

NetFlex Underwriting Guidelines

GROUP SIZE
 2 to 4 employees: eligible for Flex plans 800 or 1000
 5 to 24 employees; eligible for Flex plans 800, 1000, or 1,500
 25 to 100 employees: eligible for Flex plans 800, 1000, 1500, or 2000

A minimum of 25 employees are required if Orthodontia is offered as a benefit. 90th percentile out of network benefit reimbursement option require 10 enrolled employees

PARTICIPATION REQUIREMENTS	Group Size	Minimum Enrollment	Minimum
			Participation
	2 to 4	All must enroll	100%
	5 to 6	All but one must enroll	90%
	7 to 9	All but 2 must enroll	80%
	10 - 50	10	70%
	51+ Lives	10	70%

MEMBER ELIGIBILITY
 Employees working a minimum of 20 hours per week are eligible
 Part-time or season employees are not eligible for coverage
 Employee must enroll for dependents to be eligible for coverage

RATE GUARANTEE
 Rates are guaranteed for 12 months from the effective date.

PROVIDER CHOICE
 Insured members may choose **any licensed dentist**

PROVIDER NETWORK
 The **Advantage Plus** network has over 75,000 contracted dentists at over 154,000 access points throughout the United States who accept United Concordia's fee schedule as payment-in-full for covered dental services. When using one of these **Advantage Plus** providers, members are responsible only for any deductibles, coinsurance amounts, and amounts exceeding the maximums that are part of the plan design. There is no balance billing for covered services to. Network dentists also agree to file claims with United Concordia, which means less paperwork for the member. Visit United Concordia's Web site, www.ucci.com, for immediate access to the online directory.

AVAILABLE NETWORKS
WA & OR Advantage Plus Network
AK: Advantage Network

90th percentile out of network benefit reimbursement option requires 10 enrolled employees

WAITING PERIODS
 Waiting periods will be waived for initial employees to new group plans, with the exception of 12 months for orthodontic coverage. Following the initial enrollment, new employees and dependents must be covered for 12 continuous months to be eligible for Class III major services.

PRIOR PLAN CREDIT
 For plans with Orthodontia, if Orthodontia was covered under the employer's prior plan (excluding DHMO and Discount plans), employees providing proof of coverage will receive month for month credit towards the Orthodontic Waiting Period. If the employee is not listed on the last month of the prior carrier's bill, the employee will be required to satisfy all waiting periods as a new entrant.

DEPENDENT AGE LIMITS

Dependent children are eligible to age 26, full time students are eligible to age 26.

CASE SUBMISSION

All enrollment materials must be received by United Concordia on or before the effective date. The group application, employee enrollment forms and first month's premium payment should be sent to:

United Concordia Companies, Inc.
2200 Sixth Avenue, Suite 804
Seattle, WA 98121

PLAN AVAILABILITY

Groups must be in business at least 12 months to be eligible.

Without Prior Coverage: Groups without current dental coverage are only eligible for the Flex 800 plan design during the first 12 months of coverage. Plan upgrades are available at renewal and upon request assuming all other general guidelines are met.

With prior Coverage: Groups with existing group dental coverage are eligible for any of the Flex plans as long as they meet the general guidelines above regarding group size, minimum enrollment and minimum participation thresholds.

Groups of Two (2): For group to be eligible, employees must reside in separate households.

DISCLOSURE LANGUAGE

United Concordia's Group Policy begins on the agreed effective date and renews yearly thereafter subject to the Group Policy provisions. 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 within 31 days written notice if the employer/group fails to pay premium. United Concordia may adjust rates or benefits or terminate the 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 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.

Policy Number: 9802 (06/01) in WA; OR 9802 (06/01) in OR

Underwritten by United Concordia Insurance Company

United Concordia policies cover dental benefits only.

United Concordia's Provider Detail County Report (05/05)

NET GL 07/05)