STATE OF CONNECTICUT

Request for Proposal Employee and Retiree Dental Benefits

December 12, 2013

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I. REQUEST FOR PROPOSAL INTRODUCTION

The Office of State Comptroller, State of Connecticut (the "State"), acting through the Health Care Cost Containment Committee ("HCCCC"), has authorized Milliman, Inc. to solicit proposals to replace its current fully insured Dental benefits plans for active employees, retirees (both Medicare-eligible and non-Medicare), and their dependents. Due to collective bargaining contracts, the State **must** duplicate current plan designs and funding arrangements. In addition to providing benefits to State employees and retirees, the State also covers employees in the probate court system, General Assembly members, former legislators, and State Marshals.

The State also offers dental benefits through its current dental benefits vendors to local municipalities under the Connecticut Partnership program. At this time, the following cities and municipalities are part of the Partnership program:

City of New London and New London Board of Education Town of Griswold and Griswold Board of Education Sprague Voluntown Uncas Health District Union Bozrah Valley Council of Governments

The State establishes a fully insured equivalent rate for each municipality. Each Partnership Plan participant also enrolls in a United Health Care dental plan as described in the benefit summaries below.

The current Dental Plan's contracts expire on June 30, 2014. The State of Connecticut is seeking the most cost-effective solution that will match current benefit designs and provide high quality service to its covered employees, retirees, and their dependents through a network of dentists. The State is also asking for suggestions that could improve efficiency, as well as a self-insured financial proposal.

The State's health and dental benefits plans are defined through a collective bargaining agreement that remains in effect through June 2022. Therefore, it is imperative that entities responding to this RFP provide a proposal that duplicates the current benefit structure without modification. The State provides its employees access to a number of health benefits options which are offered through two medical insurers, one PBM, and its dental insurers. Although there are multiple providers the structure of the benefits and plan designs are the same for all carriers. The only substantive differences between the benefit options are the breadth of the networks and the pricing offered by each carrier.

The State had established a relationship with Conifer Value Based Care, LLC ("Conifer") and Care Management Solutions, a ConnectiCare affiliate, to provide data aggregation services and management of the State's Health Enhancement Plan (HEP). State employees, certain retirees, and their dependents who opt to enroll in the HEP program are required to seek age-appropriate

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preventive services, including preventive dental cleanings and screenings. Enrollees who are identified with one of five medical conditions (diabetes types I and II, asthma and Chronic Obstructive Pulmonary Disease (COPD), coronary artery disease, hypertension, and hyperlipidemia) must also adhere to certain condition-specific care requirements. The enhanced benefit design waives certain copays for cleanings and sealants to remove barriers to care for these services. The details of these benefit waivers are described more fully below.

The RFP requests proposals for Dental benefits only. We have provided a few details of the medical plans and the current medical administrators to provide context for the dental benefits and make you aware of the administrators with whom you will be required to share data.

Because enrollment in HEP is voluntary, the State requests that you provide proposals for both a HEP (Health Enhancement Plan) option and non-HEP plan. See the benefit designs under United Healthcare's data appendix for details of the HEP Benefit offerings.

Currently, the State offers all plan designs through each of two carriers, United Healthcare Dental and Cigna Dental HMO.

The State requests that you provide rates and fees (if any) for a dental PPO product and, if you offer one, a dental HMO product, separately.

Entities responding to this RFP should also note that the State is requiring access to certain information and that detailed claims must be provided to Conifer and Care Management Solutions. Submission of your proposal will acknowledge acceptance of these requirements. The financial requirements include initial and renewal pricing and projection controls.

Background

The State Comptroller is empowered by Connecticut General Statutes § 5-259 to arrange and procure a "group hospitalization and medical and surgical insurance plan" for employees and retirees of the State of Connecticut. Public Act 10-174 affords the State the ability to offer the financial arrangement and services of these plans to local municipalities.

The HCCCC was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. It is responsible for implementing cost control measures, monitoring and improving plan quality, and implementing health promotion and wellness activities for state employees, retirees, and their eligible dependents.

On October 1, 1993, as an outcome of collective bargaining, elements to manage care were introduced into the state medical plan with the goal of restraining health care costs while maintaining access and quality of care.

The State implemented new wellness plan initiatives in 2011 as a result of successful negotiations between management and the State employee unions. The resulting Health Enhancement Program (HEP) affects active employees, certain retirees, and their dependents.

Each year, employees decide if they will participate in HEP. Participation requires that employees receive all age and gender appropriate wellness services during the year (e.g. physical exam, cholesterol screening, well-woman exam, and two dental cleanings) and diagnosis screenings (e.g. colorectal cancer screening, Pap smears, mammograms, vision exams). In addition, persons with any of five specified chronic conditions, namely Diabetes Type I & II, Heart Failure/Heart Disease (Coronary Artery Disease), Asthma and COPD (Chronic Obstructive Pulmonary Disease), Hyperlipidemia (High Cholesterol), Hypertension (High Blood Pressure), must comply with required physician visits, prescription drug regimens, dental cleanings and screenings, and other requirements appropriate to the proper care of the condition. The preventive visits are provided without charge to the employee, and those persons with one of the specified conditions receive their prescription drugs at reduced copays as well as no copay for office visits related to those conditions. Employees who do not comply with HEP or who choose not to participate in HEP face an additional \$350 annual deductible for in- network care and their payroll deductions for medical and pharmacy benefits are increased by \$100 per month. Presently, well over 99% of all employees participate in HEP.

Please be mindful that this RFP covers dental services only. The reference to medical plans and medical plan administrators will provide insight to the medical benefit plans that will work in tandem with the proposed dental services.

3. Current Medical Plans:

Point of Service ("POS") – Currently the State offers four POS plans. Two of the POS plans have provider options with national networks; United Healthcare/Oxford and Anthem offer a national network POS. These two national networks are the United Healthcare/Oxford plan and the Anthem State POS plan.

Within the POS option, each time medical services are required, employees elect whether to access a network provider (and receive higher levels of plan benefits), or access a non-network provider (and receive lower levels of plan benefits). Note that the POS plans provide open access to employees and, do NOT require a referral to access network specialists.

Point of Enrollment ("**POE**") – This option operates as a typical "lock-in" Health Maintenance Organization ("HMO"). That is, benefits are only available if care is rendered by a network provider or authorized by the Health Plan. Note that the POE plans do NOT require a referral to access network specialists. The POE plan offerings are provided through Anthem (using the same network that supports the State Blue Care POS plan) and United Healthcare/Oxford.

Point of Enrollment Gated ("**POE-G**") – This option operates as a typical "lock-in" Health Maintenance Organization ("HMO") with a gatekeeper. That is, benefits are only available if care is rendered by a network provider or authorized by the Health Plan. Note that the POE-G plans DO require a referral to access network specialists. The POE-G plan offerings are provided through Anthem (using the same network that supports the State Blue Care POS plan) and United Healthcare/Oxford.

Out-of-Area ("OOA") – This option currently consists of a preferred provider organizations ("PPO") available to employees and retirees who reside outside of the carrier's regional coverage area. This plan is provided through Anthem and United. Anthem provides national access for this plan by utilizing the Blue Cross/Blue Shield network. United offers national network access through their established Choice Plus national network.

The plans are available to active and retired employees. Benefits for Medicare eligible retirees consist of a Medicare Carve-out approach (Note some of the post-65 retirees are not eligible for Medicare). The plan's normal benefits are first determined, from which Medicare benefits are subtracted. The balance, if any, represents the plan's liability.

All medical plans are currently self-insured and the State does not purchase any stop loss coverage.

The State's recent active employees and retirees' open enrollment planners provide benefit summaries, an illustration of employee contributions and an illustration of differences in the breadth of the current networks. You may find the planners and additional benefits information on the State's web site at: http://www.osc.state.ct.us/empret/

4. Dental Plans

The State offers its employees and retirees two dental plans from two carriers, UnitedHealthcare Dental Products and Cigna Dental HMO (DHMO). Coverage for dependents ends at age 19. Below is a summary of the benefit plans currently offered:

	United Basic (any dentist)	United Enhanced (network)	CIGNA DHMO* (network only)
Annual Deductible*	None	\$25 Individual / \$75 Family	None
Annual Maximum	None (\$500 per person for periodontics)	\$3,000 per person (excluding orthodontics)	None
Exams, Cleanings, and X-Rays*	Covered at 80%	Covered at 100%	Covered at 100%
Simple Restoration (fillings)	Covered at 80%	Covered at 80%	Covered**
Oral Surgery	Covered at 67%	Covered at 67%	Covered**
Major Restoration (Crowns)	Covered at 67%	Covered at 67%	Covered**
Dentures, Fixed Bridges	Not covered	Covered at 50%	Covered**
Orthodontia	Not covered	Plan pays \$1,500 per person per lifetime	Covered**

^{*} If enrolled in the Health Enhancement Program: 100% coverage for cleanings and exams (2 per year). (Use network dentists under Enhanced plan for 100% coverage.) No annual maximum on services for periodontal maintenance (2 per year) or scaling and root planning

(frequency limits and cost shares may still apply).

United Dental Partnership Plan Current Benefit Offerings

Details of the United Dental benefit plan offerings for the State's Partnership Plan are found in the United Data appendix.

CIGNA Dental HMO Benefit Plan Description

The CIGNA Dental HMO Benefit Plan description and benefit charge schedule is found in in the DHMO data appendix.

A. RFP Objective

The objective of this RFP is to obtain bids for dental plans that duplicate the current dental benefits in the most cost-effective manner, match current benefit designs, and provide high quality service to its covered employees, retirees, and their dependents through a network of dentists. The State seeks to duplicate (and possibly extend) the network of utilized dentists.

In addition, the State seeks suggestions from vendors as to whether alternative benefit structures might improve the covered population's overall dental health without increasing the cost to the State. Bidders are encouraged to provide bids for alternative services to be added, which might include: coverage for (1) sealants; (2) implants; (3) presently excluded services, like dentures, at 100% co-pay.

B. Planned Schedule of RFP Activities

It is the State's intention to comply with the following schedule:

Date	Activity	
December 12, 2013	Release RFP	
December 17, 2013	Deadline for Intent to Bid	
December 17, 2013	Vendor Question Deadline by 3:00 PM EST via email	
December 23, 2013	Vendor Questions Answered	
January 17 th , 2013	Proposals Due by 2:30 PM EST	
February 6,7,10, 2013	Finalist Interviews (If Necessary)	
February 14, 2013	Final Decision	
February 15 – June 30, 2013	Begin Implementation	

• These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective bidders.

^{**} Patient copay amounts vary.

- This RFP does not commit the State to award a contract. The State reserves the right to reject all proposals, and at its discretion, may withdraw or amend this RFP at any time.
- The State may revise and amend the RFP prior to the due date for the proposal. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.
- The State reserves the right to reject any and all proposals received, for specific reasons, which include, but are not limited to, non-compliance with RFP requirements.
- Responses to this RFP will be the primary source of information used in the evaluation process. Each bidder is requested and advised to be as complete as possible in its response. The State reserves the right to contact any bidder to clarify any response or make a presentation.

C. Intent to Bid

By December 17, 2013, please email the attached Intent to Bid form to <u>osc.rfp@ct.gov</u> and state whether or not you intend to bid. <u>The Intent to Bid form is included in Section IV of the RFP.</u> <u>Upon receipt of the Intent to Bid, the State will provide vendors with detailed claims information, data warehouse formats, and other information to be used in responding to the RFP.</u>

D. Non-Disclosure Agreement

Those firms submitting a Notice of Intent to Bid will be expected to sign a Non-Disclosure Agreement (see Section V) as a condition of receiving detailed claims information.

E. Vendor Questions

The State intends to answer questions from any Vendor that is considering a response to this RFP. Questions received by the deadline of **3:00 P.M. (EST) on December 17 2013**, will be answered. Questions must be in writing and submitted by email to <u>osc.rfp@ct.gov</u>. Questions will not be accepted over the telephone. The State reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted by **December 19th, 2013** on the OSC website at http://www.osc.ct.gov/vendor/index.html.

F. Proposal Submission

All proposals must be received by 2:30 P.M. (EST), January 17th, 2013 in order to be considered. Proposals received later than the time and date specified will not be considered. If you choose not to offer a proposal, please confirm this in writing with the specific reasons for your declination.

One (1) original and ten (10) paper copies and four (4) CD-ROM-based electronic copies of the entire proposal shall be placed in a sealed envelope, bearing the name and address of

the Respondent. Any proposer that submits matter that the proposer in good faith determines to contain trade secrets or confidential commercial or financial information must provide two redacted copies of its RFP response in a CD or DVD (an original and one copy), which may be disclosed without objection in the event that the State receives a FOIA request for its proposal. The envelope must be clearly marked with the words, State Dental Benefits and submitted to:

Office of the State Comptroller Business Services Office State of Connecticut 55 Elm Street, Room 301 Hartford, CT 06106 ATTN: RFP – Dental

Ownership of Proposals - All proposals submitted in response to this RFP are to be the sole property of the State and are subject to the applicable Freedom of Information provisions of Connecticut General Statutes, Sections 1-200. Any Contractor that includes any information that is proprietary or not readily available to the public from other sources must provide a redacted version of its proposal as set forth above.

G. Evaluation of Proposals

- 1. Bidder's experience with and ability to provide required services.
- 2. Conformity with specifications.
- 3. Proposed cost: (premiums, administrative costs, guarantees).
- 4. Availability and competence of personnel.
- 5. Adequacy of bidder's network (sufficient coverage by general, specialist and pediatric dentists, average wait times for appointments, willingness to expand network as needed).
- 6. Sufficiency of Eligibility Management, Payment Systems, Customer Service, Flexibility, References, and Quality Assurance Programs.
- 7. Implementation and Communications Plan (workability of transition and implementation schedule, including coverage for orthodontic treatment in process; and efficiency and fairness of appeals process, sufficiency of member communication programs, including benefit descriptions, educational materials.)
- 8. Information Services and Reporting: Ability to exchange HEP-related claims data with State's data warehouse vendor and availability of standard reports and ad hoc reporting functionality.

