providers in your area will be sent to your home, along with a validated benefit form, when you request service from VBA. You can also search for providers by visiting our website at www.visionbenefits.com

3. Do I have to request a benefit form before making my eye appointment?

YES! You should either call VBA's Customer Service Department at 1-800-432-4966 or visit our website at www.visionbenefits.com before making your eye appointment. VBA will determine if you are eligible for the benefit at that time. If so, a validated VBA Benefit Form and a current list of Participating Providers will be sent to your home, generally within a week. Select a provider from the list and make an appointment. Remember in order to take full advantage of the benefits available, YOU MUST PRESENT THE VALIDATED VBA BENEFIT FORM TO THE VBA PROVIDER ON YOUR FIRST VISIT. Failure to do so will result in higher charges.

- OR -

You may visit our website at www.visionbenefits.com to view a listing of VBA Network Providers in your area. The VBA Doctors who have their names bolded in black would be able to deliver your benefits without the traditional VBA Benefit Form, by submitting your claim electronically. You would simply have to make an appointment with one of them (for an E-Claim) if you are eligible for your VBA benefits at that time.

4. When is the best time to call VBA's Customer Service Department?

If you only need to request VBA Benefit Forms for yourself or your dependents, you can visit our website or call any time. After reaching our Customer Service Department at 1-800-432-4966, simply press Option 4. However, if you need to speak with a VBA Customer Service Representative, you may call between the hours of 8:30 am and 7:00 pm EST Monday through Friday. You may experience longer waiting times in the morning hours. Generally, later in the day and later in the week is better.

5. Once I have received my VBA benefit form, how long do I have to make an appointment?

Since your vision benefits through VBA are prepaid, the Benefit Form you receive is similar to a voucher and must be used within 90 days after you have received it. As long as you have made your appointment within that 90 day period, the VBA Participating Provider will accept it.

6. Will there be any extra charges if I use a VBA Provider?

Your plan will provide a complete vision exam, clear lenses and a quality frame at no out-of-pocket cost to you other than the \$25 copayment amount. Also, VBA provides Polycarbonate Lenses for children under age 19 and 1 Year Scratch Protection for all ages, when spectacle lenses are obtained through a VBA Participating Provider. However, should you select optional items, such as tinted lenses, photograys or progressive no-line bifocals, there will be additional charges that you will be responsible for. Additionally, frames whose acquisition cost exceeds the plan's wholesale frame allowance (approximately \$100 to \$135 retail value) will also result in extra charges. Even though these optional items aren't covered under the plan, the amounts you will be charged are strictly controlled by VBA and are considered fair and reasonable. Ask the VBA Provider if the items you select would result in any additional charges.

NOTE: MAKE SURE YOU ARE AWARE OF ANY ADDITIONAL CHARGES BEFORE YOU SIGN THE BENEFIT FORM. VBA MONITORS ALL ADDITIONAL CHARGES TO INSURE THAT THEY ARE CORRECT.

7. What kind of frames are covered under the plan?

Any frame with a wholesale acquisition cost that is less than your plan's allowance is fully covered. A frame such as this would typically retail in the \$100 to \$135 range. If you select a frame that has a wholesale cost in excess of what the plan allows, you will be charged a controlled fee by the provider. The provider does not have to disclose the actual wholesale cost to you, but he must disclose the exact amount of the additional charges, if any, for the frame you select.

8. How long will it take to receive my glasses?

Generally, your glasses will be back from the VBA Laboratory within two weeks (VBA allows 10 working days). If, however, the frame you selected is out of stock from the manufacturer, or if you have requested an anti-reflective coating or progressive bifocals, it may take slightly longer.

9. What guarantee do I have that my glasses will be made right?

VBA guarantees every pair of glasses 100%. If your prescription is not totally accurate, or if the VBA Lab did not produce the lenses in exact accordance with your prescription, VBA will make it right at no additional cost to you.

10. If my glasses are broken or lost, can they be replaced?

No. Unless you are eligible for the benefit at that time, there are no provisions for lost or broken glasses. Some providers may offer this protection at an additional cost to you if you ask.

