



Welcome to your new dental benefits provider. And a healthier you.

Your coverage focuses on total health

Starting **January 1, 2026**, members of the California Correctional Peace Officers Association (CCPOA) and their families can use United Concordia benefits to maximize their dental health.

Enjoy the same benefits as before

If you're an active CCPOA member, you are eligible for both plans from United Concordia: the **Core dental plan** and the **Piggyback plan**. If you're a retired CCPOA member, the Piggyback option is the one for you.

What's next

1. You can find more information about both plans by visiting UnitedConcordia.com/CCPOA or calling **1-844-789-1713**.
2. You can expect your welcome letter in the mail by January 1, 2026.
3. Create your online account. Once you receive your welcome letter, log in to UnitedConcordia.com/GetMDB or scan the QR code on the right to go to your account. Have your member ID or Social Security number handy to create an account.



Scan to learn
more about your
plan options



Scan to create
an account

MyDentalBenefits is the online hub to check coverage, claims and payments, print extra ID cards and more.



Your app and digital ID are as close as your phone

You can download the *MyDentalBenefits* app from the Apple App Store or Google Play.



If you lose your card, don't worry. You can always find your digital ID in your *MyDentalBenefits* app.

Locate in-network dentists near you

Go to United Concordia's website and use the "Find a Dentist" tool to locate Elite Plus Network dentists (UnitedConcordia.com/find-a-dentist) or scan the QR code.

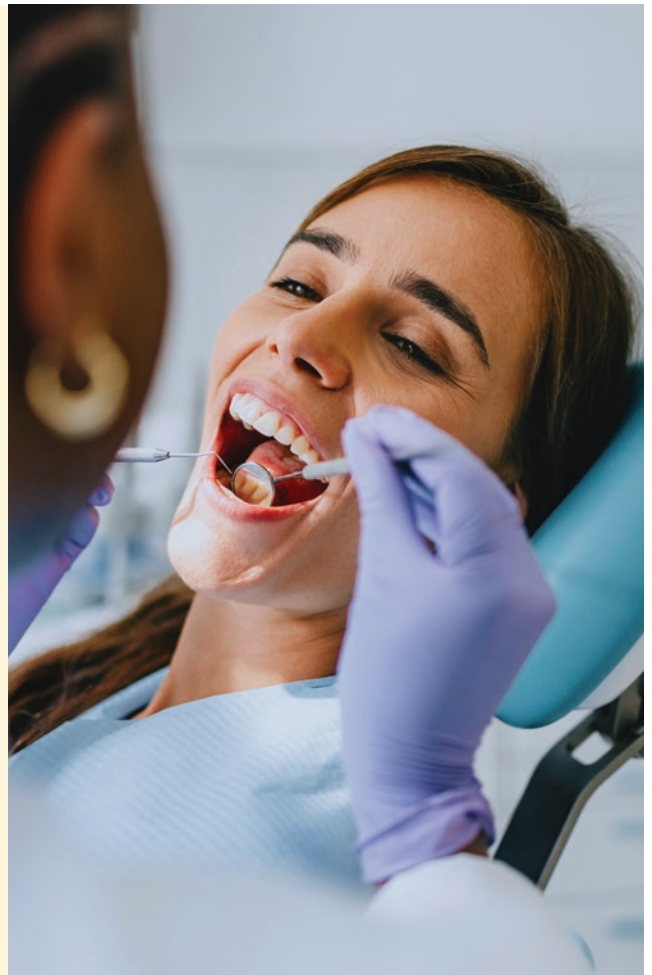


Scan to find an in-network dentist

You'll save money by going to a dentist who is in your Elite Plus Network. In-network providers will also file your claims for you. When scheduling an appointment, confirm that your dentist accepts United Concordia Dental insurance and is an in-network provider.

Already getting treatment?

If you or your family members are undergoing a dental treatment that won't be finished by the time your United Concordia Dental insurance starts, you may have questions about your coverage. To find out more, call **1-844-789-1713**.



United **Concordia**
dental®

A participating dentist agrees to accept his/her charge or the United Concordia Maximum Allowable Charge, whichever is lower, as payment in full for covered services and to bill members only for applicable deductibles, coinsurance, or amounts exceeding contractual maximums. Participating dentist may bill members at non-discounted rates for non-covered services, which are defined as any service for which no payment is made under the applicable plan or arrangement for any reason. Dentists who have agreed to accept an allowance from United Concordia for covered services, non-covered services, and services which go beyond the annual maximum are denoted by a "\$ave!" symbol in the provider directory.