- 9. Demonstration of bidder's commitment to affirmative action by full compliance with the regulations of the Commission on Human Rights and Opportunities.
- 10. Willingness to accept the terms and conditions of the State's proposed contract.
- 11. At the option of the review committee, bidder's oral interview.

H. Contract Period

The State of Connecticut is seeking a contract-effective date commencing July 1, 2014. Proposals should include premium amounts, and any fees that are guaranteed for a period no less than three-years beginning July 1, 2014 through June 30, 2017. There will also be the potential for two one-year extensions. Your proposal should provide pricing guarantees for three-years, with the potential for two one-year extensions. The template that should be used for your financial terms is included in this RFP in Section III.

I. Restriction on Contact with State Personnel

Except as called for in this RFP, from the date of release of this RFP until the right to negotiate a contract is awarded as a result of this RFP, any communication with personnel employed by the Comptroller's Office, members of the Health Care Cost Containment Committee, and RFP committee members about the RFP until the successor bidders are selected are prohibited. All communications must be directed to the dedicated e-mail address: osc.rfp@ct.gov.

J. Conflict of Interest

The bidder shall certify in writing that no relationship exists between the bidder and the State of Connecticut that interferes with fair competition or is a conflict of interest, and no relationship exists between the bidder and another person or organization that constitutes a conflict of interest with respect to any State contract. Any successful bidder must execute a contract and grant disclosure and certification form.

The bidder shall provide assurances that it presently has no interest and shall not acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder. The bidder shall also provide assurances that no person having any such known interests shall be employed during the performance of this contract.

K. Proposal Preparation Costs

The State shall not incur any liability for any costs incurred by bidders in replying to this RFP. The State of Connecticut is fully exempt from the payment of excise and sales taxes imposed by the Federal Government and/or the State. Vendors remain liable, however, for any other applicable taxes.

L. Governing Law

The contract shall be governed in all respects by the laws of the State of Connecticut.

M. Freedom of Information

Due regard will be given for the protection of proprietary information contained in all proposals received; however, vendors should be aware that all materials associated with the procurement are subject to the terms of the Freedom of Information Act (FOIA) and all rules, regulations and interpretations resulting there from. It will not be sufficient for vendors to merely state in general terms that the proposal is proprietary in nature and therefore, not subject to release to third parties. Any proposal that makes such a general or overarching claim may be subject to disqualification. Those particular sentences, paragraphs, pages or sections which a vendor believes to be exempt from disclosure under the Act must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exemption consistent with the §1-210 of the Connecticut General Statutes, must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the vendor that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. Between the vendor and the OSC, the final administrative authority to release or exempt any or all material so identified rests with the OSC. ALL SUCH MATERIAL MUST BE **SUBMITTED** IN **SEPARATE SEALED ENVELOPE** AND **MARKED** A "CONFIDENTIAL". THIS INCLUDES ANY INFORMATION REQUESTED IN AN **ELECTRONIC FORMAT.**

N. Commissions

You must certify in your response that no provision for commissions has been included in your fees. The State <u>WILL NOT</u> accept proposals with provisions for commission arrangements, nor will the State pay commissions to any brokers.

II. INSURANCE PROPOSAL REQUIREMENTS/QUESTIONNAIRE

State of Connecticut Dental RFP Questionnaire

A. Organization Background

- 1. How long has your organization been providing dental plan benefits in the State of Connecticut?
- 2. Identify the organization's current status as an independent corporation, product line, or subsidiary of another company; identify the parent corporation.
- 3. Please provide the organization's latest A.M. Best financial rating or Dunn and Bradstreet rating or financial rating of a similar financial rating institution.

B. Account Management, Member Satisfaction and Customer Service

- 1. Please identify the Account Executive and the Service Representative who would be assigned to this account. From which office(s) will these individuals provide services? Indicate whether the Account Executive and Service Representative are exclusively assigned to our account. If not exclusive, indicate the number of clients and enrolled lives outside of our account the individual is responsible for.
- 2. Describe the background and experience of the account team members. Please provide contract information, including address, telephone, and email addresses.
- 3. What are the hours of operation of the Member Services Staff? Of the Account Management staff?
- 4. Will you provide a dedicated Customer Service Representative team that is exclusive to our account? If so, provide the number of individuals and their location. If not, describe how Customer Service Representatives are trained to understand the nuances of our plan to best serve our members and provide their location(s).
- 5. Will your representatives be available for open enrollment meetings (approximately 35 each year) and health and wellness fairs?
- 6. Can a Customer Service Representative access claims history and provider information / history in response to an inquiry?
- 7. Please describe how you log member inquiries or complaints and summarize reasons for the inquiries or complaints. How are inquiries or complaints matched to the provider of care? Are these calls tracked and reported? Indicate how often these reports will be shared with the State.

- 8. Is the tracking done by employer group, individual member, and dentist / dentist group?
- 9. Are provider directories available electronically? Do you utilize internet capabilities for provider directories, including search capabilities for a provider by zip code?
- 10. Does your directory specifically indicate which dentists are not accepting new patients?
- 11. What are the guidelines utilized to manage dental procedure necessity?
- 12. How do you handle instances when a member requests a more expensive procedure than is necessary under acceptable dental guidelines? Do you monitor the provision of such services?

C. Network Access

- 1. Please provide a network match for each product using the dental network information provided.
- 2. Provide a projected cost savings for a more narrow network and identify how networks are pared down to provide the savings.
- 3. Provide a detailed geographic access report for each product using the census summary supplied. Indicate software used.
- 4. Provide the number of dentists in your Connecticut network for each product. Provide the number of generalists and specialists by specialty as well as the number of dental offices.
- 5. Provide the number of dentists in your national network by area for each product. Provide the number of generalists and specialists by specialty as well as the number of dental offices.
- 6. Please submit a copy of your provider contract.

D. Financial

- 1. Provide your financial proposal in the attached Fee Proposal Exhibit. Please do not provide your financial proposal in the body of the text. Please provide financial proposals for both a fully insured product and a self-insured offering.
- 2. Provide the administrative and profit components of your proposed premiums or premium equivalents for the policy years beginning July 1, 2014, July 1, 2015, and July 1, 2016. The State will have the option to extend the contract annually for up to two additional one-year periods. If you are proposing maximum increases for the two optional one year extensions, please illustrate them accordingly.
- 3. Please confirm all proposed rates and fees requested are found in the rate proposal worksheets.
- 4. Please describe all assumptions made in calculating your proposed rates and fees.
- 5. Please acknowledge that proposed cancellation clauses that include monetary penalties or liquidated damages for termination prior to the end of the guarantee period are undesirable and will be considered a negative factor.
- 6. The State self-bills premium or ASO fees based on its enrollment records and pays premiums in arrears at the beginning of the ensuing month. Do you agree to accept payment in arrears?
- 7. Detail all services and supplies that are covered under your premium, including communications, setup, data exchange etc.
- 8. Confirm there will be no additional fees associated with implementing the State of Connecticut plan designs or supporting the State's Health Enhancement Plan.
- 9. The rates presented in this proposal are binding during the life of this contract. Any unsolicited changes to these rates or additional fees may be grounds for termination. Will you comply with these conditions as stated herein?
- 10. Confirm that the quoted rates are not contingent up any of the following:
 - a. Minimum enrollment or utilization
 - b. Participating in any supplemental programs
 - c. Direct communication with patient population
 - d. Use of member data by your organization for any purpose not specifically authorized by the State.

- 11. What, if any, underwriting requirements are imposed with any rate guarantee offered?
- 12. For years subsequent to the initial three-year guarantee, confirm that you will provide preliminary renewal proposals upon request by the State, but no later than February 1 of each year, for coverage effective on July 1 of that year.
- 13. What is your average trend rate for the past 36 months (quarterly) for the benefits described in this request?
- 14. What UCR percentile is used to process dental claims (60th, 70th, 80th, etc.)?
- 15. How do you manage payments to providers for non-covered procedures? Which sections of your contracts with providers relate to non-covered procedures?
- 16. How are non-network providers paid?
- 17. Please provide a cost estimate that includes coverage for 19 to 26 year olds.

E. Access to Providers

- 1. Please provide a geo-access report for each zip code as provided in the census information separately for general dentists (2 in 15 miles), orthodontists (1 in 15), and specialists (1 in 15 miles).
- 2. What percentage of General Dentist offices are closed to new patients in each zip code?
- 3. What is the network composition i.e. specialties represented, and percentage of offices closed to new patients for each office location?
- 4. Please provide a summary of specialists and general dentists that accept pediatric dental patients.
- 5. Are you willing and able to expand networks where access is limited? Please describe how you would accomplish this.
- 6. Please provide the percentage of provider turnover in your Connecticut provider network using the most 12 months for the following reasons: voluntary disenrollment, involuntary disenrollment.
- 7. What is your current membership to general dentist ratio in Connecticut?
- 8. What is your target ratio?

- 9. Please describe the referral process for specialty services including any preauthorization required.
- 10. Do you monitor patient access to appointments for network adequacy? How?
- 11. Does your bid reflect any willing provider arrangements? And if not, will you agree to do so?

F. Administration, Network Management and Quality Assurance

- 1. Will all claims for the State of Connecticut be processed from one service center?
- 2. Please provide the address of the claim processing center.
- 3. Are there any plans to relocate this facility or to change the claim processing center or claims payment platform?
- 4. What is the employee turnover rate in the proposed payment office(s) in the past 36 months by year?
- 5. Provide four current and two terminated references of employers. Include name, telephone number and title of contacts, and contract effective/termination date. Be sure to provide a current reference of an organization of similar size and complexity as the State of Connecticut.
- 6. Do you own your networks or contract for them with other organizations?
- 7. Describe the credentialing process for dentists.
- 8. Are site visits routinely performed? How often?
- 9. Do you terminate providers who fail to perform at acceptable levels? Is there written criteria of performance?
- 10. Outline the steps taken to terminate network providers who fail to perform at acceptable levels.
- 11. How are members informed when dentists have been voluntarily or involuntarily terminated? How does your organization provide for completion of work in progress?
- 12. List items or circumstances that trigger a claim review by a dental consultant. What is the approximate percentage of dental claims referred to a dental consultant?

- 13. Outline the appeal mechanism used when benefits are denied.
- 14. The State of Connecticut, through its Health Enhancement Plan (HEP), requires members to have two dental cleanings per year to be compliant with HEP. Please describe how you plan to assist CMS and the state in tracking cleanings and communicating with members to encourage HEP compliance.
- 15. Are you able to provide detailed dental claims data to a third party for the State's HEP analysis in a format dictated by the State? Please refer to the Conifer data warehousing layout format and indicate your acceptance for the fields listed.
- 16. Please provide your record retention protocol, being sure to indicate how long you retain records and forms.
- 17. Are records from subscribers and members electronic or paper?
- 18. Can data files be refreshed from archives? If not, why?
- 19. Do you analyze claim data to detect patterns of abuse by providers?
- 20. Do you perform provider claim submission audits? Please describe their frequency, how they are performed, and other pertinent details.
- 21. Do you use provider satisfaction surveys? If yes, how often are they done? Describe the process and provide a sample copy of recent survey results. Indicate any corrective action as a result of a survey.
- 22. Is the right to audit included in your standard provider contracts?
- 23. Summarize the quality assurance programs your organization currently has in place and list the important actions these programs have taken in the past 12 months to improve performance.
- 24. Please explain what happens when an enrollee obtains dental services outside the network.
- 25. Provide a list of standard coverage exclusions and limitations for your network and non-network options.

G. State Specific Provider Network

The State has developed a network of providers willing to accept the insurer's fee payment without balance billing the patient. The successful bidder will need to duplicate this network.

- 1. Is your organization willing and able to duplicate that network?
- 2. Please describe how you reimburse dentists who do not participate in your network. Are you capable of changing the reimbursement methods for non-participating providers for State of Connecticut enrollees?

H. Eligibility

- 1. How long is eligibility history maintained? Is it integrated with claims and billing?
- 2. The State provides its vendors with a weekly standard enrollment file (X12-5010-834). Confirm that your organization will accept this feed and will update enrollment weekly.
- 3. The State provides its vendors with a monthly standard enrollment file (X12-5010-834) for enrollment comparison purposes. Confirm that your organization will accept this feed, will run a monthly enrollment reconciliation and report the results to State agencies and the Office of the Comptroller.
- 4. Please confirm that your organization will include the State's Employee Identifier on your claims enrollment files that will be shared with third party vendors.
- 5. How soon is your system updated after the eligibility feed is received?

I. Claim Payment and Processing System

- 1. When was the claim payment system implemented? When was it last updated?
- 2. How soon after benefit plan changes are implemented is the system updated with the changes?
- 3. What period of claims history is maintained on-line?
- 4. Will the claims system track plan deductibles and maximums automatically for the State of Connecticut?
- 5. How often are CDT codes updated in your system?

J. Implementation and Communications

- 1. Assuming notification of your selection as the State's Dental Care provider, how do you propose to organize the transition and implementation schedule?
- 2. Provide a critical path analysis of the specific tasks required, actions involved, and the responsibilities of all parties during each scheduled phase.
- 3. Describe your anticipated role and the State's anticipated role in the implementation.
- 4. What is the minimum amount of preparation time your organization requires to effectively and efficiently administer the State Plan?
- 5. What communications materials (i.e. provider directories, benefit booklets) does your firm provide to employees at the start of the program?
- 6. The State of Connecticut unifies custom benefit communications though a single publication paid for by the State's Vendors. Are you willing to contribute to the costs of these publications?
- 7. Are you willing to mail the State's materials directly to each participant's home address for the first open enrollment?
- 8. Please confirm that all communications costs are included in the proposed rates.
- 9. What document is provided to an employee to identify him or her as a member of your plan? (i.e. identification card). Please provide a sample.
- 10. What communication materials and other efforts will you provide to encourage preventive oral health behavior among state employees, including dependents?
- 11. Do educational materials include information about the reason for proper dental care and its relationship to chronic diseases? Please provide a copy or example of educational material.
- 12. Describe the appeals process for denied or rejected claims, including first and second level appeals.
- 13. Do you handle appeals directly or use an outside vendor? If you use an outside vendor, please provide the name, address and number of years of the business relationship.
- 14. What coverage is available for orthodontic treatment in progress at inception of contract?