11. What should I do if I wish to get contacts instead of glasses?

You should proceed in the same manner as if you were going to get glasses. We would advise, however, that you shop around for both a provider and a price that you are comfortable with, since the cost of contacts is not controlled by VBA. You will simply be reimbursed up to \$125 toward the total retail cost of the contact lenses and/or contact lens exam.

VBA will accept a maximum of two (2) submissions per covered member for the benefit period up to the \$125 benefit limit. This contact lens/services reimbursement is in lieu of all other benefits (exam/spectacle lenses/frames) for the benefit period.

12. What if I wish to use a provider that does not participate with VBA?

Under the plan, you may use any provider you wish. You should still request a validated VBA Benefit Form to determine your eligibility and to assure a prompt reimbursement. Then, after you have received your exam and/or materials, simply attach your itemized receipts (exam cost, frame cost and the type and cost of lenses) to your VBA Benefit Form and return it to VBA. Reimbursements are made biweekly and are in the amounts printed in your VBA Benefits Brochure.

If you wish to use a non-participating doctor for your exam, you may still use a VBA Participating Provider to obtain your glasses. VBA Providers who will dispense glasses from another doctor's prescription are indicated with an asterisk in the in the VBA Providers' List. You must take both the Benefit Form and the prescription to the VBA Provider. The receipt for your non-participating doctor exam should be returned to VBA, along with a note including the name of your employer/company and your name and address. You will be reimbursed directly for your exam according to the schedule printed in your benefits pamphlet.

NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Doctor, neither VBA nor the Participating Provider assume any responsibility.

13. Does my benefit include any accommodation for laser vision correction?

YES. VBA has partnered with TLCVision, the leading provider of laser vision correction in North America. VBA covered members will receive a discount off of the usual and customary charges for LASIK when you have your procedure performed by a TLC Advantage Network surgeon. To learn more about this exciting new benefit, you may contact TLC Laser Eye Centers at www.tlcvision.com OR 1-877-PLAN TLC.

IF YOU HAVE ANY FURTHER QUESTIONS ON THESE OR ANY OTHER ASPECTS OF YOUR VISION BENEFIT, WE ASK THAT YOU CONTACT THE BENEFITS OFFICE OR CALL VBA DIRECTLY AT 1-800-432-4966 OR VISIT OUR WEBSITE AT WWW.VISIONBENEFITS.COM THANK YOU!

PROGRAM AVAILABILITY

- Products are not available in any state where prohibited by law or where United Concordia does not have regulatory approval.
- Domestic partner coverage is not permitted in Idaho.

STATE MANDATED PROVISIONS

CA: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

FL: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

AZ, GA, KY, NE & NH: All statements made by a Policyholder or by any Insured Member shall be deemed representations and not warranties, and no statements made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.

KS: Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.

LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: All statements made by applicant are true and complete to the best of the applicant's knowledge and belief. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false

information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OR: Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.

OR: Contestability is limited to two years as stated in the Group Policy.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

UT: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the Rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

VA: Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

UNITED CONCORDIA OPERATES AS A WHOLLY OWNED SUBSIDIARY UNDER THE NAME LISTED BELOW IN THE FOLLOWING STATES:

- United Concordia Dental Corporation of Alabama – AL
- United Concordia Dental Plans, Inc. – MD, NJ
- United Concordia Dental Plans of California, Inc. – CA
- United Concordia Dental Plans of Delaware, Inc. – DE, DC
- United Concordia Dental Plans of Florida, Inc. – FL
- United Concordia Dental Plans of Kentucky, Inc. – KY
- United Concordia Dental Plans of the Midwest, Inc. – MI, MO, OH
- United Concordia Dental Plans of Pennsylvania, Inc. – PA
- United Concordia Dental Plans of Texas, Inc. – TX
- United Concordia Insurance Company – AK, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NE, NH, NV, NM, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY
- United Concordia Life and Health Insurance Company – DE, DC, IL, KY, MD, MO, NC, NJ, PA
- United Concordia Insurance Company of New York – NY