This content is provided for informational purposes only. Refer to your plan documents for a complete listing of covered services, coinsurances, and limitations and exclusions or ask your employer about plan details. You may also log in to MyDentalBenefits to see specifics of coverage or call United Concordia Customer Service at 1-866-357-3304 for assistance. Dental plans are administered by United Concordia Companies, Inc. and underwritten by United Concordia Insurance Company and United Concordia Insurance Company of New York. For information about which companies are licensed in your state, visit the "Disclaimers" link at UnitedConcordia.com. Administrative and claims offices are located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).



The hub for all your dental insurance info

Create a *MyDentalBenefits* account

With MyDentalBenefits, you can find all your coverage info in one place online. You'll see a quick overview right when you log in. Then just click to get details on everything from covered services to claims.

You can create your own account after your plan's effective date.

MyDentalBenefits makes it easy to:

- See what your plan covers and how much we'll pay
- Estimate your costs before getting dental care
- Check the status of dental claims
- Find in-network dentists near you
- Chat live or upgrade to a phone call with customer service
- Print extra ID cards
- Rate your oral health with the My Dental Assessment quiz
- Opt in to get paperless Explanation of Benefits (EOBs)

How to create an account:

- Go to **UnitedConcordia.com/GetMDB**
- Enter your **Member ID** number and your **Birthdate** (You can also use the policyholder's SSN instead of the ID)
- Create a username and password to log in

Get the app on the
Apple App Store or
Google Play.



The Group Policy or Contract and Certificate of Insurance/Coverage ("Plan Documents") include a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. PPO products are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company and United Concordia Insurance Company of New York. Not all products available in all jurisdictions. United Concordia policies are limited benefit policies covering dental benefits only. Administrative and claims offices located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。

Avoid unexpected dental bills. Get an estimate.

Before you schedule treatment for services beyond routine preventive care, ask your dentist to provide you with an estimate of the cost based on your dental insurance coverage. This is called a predetermination.

Predeterminations are helpful for more expensive dental procedures.

Pre-treatment estimates would tell you what your out-of-pocket costs may be for any covered service, including:

- Wisdom teeth removal.
- Gum surgery.
- Crowns.
- Bridges.
- Other services outside of routine care.

Predeterminations aren't guarantees of a United Concordia Dental payment, but give you an idea of what you can expect to pay.

Estimates are free and easy to request.

Simply ask your dentist to submit a predetermination request on your behalf to United Concordia.

This is also a good time to talk to your dentist about alternate treatment options that may be covered by your dental plan.



Estimate your costs before getting care.

Look under the **Covered Services** tab in *MyDentalBenefits*. Click the **Cost** button to look up prices for the services you need.

Save yourself a call. Track your request online.

With *MyDentalBenefits*, you can track the status of your predetermination and review the information as soon as it's available.

Don't have a *MyDentalBenefits* account? Get started at UnitedConcordia.com/MDB.

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Recharge your brushing routine

Get 20% off select Philips Sonicare products.

Up. Down. Up. Down. Up. Down.

Bored with brushing by hand? An electric toothbrush can add zip — and extra cleaning power — to your daily routine.

Though manual toothbrushes work just fine, electric brushes can remove 10 times more plaque.* And they clean so well, it's like a month's worth of brushing in just two minutes.**



**Save 20% in our
Philips Sonicare store.*****



United Concordia Dental members can get 20% off select rechargeable products. Just use the discount code shown on the page during checkout.

Shop now at **[Philips.com/UnitedConcordia](https://philips.com/unitedconcordia)**

*Sonicare DiamondClean 9300 model vs. a manual toothbrush; 2021.

**At 62,000 brush movements per minute.

***Offer good on select Philips Sonicare products only.

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Dental plans are administered by United Concordia Companies, Inc. and underwritten by United Concordia Insurance Company of New York, United Concordia Insurance Company, United Concordia Dental Plans, Inc., United Concordia Dental Plans of California, Inc., United Concordia Dental Plans of the Midwest, Inc., United Concordia Dental Plans of Pennsylvania, Inc., and United Concordia Dental Plans of Texas, Inc. For information about which companies are licensed in your state, visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices are located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (888-884-8224).