15. Will you provide reminders to members regarding the need to have two free cleanings in accordance with the Health Enhancement plan?

K. Account Reconciliation

- 1. Please confirm that, as part of your account reconciliation process, you will identify when premiums are being paid that do not match the actual enrollment supplied by the State. Please provide details about the reconciliation process.
- 2. How do you document under- or over-payments?

L. Information Services / Data Reporting

- 1. Provide an example of the standard reports the state can expect. How often are these produced?
- 2. How soon after the date of service incurred are the reports available?
- 3. What norms do you compare against?
- 4. Describe any electronic data warehousing capability from which the State can generate ad hoc reports or from which the State or its authorized representative could obtain periodic feeds.
- 5. Please indicate how the State would be provided on-line access to de-identified claim information.
- 6. Do you provide or facilitate provider access to the HEP provider portal including educational material?
- 7. Please confirm that you will agree to supply monthly detailed claims data (deidentified) to the State's benefit administrator or its authorized vendor.
- 8. What suggestions or improvements to the dental components of the HEP program would you suggest?
- 9. Can you provide Return on Investment studies for elements of the State's HEP programs, including for existing and alternate benefit structures, for example the use of sealants? If so, how would you go about performing these studies?

M. Performance Guarantees

The state will require the following performance guarantees:

- Network Maintenance
- Claims Processing Accuracy
- Data Reporting Timeliness (data transfers)
- Timeliness and accuracy of eligibility updates
- Account Management Services
- 1. Please delineate each subject, the amount at risk, and criteria for meeting the above guarantees.
- 2. The state requires compliance with all of the provisions of the attached sample contract. Please confirm your willingness to accept these provisions.
- 3. The State requires the right to audit the performance of the plan and services provided. Provide a comprehensive list of services, specific records and contracts, and types of access which will be made available to the State. Indicate notice requirements.
- 4. Do you have contractual relationships with third party administrators or organizations? Please list the vendor relationships and their location.
- 5. Do you agree that during the duration of any contract, and after termination, any direct contact, direct marketing, educational material, and other communication made to plan participants, other than responses to individual member inquiries regarding individual claim or member services issues, are strictly prohibited, unless prior authorized by the State?

N. Other

- 1. Have you or your corporate entity received economic development grants or loans from the State of Connecticut?
- 2. How many of your employees work in the State of Connecticut:
 - a. In 2005
 - b. In 2010
 - c. Currently
 - d. Projected to 2015

- 3. In what state / country are claims processed?
- 4. In which state / country is the customer service call center managed and staffed?
- 5. We are interested in any ideas you may have for improving the dental health offerings for state employees and retirees without increasing the cost to the State. Please make any suggestions for recommended benefit improvements or alternative benefit structures.
- 6. If we include previously non-covered services, like dentures or implants, in the plan at 100% co-pay, would members have access to network rates for such services or procedures?

O. Requirements

The following are base requirements that need to be satisfied in order for your organization to be considered as a proposer. Please complete the table below and indicate "YES" or "NO" to your organizations ability to comply:

	REQUIREMENTS	YES	NO
	endor will provide all labor, equipment, facilities, supplies, and services as ed/specified.		
	lministration of benefit plans for active and retired State employees and idents and affiliated groups participating in the program described in on I:		
a.	Vendor must agree to administration of the plan as mutually agreed to by the vendor and the State, with final determination to be made by the State. All operational aspects of the plan must be clearly described and the State must reserve the right to review and audit the operations of the plan.		
b.	Develop and maintain an employee benefit plan providing benefits as specified by the State. The benefit plans to be offered are described on the State's website at http://www.osc.state.ct.us/empret/ .		
c.	Vendor must allow the State to test website structure, pages, and review and approve content for usability as determined by the State; usability concerns must be resolved within two (2) business days.		
d.	Vendor must agree that all data, records, files and other information relating to the plan belong to the State and are subject to release to the State if the contract is terminated.		
e.	Vendor must provide a copy of their emergency operations/disaster recovery/business continuity/pandemic flu plan as part of their response to this RFP.		

f.	Vendor must provide detailed information on insurance, bonding, and guarantees offered in the event of issues caused by loss of operations due to an emergency or disaster.	
g.	Vendor must provide subrogation services.	
h.	Vendor must disclose offshore relationships, if any.	
i.	Vendor must receive prior approval for all communications to members. This includes all written website, electronic communication including media advertising. During open enrollment periods, all general media advertising in the State of Connecticut media markets must also be approved by the State. Failure to comply will result in a penalty payment of 0.50% of total expenses, no less than \$30,000 and no greater than \$100,000.	
(3) Eli	igibility:	
a.	Vendor must agree to accept and provide electronic data feeds in the appropriate HIPAA or State defined format on a schedule determined by the State. Currently for active employees, enrollment data is sent via the HIPAA 834 format. All carriers will receive the identical format and data structure as defined by the State.	
b.	Vendor must agree to share data with health benefits administrators and the State's new data manager and wellness plan coordinator.	
c.	Vendor must agree to accept the eligibility structure as defined by the State.	
d.	Enrollment data that does not pass carrier system edits must either be corrected or bypassed by the carrier. The remaining data must be posted without delay. Issues related to errant data must be addressed with the employing agency's benefit staff or the Healthcare Policy and Benefit Services Division as appropriate.	
e.	Vendor must agree to the State-defined Eligibility Periods; award of this contract means that any eligible employee and their dependents will be eligible for coverage.	
f.	Open enrollment shall be the period announced by the State to allow eligible subscribers to join the plan, change coverage, or add eligible dependents. The open enrollment periods are generally from May 1st to June 1st each year for active employees and retirees.	
g.	HIPAA Events: members may add, drop or make changes as appropriate if an allowable qualifying event occurs.	

h.	The vendor must agree to process active and retiree enrollment additions, changes and deletions correctly within seven (7) days of the creation date of the file or information provided by the State. The State will provide a weekly file to report any changes within their enrollment data (to be known as the Change File). This file will include additions, terminations, coverage class changes, changes in dependent enrollment, etc. Towards the end of each month, the State will provide a monthly file to report a snapshot of all current live enrollment data (to be known as the Full File). The Full File is typically not loaded and used for comparative purposes only. After receipt of the monthly Full File, the vendor must reconcile all active employee enrollment data and report any discrepancies, in a format defined by the State, by the 15th of the next month to the appropriate State department; aggregate information must be sent to the Healthcare Policy and Benefit Services Division. The State will review the discrepancies and provide feedback appropriate to the condition being reported and make any necessary corrections to State enrollment information.	
i.	Following receipt of the retiree Full File, the vendor must reconcile data and report any discrepancies, in a format defined by the State, by the 15th of the next month to the Healthcare Policy and Benefit Services Division. The Healthcare Policy and Benefit Services Division will review the discrepancies and provide feedback appropriate to the condition being reported and make any necessary corrections to State enrollment information.	
j.	Group Numbers – Department ID, as defined by the State, will substitute for any arbitrary vendor group number that might otherwise be assigned to a State agency or location. More specifically, enrollment and remittance information from the State will include the Department ID as the sole identifier of an employee's location. The vendor may translate the data to accommodate their own systems, however; all communications to and from the State and its data warehouse vendor, whether electronic or otherwise, will refer to the Department ID.	
k.	The vendor will capture and report the State provided Employee ID (EMPLID) in data stores and data transfers with the state and other state vendors. The member's EMPLID must also be connected to all associated dependents.	
1.	The vendor will provide the State with online access to their enrollment information in real time.	

(4) File Exchange Protocol:	
There are currently two methods for exchanging files with the State's Core-CT	
system:	1
a. The carrier logs into the secure Core-CT Production Supplier	1
Portal via https to download files. The URL is	1
https://corect.ct.gov:10400/psp/PSPRD/signon.html; or	1
b. The carrier logs into the secure Core-CT Axway Server. The URL	1
is https://sfile.ct.gov/ For those using an automated system Axway	1
has a client available at	1
http://www.axway.com/productssolutions/mft/gateways/securetransport	
Testing Requirements: At least one test cycle must be completed successfully prior to going live employing one of the previously mentioned file transports. The Core-CT Supplier Portal uses a non-standard port (10400 for Production, 15000 for Test) and that may require action by the carrier's Tech Support area to accomplish this. Vendors must report in their response to this RFP whether they were able to successfully reach the portal sign on page at: https://corect.ct.gov:10400/psp/PSPRD/signon.html or have obtained Axway client software and successfully connected to: https://sfile.ct.gov/	
Additional information for all parties that exchange data with State's Core-CT system is available at: http://www.core-ct.state.ct.us/hrint/	
(5) Network Development, Rental and Management:	1
a. Vendor must maintain and manage an existing (virtual) dental network that will be provided for the use in managing this plan?	
b. Vendor must assist with developing a proprietary network, if the State so chooses. The successful vendor's network should be very similar to or more robust than the current network.	ſ
c. Vendor will be responsible for maintaining all provider contracts, terms and conditions, within its claims payment system.	
d. Vendor will handle all provider quality issues.	
(6) Administrative or Executive Support:	
a. Vendor must verify and commit that during the length of the contract, it shall not undertake a major conversion for, or related to, the system used to deliver services to the plan without specific written notice to the State. This does not apply to any program fixes, modifications and enhancements.	
b. Vendor must notify the State prior to any changes in vendor's representatives.	

c.	Vendor must agree to change the assigned vendor's representatives at the	
	State's request.	
mand	endor must comply with HIPAA, PPACA and other federal and/or state ates to include privacy, security and electronic data transfer rements	
(exam	endor must comply with performance standards as identified in this RFP aples provided in Performance Standards are provided for illustrative uses only and may be expanded at the State's option.)	
(9) Au	ıdits:	
a.	Vendor must agree to audits conducted by the State or their chosen auditor and/or legislative audit.	
b.	Vendor must agree to annually provide a SAS 70 Report if the State determines there is a need (allowable time will be given to provide this information, if the vendor doesn't currently have a completed SAS 70) and any other applicable audits and certifications.	
c.	Vendor must agree to make available all provider records to the State or their representatives (e.g. State Auditors, the State's actuary, etc.).	
d.	Vendor will guarantee to the State or its appointees the right to reasonable inspection of facilities, equipment, and system support operations to ensure the continued ability of the vendor to support the plan; failure to comply with a reasonable request to inspect will result in a penalty; failure to respond to a finding from an inspection within 30 calendar days will result in a penalty.	
(10) D	Pata Requirement:	
a.	Vendor must agree to provide claims data in the format outlined by the State on a schedule determined by the State.	
b.	Vendors must agree to provide requested claims, enrollment, and premium data to the State's consultant and data manager for inclusion in the State's claims database.	
c.	Vendor must agree to supply monthly dental claims including CDT codes and payment data to the State or its designated vendor (Currently Conifer)	
(11) R	Reporting Requirements:	
a.	Vendor must provide some form of on-line ad hoc reporting capability with full description of the tools available.	
b.	Vendor must provide reporting based on the divisions defined by the State.	
C.	Vendor will provide a detailed description of their capability to track and report on telephone services to include categories being monitored; at a minimum, the vendor must provide a monthly report of types of calls, number of calls resolved during the month, phone abandonment rate, and average response times.	

d.	Vendor must negotiate with the State to develop mutually agreeable reporting formats and deadlines; the State reserves the right to establish formats and deadlines, if negotiations fail.	
e.	Vendor must provide basic provider background information, cost data, and quality data on a scheduled basis as determined by the State.	
(12) A	accounting/Actuary Requirements:	
a.	Vendor must provide a year-end report at the appropriate plan year end.	
b.	Vendor will respond to all requests for additional information within a 24-hour period.	
c.	Vendor will provide a copy of the data dictionary for all fields that are operational in any system proposed. This data dictionary must include the length of the field and a specific description of the data stored in each field.	
(13) P	rivacy & Security:	
a.	Vendor must describe any breaches, complaints or grievances with regards to protected health information (e.g., security or privacy) for their complete book of business; list the event and resolution in detail.	
b.	Vendor must disclose any event where their employees have willfully committed acts that compromise member information, regardless of whether it is PHI or not.	
c.	Vendor must describe their HIPAA policies, procedures and training related to quality and provider data.	
guara	The State expects respondents to provide aggressive performance ntees. The proposal must include identification of your specific rmance guarantees and financial incentives.	

III. FINANCIAL PROPOSALS

State of Connecticut
Dental RFP
Fully Insured Rate Proposal Exhibit

Monthly Tiered Premium Rates for Dental Benefit Plan, Effective 7/1/2014 and Guaranteed for 3 Years
 (Enter premium rates only for the benefit plan(s) on which you are quoting.)
 (Enter information separately for benefit plan that covers dependents through age 19 and benefit plan that covers dependents through age 26.)

Dependents Covered Through Age 19

	Single	Two-Party	Family
DHMO	\$0.00	\$0.00	\$0.00
DPPO	\$0.00	\$0.00	\$0.00

Dependents Covered Through Age 26

	Single	Two-Party	Family
DHMO	\$0.00	\$0.00	\$0.00
DPPO	\$0.00	\$0.00	\$0.00

2. Adminstrative and Profit Components of Proposed Premium Rates

	Administrative Cost as % of Premium			Profit as % of Premium		
	PY Beginning 7/1/2014	PY Beginning 7/1/2015	PY Beginning 7/1/2016	PY Beginning 7/1/2014	PY Beginning 7/1/2015	PY Beginning 7/1/2016
DHMO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DPPO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

3. Please verify that there are no additional fees or charges not included in the premium rates shown above. If there are any additional fees, please indicate the purpose of the fee, the amount, and the payment frequency of each.

