

Fuller Theological Seminary 2021-2022 Student Health Insurance Plan - Dental



Eligibility

All Fuller students 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. Voluntary Dental Plan Enrollment is available online at fuller.myahpcare.com.

PLEASE NOTE: Fees for students and/or dependents cannot be applied to Fuller's student account; all fees must be paid online to Academic HealthPlans at fuller.myahpcare.com.

Where do I go for care?

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

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

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.

It is strongly recommended that you search for a provider prior to enrollment to ensure a provider is available in your area

PLAN BASICS

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. 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. *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.*

BENEFIT MAXIMUMS & DEDUCTIBLES	
Deductible	None
Maximum Benefit	None

BENEFIT CATEGORY	BENEFIT CATEGORY	
	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

2021-2022 PREMIUM COSTS* AND COVERAGE PERIODS

IN-NETWORK COVERAGE	Fall 10/01/2021 - 12/31/2021	Winter 01/01/2022 - 03/31/2022	Spring 04/01/2022 - 06/30/2022	Summer 07/01/2022 - 09/30/2022
Student	\$ 56.27	\$ 56.27	\$ 56.27	\$ 56.27
Spouse	\$ 38.84	\$ 38.84	\$ 38.84	\$ 38.84
Child	\$ 38.84	\$ 38.84	\$ 38.84	\$ 38.84
2 Children or more	\$ 77.68	\$ 77.68	\$ 77.68	\$ 77.68

*Admin fee of \$10.00 to be applied to fee

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval.