Philips Sonicare is not a subsidiary or affiliate of United Concordia Companies, Inc. or its carriers listed above. Discounts provided by Philips Sonicare and are subject to change any time. United Concordia takes no responsibility for administration of this discount.

A Guide to Understanding Your Explanation of Benefits (EOB)

UNITED CONCORDIA®

YOU RECEIVED DENTAL CARE FROM WEST SHORE DENTAL GROUP

This is your Dental Explanation of Benefits. It shows what we paid and what the dentist charged for your dental care. **This is not a bill. Keep for your tax records.**


- 1 Subscriber: **LEE BROWN**
- 2 Patient ID: **123456789001**
- 3 Process Date: **December 1, 2020**


You visited an **in-network** dentist. This means they agreed not to bill you for the difference between what they normally charge and what we allow.

4 Cost Summary	
Allowed Amount	\$112.04
Paid Amount	\$60.02
You may owe the dentist *	\$52.02
See Service and Cost Breakdown for details	

* The amount you may owe the dentist could include your coinsurance, copays, maximums, deductibles and rejected or denied services.

 **To learn more**
www.UCCI.com

 **Have a Question?**
PLEASE CALL 1-800-332-0366
Service for the Deaf via TTY Equipment is available at 711.

 **Dental Customer Service**
PO BOX 69420
HARRISBURG, PA 17106-9420

1. The person or employee who originally enrolled in this dental plan
2. Your member ID number
3. The date we processed your claim
4. A quick view of how much we paid and what you may owe

Service and Cost Breakdown

Patient: LEE BROWN		5	6	7	8	Patient ID: 123456789001			Claim Number: 12345678900		
					9	10	11	12	13	14	
Service	Charges	Allowed Amount	Amount Over Allowed	Other Insurance Paid	Deductible	Copay	Co-insurance	Not Covered	Paid Amount	Amount You Owe	Notes
RECEMENT CROWN 11/24/2020	\$125.00	\$60.11	\$64.89 Q1030	\$0.00	\$50.00	\$0.00	\$2.02	\$0.00	\$8.09	\$52.02	
LIMITED ORAL EVALUATION 11/24/2020	\$102.00	\$51.93	\$50.07 Q1030	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51.93	\$0.00	
Total		\$227.00	\$112.04	\$114.96	\$0.00	\$50.00	\$0.00	\$2.02	\$0.00	\$60.02	\$52.02

Notes / Not covered

COINSURANCE - A specified percentage of the allowance which is your responsibility.

DEDUCTIBLE - The initial portion of payment applicable to certain services for which you are responsible.

The Provider has been paid the amount shown in the AMOUNT PAID column.

Q1030 - These services were performed by a Participating Provider. This Provider has agreed not to bill you for the difference between the PROVIDER'S CHARGE and the ALLOWANCE for this service.

Current Dental Terminology © American Dental Association. All rights reserved.

5. The full charge for these services
6. The discounted amount in-network dentists accept as payment
7. The difference between the full charge and the discounted amount
8. How much another insurance plan paid, if you have one
9. The amount you owe towards your annual deductible
10. A set amount you pay each time you get a covered service
11. A percentage of the Allowed Amount that you pay
12. The amount not covered by your dental plan
13. How much your dental plan paid
14. The amount you may owe the dentist, which could include your coinsurance, copays or deductibles

15. The amount you must pay each year before your dental plan begins to share in the cost of services. You may have a deductible for the family. Each person covered by the plan may also have a deductible.
16. The amount you've already paid towards your yearly deductible
17. How much of the deductible is left to pay
18. Your total deductible amount for the year
19. The most your plan will pay towards dental care in a year
20. The amount your plan has already paid towards dental care
21. How much your plan will continue to pay
22. The total amount your plan will pay in a year

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Plan Features this Year		16	17	18
15	Deductible	Applied	Remaining	Total
	Individual Deductible FULL NAME	\$50.00	\$0.00	\$50.00
	Deductible FAMILY	\$50.00	\$100.00	\$150.00
19	Maximum	Applied	Remaining	Total
	Individual Program Dollar Maximum FULL NAME	\$60.02	\$1,439.98	\$1,500.00
		20	21	22

Plan period: 01/01/2020 - 12/31/2020

Group Number 123456

Deductible and Maximum amounts applied year-to-date. Deductibles may not apply for certain services.

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