There are no additional fees or charges.

4. Maximum Rate Increases for Optional One-Year Extensions, for Policy Years 4 and 5 (If you are not proposing maximum rate increases please leave default value in cell.)

	One Year	One Year
	Extension	Extension
	Beginning	Beginning
	7/1/2017	7/1/2018
DHMO	99.9%	99.9%
DPPO	99.9%	99.9%

5. Historical and Projected Annual PMPM Trend for Proposed Benefit Plan(s)

	DHMO Annual	DPPO Annual
	Trend	Trend
CY2012/CY2011	0.0%	0.0%
CY2013/CY2012	0.0%	0.0%
CY2014/CY2013	0.0%	0.0%
CY2015/CY2014	0.0%	0.0%

6. Average Expected Member Out-of-Pocket Expenditure for Selected Dental Procedure Codes (Should include any member copays, coinsurance, deductible, impact of MAC schedules, and provider balance billing)

		DUMO	DPPO		
		DHMO	In Network	Out of Network	
Prophylaxis	D1110	\$9,999.99	\$9,999.99	\$9,999.99	
Space maintainer	£D1515	\$9,999.99	\$9,999.99	\$9,999.99	
Crown	D2750	\$9,999.99	\$9,999.99	\$9,999.99	
Root Canal	D3330	\$9,999.99	\$9,999.99	\$9,999.99	
Periodontal Scalin	n D4341	\$9,999.99	\$9,999.99	\$9,999.99	
Dentures	D5110	\$9,999.99	\$9,999.99	\$9,999.99	
Surgical Extractio	r D7210	\$9,999.99	\$9,999.99	\$9,999.99	

State of Connecticut Dental RFP Self Insured Rate Proposal Exhibit

1. Monthly Tiered Claim Costs, ASO Fees, and Premium Equivalents for Dental Benefit Plan, Effective 7/1/2014 and Guaranteed for 3 Years (Enter information only for the benefit plan(s) on which you are quoting.)

(Enter information separately for benefit plan that covers dependents through age 19 and benefit plan that covers dependents through age 26.)

Dependents covered through age 19

				3 3		
	DHMO		DPPO			
						Theoretical
	Projected Claims		Theoretical Premium	Projected Claims	ASO Fees	Premium
	PEPM	ASO Fees PEPM	Equivalent	PEPM	PEPM	Equivalent
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Dependents covered through age 26

	DHMO		DPPO			
						Theoretical
	Projected Claims		Theoretical Premium	Projected Claims	ASO Fees	Premium
	PEPM	ASO Fees PEPM	Equivalent	PEPM	PEPM	Equivalent
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2. Please verify that there are no additional fees or charges not included in the premium rates shown above. If there are any additional fees, please indicate the purpose of the fee, the amount, and the payment frequency of each.

There are no additional fees or charges.

3. Maximum ASO Fees for Optional One-Year Extensions, for Policy Years 4 and 5 (If you are not proposing maximum fee increases please leave default value in cell.)

	Maximum PEPM ASO Fees for One Year	Maximum PEPM ASO Fees for One
	Extension Beginning 7/1/2017	Year Extension Beginning 7/1/2018
DHMO	\$0.00	\$0.00
DPPO	\$0.00	\$0.00

4. Historical and Projected Annual PMPM Trend for Proposed Benefit Plan(s)

	DHMO Annual Trend	DPPO Annual Trend
CY2012/CY2011	0.0%	0.0%
CY2013/CY2012	0.0%	0.0%
CY2014/CY2013	0.0%	0.0%
CY2015/CY2014	0.0%	0.0%

5. Average Expected Member Out-of-Pocket Expenditure for Selected Dental Procedure Codes (Should include any member copays, coinsurance, deductible, impact of MAC schedules, and provider balance billing)

Prophylaxis	D1110
Space maintair	D1515
Crown	D2750
Root Canal	D3330
Periodontal Sc	D4341
Dentures	D5110
Surgical Extrac	D7210

DUMO	DPPO	
DHMO	In Network	Out of Network
\$9,999.99	\$9,999.99	\$9,999.99
\$9,999.99	\$9,999.99	\$9,999.99
\$9,999.99	\$9,999.99	\$9,999.99
\$9,999.99	\$9,999.99	\$9,999.99
\$9,999.99	\$9,999.99	\$9,999.99
\$9,999.99	\$9,999.99	\$9,999.99
\$9,999.99	\$9,999.99	\$9,999.99

IV. STATE CERTIFICATIONS/AFFIDAVITS and INTENT TO BID FORM

Attachments Include:

- Commission on Human Rights and Opportunities Notification to Bidders
- OPM Nondiscrimination Certification
- Gift and Campaign Contribution Certification
- Consulting Agreement Affidavit
- Summary of State Ethics Laws
- OPM Iran Certification Form
- State Elections Enforcement Commission Form 10
- Intent to Bid Form

This form is **MANDATORY** and must be completed, signed, and returned with the vendor's bid

ACKNOWLEDGMENT OF CONTRACT COMPLIANCE NOTIFICATION TO BIDDERS

INSTRUCTION: Bidder must sign acknowledgment below, and return this form to the awarding agency with the bid proposal.

The undersigned duly authorized representative of the bidding vendor acknowledges receiving and reading a copy of the **NOTIFICATION TO BIDDERS.** (*Please print name under signature line.*)

Signature
Title
Date
2 uic
On behalf of:
Vendor Name
Street Address
City State Zip
- 1
Federal Employee Identification Number
(FFIN/SSN)

This form is **MANDATORY** and must be completed, signed, and returned with the vendor's bid.

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES CONTRACT COMPLIANCE REGULATIONS NOTIFICATION TO BIDDERS

(Revised 09/17/07)

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority business enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4)Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . ." An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements:

- (a) the bidder's success in implementing an affirmative action plan;
- (b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive;
- (c) the bidder's promise to develop and implement a successful affirmative action plan;
- (d) the bidder's submission of employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
- (e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

INSTRUCTIONS AND OTHER INFORMATION

The following <u>BIDDER CONTRACT COMPLIANCE MONITORING REPORT</u> must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder's logood faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding ten million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.

BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.

MARKETING AND SALES: Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.

LEGAL OCCUPATIONS: In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.

COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists

ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.

OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).

BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.

CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category.

INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.

MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.

PRODUCTION WORKERS: The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

White (not of Hispanic Origin)- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

<u>Black</u>(not of Hispanic Origin)- All persons having origins in any of the Black racial groups of Africa.

<u>Hispanic</u>- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I - Bidder Information

THE T BIGGET INFORMATION	
Company Name Street Address City & State Chief Executive	Bidder Federal Employer Identification Number Or Social Security Number
Major Business Activity (brief description)	Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor. Yes NoBidder is a minority business enterprise Yes No (If yes, check ownership category) Black Hispanic Asian American American Indian/Alaskan Native Iberian Peninsula Individual(s) with a Physical Disability Female
Bidder Parent Company (If any)	- Bidder is certified as above by State of CT Yes_ No_
Other Locations in Ct. (If any)	

PART II - Bidder Nondiscrimination Policies and Procedures

Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes No	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes No
Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? YesNo	Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes No
Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes No	9. Does your company have a mandatory retirement age for all employees? Yes No
Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes_No_ Yes_No_	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? YesNoNA
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes No	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? YesNoNA
6. Does your company have a collective bargaining agreement with workers? Yes No 6a. If yes, do the collective bargaining agreements contain non-discrim ination clauses covering all workers? Yes No	12. Does your company have a written affirmative action Plan? Yes No If no, please explain.
6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct? Yes No	13. Is there a person in your company who is responsible for equal employment opportunity? Yes No If yes, give name and phone number.

Part III - Bidder	Subcontracting	Practices
-------------------	----------------	------------------

(Page 4)

1.	Will the work of this	s contract include	subcontractors o	r suppliers?	Yes	No

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above?

Yes__ No__

Dote

PART IV - Bidder Er	nployment	Informati	on		Date	:					
JOB CATEGORY *	OVERALL TOTALS		HITE Hispanic	BLAO (not of Hi origin)	ispanic	HISPA	ANIC	ASIAN or ISLANDI	r PACIFIC ER	AMERICAN ALASKAN N	
		Male	Female	Male	Female	Male	Female	Male	Female	male	female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation, Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
	FORM	AL ON THE JO	OB TRAINEES (ENTER FIGUR	ES FOR THE SA	ME CATE	GORIES AS	ARE SHOWN A	BOVE)		
Apprentices											
Trainees											

^{*}NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

PART V - Bidder H	iring a	nd Rec	ruitment Praction	(Page 5)	
Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)		any of the below listed nts that you use as alification	Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination		
SOURCE	YES	NO	% of applicants provided by source		
State Employment Service				Work Experience	
Private Employment Agencies				Ability to Speak or Write English	
Schools and Colleges				Written Tests	
Newspaper Advertisement				High School Diploma	
Walk Ins				College Degree	
Present Employees				Union Membership	
Labor Organizations				Personal Recommendation	
Minority/Community Organizations				Height or Weight	
Others (please identify)				Car Ownership	
				Arrest Record	
				Wage Garnishments	

(Date Signed)

(Telephone)

(Title)

(Signature)



STATE OF CONNECTICUT NONDISCRIMINATION CERTIFICATION — New Resolution By Entity

For Contracts Valued at \$50,000 or More

Documentation in the form of a <u>corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended</u>

INSTRUCTIONS:

Printed Name

For use by an <u>entity</u> (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at <u>\$50,000 or more</u> for any year of the contract. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

Authorized Signatory		, of	
Authorized Signatory	Title	V	lame of Entity
n entity duly formed and existing und	er the laws of		
		Name of S	State or Commonwealth
ertify that the following is a true and o	correct copy of a r	esolution adopto	ed on the day of
, 20 by the gover	ning body of		
		Name of Entit	у
accordance with all of its documents	of governance an	d management	and the laws of
	, and further cert	ify that such re	solution has not been modified
Name of State or Commonwealth			
revoked, and is in full force and effe	ct.		
RESOLVED: That the policies of	of		comply with the
	Na	ame of Entity	
nondiscrimination agreements	and warranties of	Connecticut Ge	neral Statutes
§§ 4a-60(a)(1) and 4a-60a(a)	(1), as amended.		
	tificato this	day of	20
ne undersigned has executed this cer		_ day or	, 20
ne undersigned has executed this cer			
ne undersigned has executed this cer	inicate this		
ne undersigned has executed this cer-		 Date	

OPM Ethics Form 1 Rev. 11-29-11 Page 1 of 2



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2)

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE:	☐ Initial Certification ☐ 12 Month Anniversary Update (Multi-year contracts only.)
	☐ Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below:
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contactor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

OPM Ethics Form 1 Rev. 11-29-11 Page 2 of 2

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for <u>statewide public office</u>, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawful Campaign	Contributions to Candid	ates for Statewide	e Public Office	e:
Contribution Date	Name of Contributor	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
Lawful Campaign	Contributions to Candid	ates for the Gene	ral Assembly:	
Contribution Date	Name of Contributor	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
Sworn as true to th	ne best of my knowledge ar	nd belief, subject to	the penalties o	f false statement.
Printed Contractor	Name	Printed Na	ame of Author	ized Official
		. Inited He	o o. Addioi	
Signature of Auth	norized Official			
Subscribed and a	cknowledged before me	this day o	of	, 20
	Con	nmissioner of the	Superior Cour	t (or Notary Public)

OPM Ethics Form 5 Rev. 10-01-11



Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT:	[Number of Affidavits	s Sworn and Subs	scribed On This	Day:]	
a contract, as such a contrac	described in Connection	cut General Statu execute such con	utes § 4a-81(b) tract. I further	, or that I at swear that I	der or contractor awarded m the individual awarded have not entered into any t listed below:
Consultant's N	ame and Title		Name of Fir	m (if applicat	ole)
Start Date	End Dat	e	Cost		
Description of	Services Provided:				
If YES: Name	of Former State Agency	у	Termination	☐ YES	
Sworn as true	to the best of my know	vieuge and belier,	subject to the p	renaities of fa	use statement.
Printed Name of	of Bidder or Contractor	Signature of Pr	incipal or Key	Personnel	Date
		Printed Name (of	above)		Awarding State Agency
Sworn and su	ubscribed before me	on this	_ day of	, 2	0
		Commission	ner of the Sup	erior Court	

or Notary Public

OPM Ethics Form 6 Rev. 10-01-11



Written or electronic affirmation to accompany a large State construction or procurement contract, having a cost of more than \$500,000, pursuant to Connecticut General Statutes §\$ 1-101mm and 1-101qq

INSTRUCTIONS:

CHE

Comple directed	te all sections of the form. Submit completed form below.	to the awarding State agency	or contra	ctor, as					
CHECK	ONE:								
	I am a person seeking a large State construction affirmation to the awarding State agency with my will be awarded through a competitive process.]								
	I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]								
	I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.								
	I am a contractor who has already filed an affirmation, but I am updating such affirmation either (i) no later than thirty (30) days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.								
IMPOR	TANT NOTE:								
affirmat State a	fifteen (15) days after the request of such agen ion contractors shall submit the affirmations of their gency. Failure to submit such affirmations in a tim ate construction or procurement contract.	subcontractors and consultant	is to the a	warding					
AFFIRM	MATION:								
thereof, pursuar subcont provisio	undersigned person, contractor, subcontractor, co- affirm (1) receipt of the summary of State ethics at to Connecticut General Statutes § 1-81b and (2) ractor, or consultant have read and understand ns.	s laws* developed by the Offic that key employees of such p the summary and agree to	ce of State erson, con comply	e Ethics ntractor, with its					
THE S	diffinally of State ethics laws is available on the State	e of confidence of Stat	e Lunes we	ebsite.					
Signatu	re	Date							
Printed	Name	Title							
Firm or	Corporation (if applicable)	-							
Street A	address	 City	State 2	 Zip					

Awarding State Agency

Guide to the Code of Ethics For Current or Potential State Contractors 2010

INTRODUCTION

The Connecticut Office of State Ethics (OSE) is an independent regulatory agency for the state of Connecticut, charged with administering and enforcing the Connecticut Codes of Ethics, located in the Connecticut General Statutes, Chapter 10.

