

Fuller Theological Seminary

2019-2020 Student Dental Plan • Domestic & International

TERMS OF COVERAGE AND PREMIUM RATES

	FALL	WINTER	SPRING	SUMMER
COVERAGE PERIOD	10/1/19 - 12/31/19	1/1/20 - 3/31/20	4/1/20 - 6/30/20	7/1/20 - 9/30/20
STUDENT	\$56.27	\$56.27	\$56.27	\$56.27
STUDENT + 1 DEPENDENT	\$95.11	\$95.11	\$95.11	\$95.11
STUDENT + 2 or MORE DEPENDENTS	\$145.16	\$145.16	\$145.16	\$145.16

Coverage start dates begin at 12:01am, end dates end at 11:59pm, local time, at the Policyholder's address.

Rates include premium payable to United Concordia Dental, as well as administrative fees payable to Fuller Theological Seminary and USI Student Insurance.

Dental plan eligibility

All Fuller students residing in Southern California who are registered for at least one course may choose to enroll themselves and their dependent(s) in Fuller's voluntary Dental plan with United Concordia. They can do so by contacting USI directly at **800-853-5899** or by completing the Voluntary Dental Plan Enrollment form available at Fuller's Student Health Insurance office or on the web at <https://www.fuller.edu/offices/osa/student-health-insurance>.

PLEASE NOTE: Fees for students and/or dependents cannot be applied to Fuller's student account; all fees must be paid directly to USI via Visa or MasterCard at the time of enrollment.

Where do I go for care?

To find the most current listing of United Concordia's network dental offices:

- Go to www.unitedconcordia.com and click on "Find a Dentist" on the home page. Select "DHMO Concordia Plus" as your plan network.
- Or call United Concordia Customer Service at **866-357-3304**, Monday - Friday, between 5:00am and 5:00pm (PST).

Specialty care and authorizations

If you require treatment from a specialist, your United Concordia general dentist will coordinate any referrals for you. In some states, United Concordia must pre-authorize any dental services, with the exception of emergency treatment, that are not performed by your United Concordia general dentist.

Please refer to your plan booklet for specific details about your plan.

This United Concordia plan design is available only to those enrollees who reside within network service areas in California.

Visit your dentist

You must visit your selected United Concordia dentist to receive benefits under your plan.

- If you do not select a dentist, United Concordia will select a dentist for you.
- Family members may select a different dentist for treatment within the covered service area. Refer to your plan booklet for details.
- You can change your selected network dentist by telephone or through the website. (See "Choosing your United Concordia dentist" above.)
- Changes received by the 15th of the month will be effective the first day of the following month.

Easy to use

- United Concordia will notify your United Concordia dentist about your enrollment in the plan, as well as other important details about your coverage such as dependent information, group number and enrollee ID number.
- No ID card is required to receive services; simply provide the dental office with your name, date of birth and enrollee ID number.

IMPORTANT CONTACTS

<p>Benefits and claims questions: United Concordia Dental (866) 357-3304 www.unitedconcordia.com</p> <p>Benefits provided by: United Concordia Dental Group #898514001</p>	<p>Eligibility, coverage, and general questions: USI Student Insurance (800) 853-5899 Mon - Fri 8am-5pm PST https://studentinsurance.usi.com</p>	<p>Fuller Student Health Insurance Office: (626) 584-5438 shi@fuller.edu</p> <p>Plan brokered by: USI Insurance Services, LLC CA License No. 0G11911 https://studentinsurance.usi.com</p>
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USI INSURANCE SERVICES PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at <http://www.usi.com/privacy>.

Schedule of Benefits

What does the plan offer?

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call United Concordia Dental at **866-357-3304** or call USI Student Insurance at **800-853-5899**. You will be able to obtain a copy of the full Master Policy as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

Dental Plan Group Number	#898514	
Who is covered	Students and dependents	
Deductible	None	
Maximum Benefit	None	
	ADULT	CHILD
Diagnostic , Oral examinations, cleanings	No Charge	No Charge
Restorative , Amalgam or composite filling	\$0-\$140	\$0-\$140
Orthodontics , Pre- and post- treatment charges at additional cost	\$2,000	\$1,500
<i>Please refer to your Evidence of Coverage and/or Schedule of Benefits for limitations on these benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.</i>		

Exclusions

Except as specifically provided in your Certificate, no coverage will be provided for services, supplies or charges:

- Not specifically listed in the Schedule of Benefits as a Covered Service.
- Provided to Members outside of the office in which the Member is enrolled and which are not pre-authorized by United Concordia (including specialty care services).
- Which in the opinion of the treating dentist, or United Concordia, are not clinically necessary, or do not have a reasonable, favorable prognosis.
- That are necessary due to lack of cooperation with the treating dentist, or failure to comply with a professionally prescribed Treatment Plan.
- Started or incurred prior to the Member's eligibility under United Concordia or after the Termination Date of coverage with United Concordia.
- For consultations by a Specialty Care Dentist for services not specifically listed on the Schedule of Benefits as a Covered Service.
- That do not meet accepted standards of dental treatment, which are Experimental or Investigative in nature or are considered enhancements to standard dental treatment as determined by United Concordia.
- For hospitalization and associated costs for rendering services in a hospital.
- Determined by United Concordia to be the responsibility of Worker's Compensation or employer's liability or health care plan, or payable under any Federal Government or state program, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy, or for services for which benefits are payable under any other insurance.
- For prescription or non-prescription drugs, home care items, vitamins or dietary supplements.
- Which are principally Cosmetic in nature, including, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures as determined by United Concordia.
- For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint (TMJ) syndrome and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint.
- For services and/or appliances that alter the vertical dimension or alter, restore or maintain the occlusion, including, but not limited to, full mouth rehabilitation, splinting, appliances or any other method.
- That restore tooth structure lost due to attrition, erosion or abrasion.
- For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices or any duplicative device.
- For the following, which are not included as orthodontic benefits: retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, re-

placement of lost or stolen appliances, special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of twenty-four (24) months.

- For implants, surgical insertion and/or removal of, and any appliances and/or prosthetics attached to implants.
- Required because of, or in connection with, acts of war, declared or undeclared.
- For elective procedures, including, but not limited to, prophylactic extractions of third molars.

Premium refund/cancellation

Refund requests should be directed to USI Student Insurance at **(800) 853-5899** or via email at studentinsurance@usi.com.

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

- If you withdraw from school within the first 45 days of the coverage period, you and your insured dependents will receive a full refund of the insurance premium provided that you and your insured dependents did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your and your insured dependents coverage will remain in effect until the end of the term for which you have paid the premium.
- If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by USI Student Insurance within 45 days of entry into service.
- Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

INSURANCE PAYMENTS WITH PERSONAL CHECK

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.) If you make your or your dependents' insurance payment via personal check payable to USI Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your and your dependents insurance coverage will be terminated retroactive to the effective date of the enrolled term.