The Ethics Codes under the OSE's jurisdiction are comprised of:

- The Code of Ethics for Public Officials (Part I);
- The Code of Ethics for Lobbyists (Part II); and
- Limited jurisdiction over Ethical Considerations Concerning Bidding and State Contracts (Part IV).

This guide provides general information only. The descriptions of the law and the OSE in this guide are not intended to be exhaustive. Please review the Advisory Opinions and Declaratory Rulings on our website or contact the Legal Division of the OSE with any questions regarding interpretation of the law.

For more information on the subjects discussed in this guide, call, write or visit:

Connecticut Office of State Ethics 18-20 Trinity Street Suite 205 Hartford, CT 06106 860/263-2400 www.ct.gov/ethics

Citizen's Ethics Advisory Board:

G. Kenneth Bernhard, Chairperson (through September 2011)

Thomas H. Dooley, Vice Chairperson (through September 2012)

Ernest Abate (through September 2011)

Kathleen F. Bornhorst (through September 2012)

Rebecca M. Doty (through September 2011)

General David Gay, (ret.) (through September 2013)

Dennis Riley (through September 2013)

Winthrop Smith, Jr. (through September 2013)

Shawn T. Wooden (through September 2013)

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THE OFFICE OF STATE ETHICS (OSE)

The Connecticut Office of State Ethics (OSE) was officially created on July 1, 2005, by Public Act 05-183. The governing body of the OSE is the Citizen's Ethics Advisory Board (CEAB), nine members appointed by the Governor and legislative leadership. The CEAB holds monthly meetings that are open to the public and that are often covered by CT-N. A schedule of CEAB meeting dates, times and locations is available on the OSE's Web site, www.ct.gov/ethics.

The OSE is an independent watchdog agency for the state of Connecticut that administers Connecticut General Statutes, Chapter 10, Parts I and II, with limited jurisdiction over Part IV.

Simply put, the OSE educates all those covered by the law (the "regulated community"); provides information to the public; interprets and applies the codes of ethics; and investigates potential violations, and otherwise enforces the codes.

The OSE is made up of the following components:

- Citizen's Ethics Advisory Board
- Executive Director
- Legal Division
- Enforcement Division

THE BIG PICTURE

All state officials and employees (except judges) are covered by Part I of the Code of Ethics for Public Officials (henceforth, Part I, or the Code). It is important to remember that certain provisions of the Code also apply to public officials and state employees after they leave state service.

As you read through this guide, be aware that these laws were enacted to prevent individuals from using their public position or authority for personal, financial benefit.

Each state agency also has its own ethics policy, which in many cases may be more restrictive than what follows. Be sure to obtain a copy of the agency's policy before you attempt to provide any benefit to an agency official or employee.

GIVING BENEFITS TO STATE PERSONNEL

Gifts

As a current or potential state contractor, you are presumably doing business with or seeking to do business with a state agency, and are therefore considered to be a **restricted donor**. In general, public officials, state employees and candidates for public office may not accept gifts from restricted donors.

Restricted Donors

Restricted donors include:

- Registered lobbyists (a list is available on the OSE's Web site) or a lobbyist's representative;
- Individuals or groups doing business with a state department or agency;
- Individuals or groups seeking to do business with a state department or agency;
- Individuals or groups engaged in activities regulated by a state department or agency; or
- Contractors pre-qualified by the Connecticut Department of Administrative Services (Conn. Gen. Stat. § 4a-100).

A **gift** is defined as anything of value that is directly and personally received by a public official or state employee (or sometimes family members of those two categories) *unless* consideration of equal or greater value is provided. Conn. Gen. Stat. § 1-79 (e).

Gift Exceptions

There are, however, certain exceptions to this definition of gift. Not all exceptions are covered below; see Conn. Gen. Stat. \S 1-79 (e) (1) – (17) for the complete list.

- Token Items Restricted donors such as current or potential state contractors may provide any item of value that is not more than \$10 (such as a pen, mug, or inexpensive baseball cap) to a public official or state employee, provided that the annual aggregate of such items from a single source is \$50 or less. Conn. Gen. Stat. § 1-79 (e) (16).
- Food and Beverage Restricted donors may also provide less than \$50 worth of food and beverage in a calendar year to a public official or state employee, provided that the restricted donor or his/her representative is in attendance when the food and/or beverage is being consumed. Conn. Gen. Stat. § 1-79 (e) (9).
- *Training* Vendors may provide public officials and state employees with training for a product purchased by a state or quasi-public agency provided such training is offered to all customers of that vendor. Conn. Gen. Stat. § 1-79 (e) (17).

- Gifts to the State Restricted donors may provide what are typically referred to as "gifts to the state." These gifts are goods and services provided to a state agency or quasi-public agency for use on state or quasi-public agency property or that support an event, and which facilitate state or quasi-public action or functions. Conn. Gen. Stat. § 1-79 (e) (5).
- Other Exceptions There are a total of 17 separate gift exceptions in the Code. Also exempt from the definition of gift are items such as informational materials germane to state action, ceremonial plaques or awards costing less than \$100, or promotional items, rebates or discounts also available to the general public. See Conn. Gen. Stat. § 1-79 (e) (1) (17).

Note: The popularly-cited exception for major life events does not apply to those who are regulated by, doing business with or seeking to do business with a state agency. The only restricted donor that can make use of this very narrow exception is a registered lobbyist.

Gift Provisions

Example: You are in the process of submitting a contracting bid to a state agency. You provide the agency head with a gift certificate for \$45 to a popular West Hartford eatery for her to use on her own. You have not previously given anything of value to this individual. Even though you are under the permissible \$49.99 food and beverage limit, this gift is not allowed because you or your representative will not be in attendance while the food and beverage is being consumed.

Reporting Requirements

Should you or your representative give something of \$10 or more in value to a public official or state employee, you must, within **10 days**, give the gift recipient and the head of that individual's department or agency a written report stating:

- Name of the donor;
- Description of item(s) given;
- Value of such item(s); and
- Total cumulative value of all items to date given to that recipient during the calendar year.

This helps both you and the state employee keep track of the gift exceptions noted above, so that permissible limits are not exceeded. Conn. Gen. Stat. § 1-84 (o). A courtesy form is available for this notification on the OSE's Web site, in the "Forms" section.

Necessary Expenses

You may provide necessary expenses to a public official or state employee *only* if the official or employee, in his/her official capacity, is actively participating in an event by giving a speech or presentation, running a workshop, or having some other active involvement.

Necessary expenses are limited to:

- Travel (coach or economy class);
- Lodging (standard cost of room for the nights before, of, and immediately following the event);
- Meals; and
- Related conference expenses.

Conn. Gen. Stat. § 1-79 (9).

Entertainment costs (tickets to sporting events, golf outings, night clubs, etc.) are *not* necessary expenses. Necessary expense payments also *do not* include payment of expenses for family members or other guests.

Fees/Honorariums

Public officials and state employees may *not* accept fees or honorariums for an article, appearance, speech or participation at an event in their official capacity.

Fees or honorariums for such activities, if offered based solely on expertise and without any regard to official capacity, may be acceptable. Contact the OSE before offering such payment to an official or employee. Conn. Gen. Stat. § 1-84 (k).

Necessary Expenses, Fees and Honorariums

Example: You invite a state employee to travel to New York City to give a speech to your managers on issues surrounding contracting with a state agency. You provide Amtrak fare for the employee as well as his spouse, who will spend the day in the city. The evening of the speech, you will treat the employee and his spouse with complimentary tickets to a Broadway show in lieu of a speaking fee. You may provide coach class travel expenses only to the state employee who is actively participating in an event. In this case, you may only provide Amtrak fare for the employee giving the speech, not his spouse. Entertainment costs, such as tickets to a show, are not considered necessary expenses and may not be provided. Additionally, state employees may not accept fees or honorariums for a speech given in their official capacity.

HIRING STATE PERSONNEL

Post-state Employment (Revolving Door)

If you are considering hiring a *former* state employee, you should be aware of the Code's post-state employment, or revolving door, provisions.

Lifetime Bans

- Former state employees may **never** disclose any confidential information they learned during the course of their state service for anyone's financial gain. Conn. Gen. Stat. § 1-84a.
- A former state official or employee may **never** represent anyone other than the state regarding a particular matter in which he or she was personally or substantially involved while in state service and in which the state has a substantial interest. This prevents side switching. Conn. Gen. Stat. § 1-84b (a).

One-year Bans

- If you hire or otherwise engage the services of a former state official or employee, he or she may not represent you before his or her former agency for a period of **one year** after leaving state service. Conn. Gen. Stat. § 1-84b (b). (See Advisory Opinion 2003-3, which provides a limited exception to this provision if the employee is providing purely technical expertise to help implement a previously-awarded contract. This exception applies to extremely limited circumstances; contact the OSE for guidance.)
- You are prohibited from hiring a former state official or employee for a period of **one year** after he or she leaves state service if that individual was substantially involved in, or supervised, the negotiation or award of a contract (that you or your business was a party to) valued at \$50,000 or more, and the contract was signed within his or her last year of state service. Conn. Gen. Stat. § 1-84b (f).
- Employees who held certain specifically-designated positions (with significant decision-making or supervisory responsibility) at certain state regulatory agencies are prohibited from seeking or accepting employment with any business subject to regulation by the individual's agency within **one year** of leaving the agency. Likewise, such businesses may not hire those employees. Note that there is an exception for *ex-officio* board or commission members. Conn. Gen. Stat. § 1-84b (c).

Post-state Employment

Example: You run a hospital regulated by the Office of Health Care Access (OHCA). You would like to offer a job to the former Commissioner of OHCA, who has been out of state service for 5 months. Because the hospital is regulated by a state agency whose Commissioner is specifically designated in 1-84b (c), the former head of such agency would not be permitted to accept employment with you for one full year after leaving state service. See Advisory Opinion 2003-19.

Outside Employment for Current Public Officials and State Employees

If you are considering hiring a *current* state employee, especially from a state agency with which you do business or by which you are regulated, you should be aware of the following rules regarding the employment of current state employees.

- A current state employee may not accept outside employment that impairs his or her independence of judgment regarding his or her state duties, or that encourages him or her to disclose confidential information learned in his or her state job. Conn. Gen. Stat. § 1-84 (b).
- A current state employee may not use his or her state position for his or her own financial gain or the gain of his or her family (spouse, child, child's spouse, parent, brother or sister) or an associated business, however inadvertent that use may be. Conn. Gen. Stat. § 1-84 (c).

Other Considerations

Business entities engaged in Indian gaming activities in the state should be aware of specific provisions that apply to present or former Gaming Policy Board or Division of Special Revenue public officials or employees. See Conn. Gen. Stat. §§ 1-84b (d) and (e).

Outside Employment

Example: Your small business occasionally receives grants or contracts from Agency X. You know that a particular contract manager with Agency X has the skills you need to help you grow your business. This employee has expressed interest in earning a little extra money for himself, while helping you with your business in the evenings and on weekends. It would constitute an impermissible impairment of judgment for the employee of Agency X, who has contract management responsibilities, to accept outside employment with your business – a business that receives grants or contracts from Agency X.

OTHER PROVISIONS

Prohibited Activities for Consultants or Independent Contractors

If you are hired by the state as a consultant or independent contractor, you are prohibited from the following:

- Using your authority under the contract or any confidential information acquired during the course of the contract for your financial gain or the financial gain of your immediate family;
- Accepting another state contract that would impair your independence of judgment or your performance in your existing state contract; and
- Accepting anything of value based on the understanding that your actions on behalf of the state would be influenced.

Conn. Gen. Stat. § 1-86e (1) – (3); see also Conn. Gen. Stat. § 1-101nn.

Gift and/or Campaign Contribution Certifications

Contractors seeking large state contracts must provide certifications regarding gifts and/or campaign contributions made to certain state employees or public officials in the two-year period prior to the submission of a bid or proposal. Copies of these certifications and other updated information regarding state contractors can be found on the Web sites of the Department of Administrative Services (www.das.state.ct.us) and the Office of Policy and Management (www.opm.state.ct.us).

Investment Services and the Office of the Treasurer

If you or your business provides investment services, as defined in the Code, and you make a political contribution to the State Treasurer's campaign, you may be prohibited from contracting with the Office of the Treasurer. See Conn. Gen. Stat. § 1-84 (n).

Registering as a Lobbyist

If you or your business spends or receives over \$2,000 in a calendar year for activities that constitute lobbying under Part II of the Code of Ethics (whether to affect legislation or the actions of an administrative state agency), you/your business may have to register as a lobbyist with the Office of State Ethics. Lobbyist registration information is available at www.ct.gov/ethics.

Contribution Ban for Communicator Lobbyists (Conn. Gen. Stat. § 9-610 (g) and (h).)

Registered communicator lobbyists, their affiliated political action committees (PACs), as well as members of their immediate families are banned from soliciting or donating political campaign contributions. Please contact the State Elections Enforcement Commission at 860-256-2940 for more information.

Sessional Contribution Ban for Client Lobbyists (Conn. Gen. Stat. § 9-610 (e).)

Registered lobbyists and their affiliated political action committees (PACs) are banned from soliciting or donating political campaign contributions. Specifically, there is a temporary ban while the General Assembly is in session that applies to all registered client lobbyists and their affiliated PACs. Please contact the State Elections Enforcement Commission at 860-256-2940 for more information.

Public Act 05-287

Public Act 05-287 prohibits anyone who is a party (or seeking to become a party) to a large state construction, procurement, or consultant services contract over \$500,000 from:

- Soliciting information from a public official or state employee that is not available to other bidders for that contract, with the intent to obtain a competitive advantage;
- Intentionally or recklessly charging a state agency for work not performed or goods or services not provided;
- Falsifying invoices or bills; or
- Intentionally violating or circumventing state competitive bidding and ethics laws.

This Act also requires any prospective state contractor to affirm in writing that he or she has received a summary of the state's ethics laws and that his or her key employees have read and understood the summary and agree to comply with the applicable provisions. Conn. Gen. Stat. § 1-101qq.

An affirmation form is available through the Connecticut Office of Policy and Management.

Executive Orders

Executive Order 3

Under this Order, the Department of Administrative Services established and maintains on its Web site the State Contracting Portal for purposes of posting all contracting opportunities with state agencies and providing information on contracting processes and procedures.

Executive Order 7C

This Order covers the State Contracting Standards Board, established to conduct a comprehensive review of existing procurement and contracting laws and prepare a uniform code to govern all aspects of procurement and contracting.

The full text of these Executive Orders can be found on the Governor's Web site, www.ct.gov/governorrell/site/default.asp.

FOR MORE INFORMATION

This guide provides general information only. The descriptions of the law and the OSE in this guide are not intended to be exhaustive. For more information regarding the Code of Ethics as it pertains to current or potential state contractors, please contact the Legal Division of the Office of State Ethics, Monday – Friday, 8:30 a.m. to 5:00 p.m.

Office of State Ethics 18-20 Trinity Street Hartford, CT 06106-1660 T: 860/263-2400 F: 860/263-2402

Specific Contacts:

www.ct.gov/ethics

Questions or advice regarding the Ethics Codes: Ethics.Code@ct.gov

Lobbyist filing/reporting questions: lobbyist.OSE@ct.gov Public official filing/reporting questions: SFI.OSE@ct.gov Enforcement questions: Ethics.Enforcement@ct.gov

All other inquiries: ose@ct.gov



STATE OF CONNECTICUT

Written or electronic PDF copy of the written certification to accompany a large state contract pursuant to P.A. No. 13-162 (Prohibiting State Contracts With Entities Making Certain Investments In Iran)

Signature of Authorized Official Subscribed and acknowledged before me this day of, 20, 20
Printed Respondent Name Printed Name of Authorized Official
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.
Respondent has either made direct investments of twenty million dollars or more in the energy sector of Iran on or after Octol , 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or afaid date, or both.
Respondent has made no direct investments of twenty million dollars or more in the energy sector of Iran on or after October 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010.
, the undersigned, am the official authorized to execute contracts on behalf of the Respondent. I certify that:
CERTIFICATION:
Complete all sections of this certification and sign and date it, under oath, in the presence of a Commissioner of the Superior Cou I Notary Public or a person authorized to take an oath in another state.
No state agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any Respondent whose principal place of business is located outside the United States and is not a United States subsidiary of a foreign corporation unless the Respondent has submitted this certification.
C. Certification requirements.
"Large state contract" has the same meaning as defined in section 4–250 of the Connecticut General Statutes; "Respondent" means the person whose name is set forth at the beginning of this form; and "State agency" and "quasi-public agency" have the same meanings as provided in section 1–79 of the Connecticut General Statutes.
3. Additional definitions.
Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. CERTIFICATION required. Please complete the certification portion of this form and submit it with the ITB or Richard response or contract package if there was no bid process.
Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box are not required to complete the certification portion of this form , but me submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process
Check applicable box:
Pursuant to P.A. No. 13-162, upon submission of a bid or prior to executing a large state contract, the certification portion of the orm must be completed by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, conprofit organization or other business organization whose principal place of business is located outside of the United States. United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one the sorganized and incorporated outside the United States of America.
A. Who must complete and submit this form. Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.
CHECK ONE: Initial Certification. Amendment or renewal.
NSTRUCTIONS:
Respondent Name:

STATE OF CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

20 Trinity Street Hartford, Connecticut 06106—1628

SEEC FORM 10

NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on page 2):

Campaign Contribution and Solicitation Ban

No state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee;

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

<u>Civil penalties</u>—\$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of \$2000 or twice the amount of the prohibited contributions made by their principals.

<u>Criminal penalties</u>—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or \$5000 in fines, or both.

Contract Consequences

Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The state will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Receipt acknowle	dged:		
	(signature)	(date)	
Print name:	-	Title:	
Company Name:			

Additional information and the entire text of P.A 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "State Contractor Contribution Ban"

Definitions:

"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. "State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasipublic agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. "Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan or a loan to an individual for other than commercial purposes.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

"Managerial or discretionary responsibilities with respect to a state contract" means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

"Dependent child" means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

"Solicit" means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (IV) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

INTENT TO BID FAX FORM

Thank you.

Please fill out the Intent to Bid Form and fax it to Sarah Ormerod at (860) 702-3662 or send an email to osc.rfp@ct.gov with the pertinent information from this form.

Attention to: osc.rfp@ct.gov
Plan Sponsor Name: The STATE OF CONNECTICUT
Carrier Name:
Authorized Personnel:
Title:
This is to confirm that we have received the Request for Proposal for the State of Connecticut. We wish to advise you that we will will not submit a proposal to provide Dental Benefits.
We are not submitting a proposal because
Signature and submission of this document will serve as confirmation that you agree to handle all files and information associated with this RFP under the same rules as protected health information under HIPAA Failure to do so will result in disqualification of your bid. Signature of this form presents your intent to bid and legally binds you to the terms and conditions herein, specific to the State's request to protect confidential information.
Signature:
Date:
Note: This form must be received no later than December 17, 2013 to be considered for selection.
This message is intended only for the use of the individual entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure. If you have received this communication in error, please notify us immediately and destroy or return the original message to us by mail.

V.	STATE OF	CONNECTICUT	SAMPLE CONTRACT	ſ
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SAMPLE

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AGREEMENT TO PROVIDE DENTAL INSURANCE BENEFITS

This Agreement ("Agreement" or "Contract") is made and entered into as of the day
of July 1, 2014 ("Effective Date") by and between the State of Connecticut ("State") by and
through Office of the State Comptroller ("Comptroller" and/or "Agency"), and
("Contractor").

WITNESSETH THAT:

WHEREAS, under the authority of Conn. Gen. Stat. Section 5-259 the Comptroller has issued a Request for Proposals for a vendor to provide dental insurance in support of the State of Connecticut health benefit plans, including participants in the Partnership Plans;

WHEREAS, the Contractor desires to provide such services; and

WHEREAS, the State has selected the Contractor to provide such services under the Program on the terms and conditions set forth below.

NOW, THEREFORE, intending to be legally bound, the State, and Contractor hereby agree as follows:

Section 1 – Agreement to Provide Services

Services: [SCOPE OF WORK TO BE PROVIDED CONSISTENT WITH FINAL CONTRACT AWARD]

Section 2—Entire Agreement.

This Agreement embodies the entire agreement between the State and the Contractor on matters specifically addressed herein. The parties shall not be bound by or be liable for any statement, representation, promise, inducement or understanding of any kind or nature not set forth herein. This Agreement shall supersede all prior written agreements between the parties and their predecessors. No changes, amendments or modifications of any terms or conditions of the Agreement shall be valid unless reduced to writing and signed by both parties. The

SAMPLE

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competitive procurement that resulted in this Agreement. That proposal is attached hereto as a reference exhibit (Exhibit ____). Notwithstanding the foregoing, where the Agreement is in conflict with the terms and provisions of this Agreement, the Agreement shall control. *Section 3 – Term and Termination*.

- (a) <u>Term.</u> This Agreement shall begin effective July 1, 2014 and shall expire on June 30, 2017, at which time the parties may agree to extend the Agreement for up to two additional one-year periods.
 - (b) Termination.
- (1) Termination for Convenience—Notwithstanding any provisions in this Agreement, Comptroller, through a duly authorized employee, may terminate the Agreement whenever Comptroller makes a written determination that such termination is in the best interests of the State. Comptroller shall notify the Contractor in writing of termination pursuant to this section, which notice shall specify the effective date of termination, which shall be at least 60 days after the date of the notice.
- (2) Termination for Cause —Notwithstanding any provisions in this Agreement,
 Comptroller, through a duly authorized employee, may, after making a written determination that
 the Contractor has breached the Agreement, terminate the Agreement in accordance with the
 provisions in the Breach section of this Agreement.

Comptroller shall send the notice of termination via certified mail, return receipt requested, to the Contractor at the most current address which the Contractor has furnished to Comptroller for purposes of correspondence, or by hand delivery. Upon receiving the notice from Comptroller, the Contractor shall immediately discontinue providing services

- (4) Upon Termination of the Agreement, all rights and obligations shall be null and void, so that no party shall have any further rights or obligations to any other party, except with respect to the sections which survive Termination.
- (5) Termination of the Agreement pursuant to this section shall not be deemed to be a breach of contract by Comptroller.
- (6) If the agreement is terminated by the State as provided herein, the Contractor will be paid all accrued but unpaid amounts due prior to the date of termination.
- (7) Breach—If either party breaches the Agreement in any respect, the non-breaching party shall provide written notice of the breach to the breaching party and afford the breaching party an opportunity to cure within ten (10) days from the date that the breaching party receives the notice. In the case of a Contractor breach, any other time period which Comptroller sets forth in the notice shall trump the ten (10) days. The right to cure period shall be extended if the non-breaching party is satisfied that the breaching party is making a good faith effort to cure but the nature of the breach is such that it cannot be cured within the right to cure period. The notice may include an effective Contract Termination date if the breach is not cured by the stated date and, unless otherwise modified by the non-breaching party in writing prior to the Termination date, no further action shall be required of any party to effect the Termination as of the stated date. If the notice does not set forth an effective Contract Termination date, then the non-breaching party may terminate the Agreement by giving the breaching party no less than twenty four (24) hours' prior written notice.

Section 4 – Communications

Contractor shall submit any proposed communication plan for review and written approval by the Comptroller prior to distribution to employees or retirees. This includes sample emails and notifications and other information to be distributed in connection with its services.

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The Contractor, and any agent or person employed by the Contractor in connection with its services under this Agreement, shall conduct its communications activities in accordance with the plan approved by the Comptroller.

Section 5 – Advertising, Publicity and Promotion.

Unless specifically authorized in writing by the Comptroller, the Contractor shall have no right to use, and shall not use, the name of the State of Connecticut, its officials or employees, the seal of the State, or the seal of the Comptroller:

- (a) In any advertising, publicity, promotion; nor
- (b) To express or imply any endorsement of the Contractor's products or services; nor
- (c) To use the names of the State, its officials or employees or the State seal or Comptroller's seal in any manner (whether or not similar to uses prohibited by subparagraphs (a) and (b) above), except as only to manufacture and deliver in accordance with this Agreement such items as are hereby contracted by the State, provided however, the use of the State seal shall require specific and express permission from the Secretary of the State.

Section 6 – Payment Schedule

Contractor shall bill Comptroller in arrears no more frequently than once per month in accordance with Terms set forth in Exhibit A.

Section 7 – Access and Examination of Records.

The Comptroller or his representatives shall have the right at reasonable hours to examine any books, records, accounts and other documents of the Contractor or its subcontractors pertaining to work performed under this Agreement. The State will provide the Contractor or such subcontractor 72 hours notice of such intended examination. At the State's request, the Contractor shall provide the State with hard copies, magnetic tape, CD or DVD containing any data or information relating to the State's business, which data or information is in the possession

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or control of the Contractor. The Contractor shall incorporate this paragraph verbatim into any agreement it enters into with any subcontractor providing services under this Agreement.

Section 8—Discovery of Conflicts, Errors, Omissions and Discrepancies.

In case of conflicts, discrepancies, errors or omissions among the various parts of this Agreement, any such matter shall be submitted immediately by the Contractor to the Comptroller for clarification. The Comptroller shall issue such clarification within a reasonable period of time so as not to prejudice the Contractor. Any service affected by such conflicts, discrepancies, errors or omissions which are performed by the Contractor prior to clarification by the Comptroller shall be at the Contractor's risk.

Section 9 – Amendments.

This Agreement may be amended only with the consent and signature of both parties and with the approval of the Attorney General.

Section 10—Forum, Choice of Law and Litigation.

The parties deem the Agreement to have been made in the City of Hartford, State of Connecticut. Both parties agree that it is fair and reasonable for the validity and construction of the Agreement to be, and it shall be, governed by the laws and court decisions of the State of Connecticut, without giving effect to its principles of conflicts of laws. To the extent that any immunities provided by Federal law or the laws of the State of Connecticut do not bar an action against the State, and to the extent that these courts are courts of competent jurisdiction, for the purpose of venue, the complaint shall be made returnable to the Judicial District of Hartford only or shall be brought in the United States District Court for the District of Connecticut only, and shall not be transferred to any other court, provided, however, that nothing here constitutes a waiver or compromise of the sovereign immunity of the State of Connecticut. The Contractor

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waives any objection which it may now have or will have to the laying of venue of any claims in any forum and further irrevocably submits to such jurisdiction in any suit, action or proceeding.

The Contractor shall provide written notice to the State of any litigation that directly relates to the services provided by the Contractor under this Agreement or that would impair the ability of the Contractor to fulfill the terms and conditions of this Agreement, including but not limited to any financial, legal or any other situation which would prevent the Contractor from meeting its obligations under the Agreement.

Section 11—Indemnity.

- (a) The Contractor shall indemnify, defend and hold harmless the State and its officers, representatives, agents, servants, employees, successors and assigns from and against any and all (1) claims arising, directly or indirectly, from acts of commission or omission of the Contractor in connection with performance under the Agreement (collectively, the "Acts"); and (2) liabilities, damages, losses, costs and expenses, including but not limited to, attorneys' and other professionals' fees, arising, directly or indirectly, in connection with such claims, Acts or the Agreement. The Contractor shall use counsel reasonably acceptable to the State in carrying out its obligations under this section. The Contractor's obligations under this section to indemnify, defend and hold harmless against claims includes claims concerning confidentiality of any part of or all of the Contractor's bid, proposal or any Records, any intellectual property rights, other proprietary rights of any person or entity, copyrighted or uncopyrighted compositions, secret processes, patented or unpatented inventions, articles or appliances furnished or used in the Performance.
- (b) The Contractor shall not be responsible for indemnifying or holding the State harmless from any liability arising due to the negligence of the State or any other person or entity acting under the direct control or supervision of the State.

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- (c) The Contractor shall reimburse the State for any and all damages to the real or personal property of the State caused by the Acts of the Contractor. The State shall give the Contractor reasonable notice of any such claims.
- (d) The Contractor's duties under this section shall remain fully in effect and binding in accordance with the terms and conditions of the Agreement, even where the Contractor is alleged or is found to have merely contributed in part to the Acts giving rise to the claims and/or where the State is alleged or is found to have contributed to the Acts giving rise to the claims.
- (e) The Contractor shall carry and maintain at all times during the term of the Agreement, and during the time that any provisions survive the term of the Contract, sufficient general liability insurance to satisfy its obligations under this Contract. The Contractor shall name the State as an additional insured on the policy and shall provide a copy of the Declaration Page of the policy to Comptroller prior to the effective date of the Contract. The Contractor shall not begin Performance until the delivery of the Declaration Page to Comptroller. Comptroller shall be entitled to recover under the insurance policy even if a body of competent jurisdiction determines that Comptroller or the State is contributorily negligent.
- (f) The rights provided in this section for the benefit of the State shall encompass the recovery of attorneys' and other professionals' fees expended in pursuing a Claim against a third party.
- (g) This section shall survive the Termination of the Contract and shall not be limited by reason of any insurance coverage.

Section 12 – Subcontracting.

The Contractor may enter into one or more subcontracts for the performance of portions of its services and obligations under this Agreement. The Contractor shall notify the State prior to the effective date of such subcontract of the identity of any material subcontractor together

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with a description of the portions of the work to be subcontracted and the State shall approve

such subcontractor prior to commencement of work or service and such approval shall not be

unreasonably withheld. Notwithstanding such subcontracting and/or delegation of duties, the

Contractor shall remain responsible to the State for ensuring that its obligations under this

Agreement are performed in accordance with the applicable provisions of this Agreement.

Section 13 – Authorizations.

Each party hereby represents that it has the unrestricted right and authority to enter into

and perform its obligations under this Agreement.

Section 14 – Notices.

All notices required or permitted to be given or made in this Agreement shall be in

writing. Such notice(s) shall be deemed to be duly given or made if delivered by hand, by

certified or registered mail or by nationally recognized overnight courier to the address specified

below:

If to Comptroller: Office of the State Comptroller

Healthcare Policy & Benefit Services Division

55 Elm Street

Hartford, CT 06106

Attn: Thomas C. Woodruff, Ph.D., Director

If to Contractor:

Section 15 –Nondisclosure.

The Contractor shall not release any information concerning the services provided

pursuant to this Agreement or any part thereof to any member of the public, press, business

entity or any official body unless prior written consent is obtained from the Comptroller, except

to the extent required by law, legal process or regulatory authority having jurisdiction over the

Contractor.

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Section 16 – Confidentiality.

All employee data provided to Contractor by the State or by participating entities in the Partnership Plan will be treated as proprietary to the State and confidential. The Contractor agrees to hold such employee information in strictest confidence and not to disclose or otherwise make available any of such information in any form to any person except to those employees of the State, or the Contractor who need access to the information to facilitate the provision of services under this Agreement and except where a disclosure of such information by Contractor is required by other governmental authority to ensure compliance with laws, rules or regulations, and such disclosure will be limited to that actually so required. Where such disclosure is required, the Contractor will provide advance notice to the Comptroller of the need for the disclosure and will not disclose absent consent from the Comptroller, except to the extent required by law, legal process or regulatory authority having jurisdiction over such party.

. Contractor agrees and warrants that this Section 16 is binding on any subcontracts for the performance of services and obligations under this Agreement.

Section 17— Sovereign Immunity.

The parties acknowledge and agree that nothing in the Solicitation or the Agreement shall be construed as a modification, compromise or waiver by the State of any rights or defenses of any immunities provided by Federal law or the laws of the State of Connecticut to the State or any of its officers and employees, which they may have had, now have or will have with respect to all matters arising out of the Agreement. To the extent that this section conflicts with any other section, this section shall govern.

Section 18 – Non-Waiver.

None of the conditions of this Agreement shall be considered waived by any party hereto unless given in writing. No such waiver shall be a waiver of any past or future default, breach or

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modification of any of the conditions of this Agreement unless expressly stipulated in such waiver.

Section 19 – Executive Orders.

This Agreement is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices, Executive Order No. Seventeen of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings and Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, concerning violence in the workplace, all of which are incorporated into and are made a part of the Agreement as if they had been fully set forth in it. At the Contractor's request, the Client Agency shall provide a copy of these orders to the Contractor.

This Agreement may also be subject to Executive Order No. 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms and Executive Order No. 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services, in accordance with their respective terms and conditions.

Section 20—Assignment.

This Agreement shall not be assigned by either party without the express prior written consent of the other. An assignment does not include the sale of the Contractor or a transfer of substantially all of the Contractor's assets. In the event of such sale or transfer, the Contractor will use its best efforts to have the acquiring entity assume all obligations under this Agreement. On notice of such sale or transfer, the State will have the right to terminate this Agreement pursuant to the termination provisions herein.

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Section 21— Summary of State Ethics Laws.

Pursuant to the requirements of section 1-101qq of the Connecticut General Statutes, the summary of State ethics laws developed by the State Ethics Commission pursuant to section 1-81b of the Connecticut General Statutes is incorporated by reference into and made a part of the Agreement as if the summary had been fully set forth in the Contract.

Section 22— Nondiscrimination and Affirmative Action Provisions.

- (a) For purposes of this Section, the following terms are defined as follows:
 - i. "Commission" means the Commission on Human Rights and Opportunities;
 - ii. "Contract" and "contract" include any extension or modification of the Contract or contract;
- iii. "Contractor" and "contractor" include any successors or assigns of the Contractor or contractor;
- iv. "Gender identity or expression" means a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose.
- v. "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations;
- vi. "good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional

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or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements;

- vii. "marital status" means being single, married as recognized by the State of Connecticut, widowed, separated or divorced;
- viii. "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders;
- ix. "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise, and (3) who are members of a minority, as such term is defined in subsection (a) of Connecticut General Statutes § 32-9n; and
- x. "public works contract" means any agreement between any individual, firm or corporation and the State or any political subdivision of the State other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the State, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.

For purposes of this Section, the terms "Contract" and "contract" do not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Conn. Gen. Stat.

Section 1-120, (3) any other state, including but not limited to any federally recognized

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Indian tribal governments, as defined in Conn. Gen. Stat. Section 1-267, (4) the federal government, (5) a foreign government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

(b) (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the

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Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this Section and Connecticut General Statutes §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes §§ 46a-56, 46a-68e and 46a-68f; and (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and Connecticut General Statutes § 46a-56. If the contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.

- (c) Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- (e) The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The

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Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes §46a-56; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

- (f) The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this Contract and as they may be adopted or amended from time to time during the term of this Contract and any amendments thereto.
- (g) (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes § 46a-56; and (4) the Contractor agrees to provide the Commission on Human

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Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this Section and Connecticut General Statutes § 46a-56.

(h) The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes § 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

Section 23– Health Insurance Portability and Accountability Act ("HIPAA").

- (a) If the Contactor is a Business Associate under the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Contractor must comply with all terms and conditions of this Section of the Contract. If the Contractor is not a Business Associate under HIPAA, this Section of the Contract does not apply to the Contractor for this Contract.
- (b) The Contractor is required to safeguard the use, publication and disclosure of information on all applicants for, and all clients who receive, services under the Contract in accordance with all applicable federal and state law regarding confidentiality, which includes but

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is not limited to HIPAA, more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E; and

- (c) The State of Connecticut Agency named on page 1 of this Contract (hereinafter the "Department") is a "covered entity" as that term is defined in 45 C.F.R. § 160.103; and
- (d) The Contractor, on behalf of the Department, performs functions that involve the use or disclosure of "individually identifiable health information," as that term is defined in 45 C.F.R. § 160.103; and
- (e) The Contractor is a "business associate" of the Department, as that term is defined in 45 C.F.R. § 160.103; and
- (f) The Contractor and the Department agree to the following in order to secure compliance with the HIPAA, the requirements of Subtitle D of the Health Information Technology for Economic and Clinical Health Act (hereinafter the HITECH Act), (Pub. L. 111-5, sections 13400 to 13423), and more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E.
 - (g) Definitions
 - (1) "Breach shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(1))
 - (2) "Business Associate" shall mean the Contractor.
 - (3) "Covered Entity" shall mean the Department of the State of Connecticut named on page 1 of this Contract.
 - (4) "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R. § 164.501.
 - (5) "Electronic Health Record" shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(5))

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- (6) "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative as defined in 45 C.F.R. § 164.502(g).
- (7) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and parts 164, subparts A and E.
- (8) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to information created or received by the Business Associate from or on behalf of the Covered Entity.
- (9) "Required by Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.
- (10) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- (11) "More stringent" shall have the same meaning as the term "more stringent" in 45 C.F.R. § 160.202.
- (12) "This Section of the Contract" refers to the HIPAA Provisions stated herein, in their entirety.
- (13) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R.§ 164.304.
- (14) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. part 160 and parts 164, subpart A and C.
- (15) "Unsecured protected health information" shall have the same meaning

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as the term as defined in section 13402(h)(1)(A) of HITECH. Act. (42 U.S.C. $\S17932(h)(1)(A)$).

- (h) Obligations and Activities of Business Associates.
 - (1) Business Associate agrees not to use or disclose PHI other than as permitted or required by this Section of the Contract or as Required by Law.
 - (2) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for in this Section of the Contract.
 - (3) Business Associate agrees to use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity..
 - (4) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of this Section of the Contract.
 - (5) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Section of the Contract or any security incident of which it becomes aware.
 - (6) Business Associate agrees to insure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate, on behalf of the Covered Entity, agrees to the same restrictions and conditions that apply through this Section of the Contract to Business Associate with respect to such information.
 - (7) Business Associate agrees to provide access, at the request of the Covered Entity, and in the time and manner agreed to by the parties, to PHI in a Designated

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- Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.
- (8) Business Associate agrees to make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Covered Entity, and in the time and manner agreed to by the parties.
- (9) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by, Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary in a time and manner agreed to by the parties or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- (10)Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (11)Business Associate agrees to provide to Covered Entity, in a time and manner agreed to by the parties, information collected in accordance with clause h. (10) of this Section of the Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder. Business Associate agrees at the Covered Entity's direction to provide an accounting of disclosures of PHI directly

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- to an individual in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (12)Business Associate agrees to comply with any state or federal law that is more stringent than the Privacy Rule.
- (13) Business Associate agrees to comply with the requirements of the HITECH Act relating to privacy and security that are applicable to the Covered Entity and with the requirements of 45 C.F.R. sections 164.504(e), 164.308, 164.310, 164.312, and 164.316.
- (14) In the event that an individual requests that the Business Associate (a) restrict disclosures of PHI; (b) provide an accounting of disclosures of the individual's PHI; or (c) provide a copy of the individual's PHI in an electronic health record, the Business Associate agrees to notify the covered entity, in writing, within five business days of the request.
- (15) Business Associate agrees that it shall not, directly or indirectly, receive any remuneration in exchange for PHI of an individual without (1) the written approval of the covered entity, unless receipt of remuneration in exchange for PHI is expressly authorized by this Contract and (2) the valid authorization of the individual, except for the purposes provided under section 13405(d)(2) of the HITECH Act,(42 U.S.C. § 17935(d)(2)) and in any accompanying regulations
- (16) Obligations in the Event of a Breach
 - A. The Business Associate agrees that, following the discovery of a breach of unsecured protected health information, it shall notify the Covered Entity of such breach in accordance with the requirements of section 13402 of HITECH (42 U.S.C. 17932(b) and the provisions of this Section of the Contract.

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- B. Such notification shall be provided by the Business Associate to the Covered Entity without unreasonable delay, and in no case later than 30 days after the breach is discovered by the Business Associate, except as otherwise instructed in writing by a law enforcement official pursuant to section 13402 (g) of HITECH (42 U.S.C. 17932(g)). A breach is considered discovered as of the first day on which it is, or reasonably should have been, known to the Business Associate. The notification shall include the identification and last known address, phone number and email address of each individual (or the next of kin of the individual if the individual is deceased) whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such breach.
- C. The Business Associate agrees to include in the notification to the Covered Entity at least the following information:
 - 1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
 - 2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).
 - 3. The steps the Business Associate recommends that individuals take to protect themselves from potential harm resulting from the breach.
 - A detailed description of what the Business Associate is doing to investigate the breach, to mitigate losses, and to protect against any further breaches.

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- 5. Whether a law enforcement official has advised either verbally or in writing the Business Associate that he or she has determined that notification or notice to individuals or the posting required under section 13402 of the HITECH Act would impede a criminal investigation or cause damage to national security and; if so, include contact information for said official.
- D. Business Associate agrees to provide appropriate staffing and have established procedures to ensure that individuals informed by the Covered Entity of a breach by the Business Associate have the opportunity to ask questions and contact the Business Associate for additional information regarding the breach. Such procedures shall include a toll-free telephone number, an e-mail address, a posting on its Web site or a postal address. For breaches involving ten or more individuals whose contact information is insufficient or out of date to allow written notification under 45 CFR § 164.404(d)(1)(i), the Business Associate shall notify the Covered Entity of such persons and maintain a toll-free telephone number for ninety days after said notification is sent to the Covered Entity. Business Associate agrees to include in the notification of a breach by the Business Associate to the Covered Entity, a written description of the procedures that have been established to meet these requirements. Costs of such contact procedures will be borne by the Contractor.
- E. Business Associate agrees that, in the event of a breach, it has the burden to demonstrate that it has complied with all notifications requirements set forth

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above, including evidence demonstrating the necessity of a delay in notification to the Covered Entity.

- (i) Permitted Uses and Disclosure by Business Associate.
 - (1) General Use and Disclosure Provisions Except as otherwise limited in this Section of the Contract, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.
 - (2) Specific Use and Disclosure Provisions
 - (A) Except as otherwise limited in this Section of the Contract, Business

 Associate may use PHI for the proper management and administration of Business

 Associate or to carry out the legal responsibilities of Business Associate.
 - (B) Except as otherwise limited in this Section of the Contract, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
 - (C) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

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- (j) Obligations of Covered Entity.
 - (1) Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices of Covered Entity, in accordance with 45 C.F.R. § 164.520, or to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
 - (2) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
 - (3) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- (k) Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity, except that Business Associate may use and disclose PHI for data aggregation, and management and administrative activities of Business Associate, as permitted under this Section of the Contract.
- (1) Term and Termination.
 - (1) Term. The Term of this Section of the Contract shall be effective as of the date the Contract is effective and shall terminate when the information collected in accordance with clause h. (10) of this Section of the Contract is provided to the Covered Entity and all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination

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provisions in this Section.

- (2) Termination for Cause Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - (A) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Contract if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity; or
 - (B) Immediately terminate the Contract if Business Associate has breached a material term of this Section of the Contract and cure is not possible; or
 - (C) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(3) Effect of Termination

- (A) Except as provided in (1)(2) of this Section of the Contract, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall also provide the information collected in accordance with clause h. (10) of this Section of the Contract to the Covered Entity within ten business days of the notice of termination. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- (B) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon documentation by Business Associate that return or destruction of PHI is

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infeasible, Business Associate shall extend the protections of this Section of the Contract to such PHI and limit further uses and disclosures of PHI to those purposes that make return or destruction infeasible, for as long as Business Associate maintains such PHI. Infeasibility of the return or destruction of PHI includes, but is not limited to, requirements under state or federal law that the Business Associate maintains or preserves the PHI or copies thereof.

(m) Miscellaneous Provisions.

- (1) Regulatory References. A reference in this Section of the Contract to a section in the Privacy Rule means the section as in effect or as amended.
- (2) Amendment. The Parties agree to take such action as in necessary to amend this Section of the Contract from time to time as is necessary for Covered Entity to comply with requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- (3) Survival. The respective rights and obligations of Business Associate shall survive the termination of this Contract.
- (4) Effect on Contract. Except as specifically required to implement the purposes of this Section of the Contract, all other terms of the Contract shall remain in force and effect.
- (5) Construction. This Section of the Contract shall be construed as broadly as necessary to implement and comply with the Privacy Standard. Any ambiguity in this Section of the Contract shall be resolved in favor of a meaning that complies, and is consistent with, the Privacy Standard.
- (6) Disclaimer. Covered Entity makes no warranty or representation that compliance with this Section of the Contract will be adequate or satisfactory for Business

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Associate's own purposes. Covered Entity shall not be liable to Business Associate for any claim, civil or criminal penalty, loss or damage related to or arising from the unauthorized use or disclosure of PHI by Business Associate or any of its officers, directors, employees, contractors or agents, or any third party to whom Business Associate has disclosed PHI contrary to the provisions of this Contract or applicable law. Business Associate is solely responsible for all decisions made, and actions taken, by Business Associate regarding the safeguarding, use and disclosure of PHI within its possession, custody or control.

(7) Indemnification. The Business Associate shall indemnify and hold the Covered Entity harmless from and against any and all claims, liabilities, judgments, fines, assessments, penalties, awards and any statutory damages that may be imposed or assessed pursuant to HIPAA, as amended or the HITECH Act, including, without limitation, attorney's fees, expert witness fees, costs of investigation, litigation or dispute resolution, and costs awarded thereunder, relating to or arising out of any violation by the Business Associate and its agents, including subcontractors, of any obligation of Business Associate and its agents, including subcontractors, under this section of the contract, under HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

Section 24 – Insurance.

The Contractor, at its sole expense, agrees that while performing services specified in this agreement shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" the State of Connecticut from any insurable cause whatsoever. If requested, certificates of such insurance shall be filed with the OSC prior to the performance of services.

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Section 25 – Additional Reporting and Contractor Requirements.

As of the effective date of this Agreement, the Contractor shall provide to the Comptroller any and all agreements for compensating brokers or others who are authorized to serve employees of the State pursuant to this Agreement. Compensation for purposes of this Agreement includes, but is not limited to any and all fees, bonuses, salary, commissions, expenses, awards and payments.

The Contractor is prohibited from providing any compensation as defined in section, including contingent commissions, finder's fees or awards to any organization, group, individual, firm or agency for access to employees of State or this Agreement.

Any violation of this section shall be grounds for immediate termination of the Agreement by the Contractor.

Section 26—Severability

If any term or provision of the Contract or its application to any person, entity, or circumstance shall to any extent be held to be invalid or unenforceable, the remainder of the Contract or the application of such term or provision shall not be affected as to persons, entities or circumstances other than those to whom or to which it is held to be invalid or unenforceable. Each remaining term and provision of the Contract shall be valid and enforced to the fullest extent possible by law.

Section 27—Campaign Contribution Restrictions

For all State contracts as defined in P.A. 07-1 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this Agreement expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising state contractors of state

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campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice. See Exhibit C.

Section 28—Audit and Inspection of Plants, Places of Business and Records.

- (a) The State and its agents, including, but not limited to, the Connecticut Auditors of Public Accounts, Attorney General and State's Attorney and their respective agents, may, at reasonable hours, inspect and examine all of the parts of the Contractor's and Contractor Parties' plants and places of business which, in any way, are related to, or involved in, the performance of this Agreement.
- (b) The Contractor shall maintain, and shall require each of the Contractor Parties to maintain, accurate and complete Records. The Contractor shall make all of its and the Contractor Parties' Records available at all reasonable hours for audit and inspection by the State and its agents.
- (c) The State shall make all requests for any audit or inspection in writing and shall provide the Contractor with at least twenty-four (24) hours' notice prior to the requested audit and inspection date. If the State suspects fraud or other abuse, or in the event of an emergency, the State is not obligated to provide any prior notice.
 - (d) All audits and inspections shall be at the State's expense.
- (e) The Contractor shall keep and preserve or cause to be kept and preserved all of its and Contractor Parties' Records until three (3) years after the latter of (i) final payment under this Agreement, or (ii) the expiration or earlier termination of this Agreement, as the same may be modified for any reason. The State may request an audit or inspection at any time during this period. If any Claim or audit is started before the expiration of this period, the Contractor shall retain or cause to be retained all Records until all Claims or audit findings have been resolved.

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- (f) The Contractor shall cooperate fully with the State and its agents in connection with an audit or inspection. Following any audit or inspection, the State may conduct and the Contractor shall cooperate with an exit conference.
- (g) The Contractor shall incorporate this entire Section verbatim into any contract or other agreement that it enters into with any Contractor Party.

Section 29 Encryption of Data; Breach of Security or Loss.

- (a) Contractor and Contractor Parties, at their own expense, shall encrypt any and all data which they come to possess or control, wherever and however stored or maintained, and which data DOIT or a Department, at any time, classifies as confidential or restricted. The Contractor and Contractor Parties shall encrypt the data in accordance with the Connecticut Enterprise Architecture Technology Architecture (CTEA-TA) protocols. The Contractor and Contractor Parties shall have a continuing obligation always to keep and maintain the data encryption consistent with CTEA-TA, as CTEA-TA may change from time to time.
- The Contractor and Contractor Parties shall notify DOIT, the Department and the Connecticut Office of the Attorney General as soon as practical, but no later than twenty-four (24) hours, after they become aware of or suspect that any and all data which Contractor has come to possess or control under subsection (a) above has been subject to a "data breach." For purposes of this Section, a "data breach" is an occurrence where (1) any or all of the data is misplaced, lost, stolen or in any way compromised; or (2) one or more third parties have had access to or taken control or possession of any or all of the data without prior written authorization from DOIT or the Department.
- (b) In addition to the notification requirements of subsection (b), should a data breach occur, the Contractor shall, within three (3) business days after the notification, present to DOIT, the Department and the Connecticut Office of the Attorney General, for review and approval, a

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credit monitoring or protection plan that the Contractor shall make available at its own cost and expense to all individuals affected by the data breach. Unless otherwise agreed to in writing by the Connecticut Office of the Attorney General, such a plan shall be offered to each such individual free of charge and shall consist of, at a minimum, the following:

- (1) Reimbursement for the cost of placing and lifting one (1) security freeze per credit file pursuant to Connecticut General Statutes § 36a-701a;
- (2) Credit monitoring services consisting of automatic daily monitoring of at least three
- (3) relevant credit bureau reports;
- (4) Fraud resolution services, including writing dispute letters, initiating fraud alerts and security freezes, to assist affected individuals to bring matters to resolution; and
- (5) Identity theft insurance with at least \$ 25,000.00 coverage.

Such credit monitoring or protection plans shall cover a length of time commensurate with circumstances of the data breach, but under no circumstances shall the Contractor's credit monitoring and protection plan be for less than two (2) calendar years from the plan start date. The Contractors' costs and expenses for the credit monitoring and protection plan shall not be recoverable from DOIT, the Department or any State of Connecticut entity.

The Contractor represents and warrants that it shall obligate each Contractor Party in a written contract to all of the terms of this Section just as if each Contractor Party had executed this Agreement as an original signatory and each were bound by this Section to the same extent that the Contractor is bound.

(c) The Contractor's or Contractor Parties' failure to encrypt the data, provide notice, or to provide the credit monitoring or protection plan shall be deemed to be, without more, a material breach of this Agreement. The Contractor shall be responsible for any Contractor Parties breach as if the Contractor itself had breached the Agreement. Consequently, and without otherwise

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limiting the rights of DOIT or a Department at law or in equity, the Contractor shall indemnify and hold harmless DOIT, the Department and the State, as appropriate, for any and all damages, costs and expenses associated directly or indirectly with Contractor's or Contractor Parties' breach. The damages, costs and expenses shall include, but not be limited to, those resulting from any corresponding contracting for credit or identity protection services, or both, and from any subsequent non-State use of any data.

Section 30—Whistleblowing.

This Contract may be subject to the provisions of Section 4-61dd of the Connecticut General Statutes. In accordance with this statute, if an officer, employee or appointing authority of the Contractor takes or threatens to take any personnel action against any employee of the Contractor in retaliation for such employee's disclosure of information to any employee of the contracting state or quasi-public agency or the Auditors of Public Accounts or the Attorney General under the provisions of subsection (a) of such statute, the Contractor shall be liable for a civil penalty of not more than five thousand dollars for each offense, up to a maximum of twenty per cent of the value of this Contract. Each violation shall be a separate and distinct offense and in the case of a continuing violation, each calendar day's continuance of the violation shall be deemed to be a separate and distinct offense. The State may request that the Attorney General bring a civil action in the Superior Court for the Judicial District of Hartford to seek imposition and recovery of such civil penalty. In accordance with subsection (f) of such statute, each large state contractor, as defined in the statute, shall post a notice of the provisions of the statute relating to large state contractors in a conspicuous place which is readily available for viewing by the employees of the Contractor.

SAMPLE Page 34 of 36

Section 31—Disclosure of Records

This Contract may be subject to the provisions of section 1-218 of the Connecticut

General Statutes. In accordance with this statute, each contract in excess of two million five
hundred thousand dollars between a public agency and a person for the performance of a
governmental function shall (a) provide that the public agency is entitled to receive a copy of
records and files related to the performance of the governmental function, and (b) indicate that
such records and files are subject to FOIA and may be disclosed by the public agency pursuant to
FOIA. No request to inspect or copy such records or files shall be valid unless the request is
made to the public agency in accordance with FOIA. Any complaint by a person who is denied
the right to inspect or copy such records or files shall be brought to the Freedom of Information
Commission in accordance with the provisions of sections 1-205 and 1-206 of the Connecticut
General Statutes.

Section 32—Freedom of Information

All materials associated with the Agreement and information exchanged in the course of providing services, except for "PHI", may be subject to disclosure section 1-218 of the Connecticut General Statutes and all corresponding rules, regulations and interpretations, collectively referred to as "FOIA".

1. Within 10 days of signing this Contract Contractor shall notify the State in writing of all Confidential Information in this Agreement that it claims may be exempt from public disclosure under FOIA. In making a request for protection of materials Contractor must specifically identify those particular documents or parts of documents [sentences, paragraphs, pages, or sections] that the Contractor believes are exempt from disclosure under the FOIA by marking each as "CONFIDENTIAL" and provide a convincing explanation and rationale sufficient to justify each exemption consistent with the FOIA. The rationale and explanation must be stated

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in terms of the prospective harm to the competitive position of Contractor that would result if the identified material were to be released and reasons why the materials are legally exempt from release pursuant to the FOIA.

- 2. Within 10 days of signing this Agreement Contractor shall provide Comptroller with a copy of this Agreement in electronic format (either CD or DVD) from which all information asserted by Contractor to be CONFIDENTIAL has been redacted. Contractor acknowledges and agrees that in the event a FOIA request for disclosure of the Contract, that Comptroller may disclose such redacted copy without advance notice or objection.
- 3. In the event of a FOIA request for Confidential Information contained in the Agreement or other document, Comptroller shall promptly notify Contractor so that it may have the opportunity to submit to the Comptroller within the time limit prescribed in FOIA for the Comptroller to issue a decision and rationale and explanation described above in Section 1 as to why the requested materials are exempt under FOIA and should not be disclosed and, upon a decision by the Comptroller to disclose the requested materials, to seek a protective order or other similar relief. State, however, has no obligation to initiate, prosecute or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information that is sought pursuant to the FOIA. Contractor shall have the burden of establishing that the availability of any FOIA exemption in any proceeding where it is an issue.
- 4. The State further acknowledges that it will not release any information identified by Contractor as Confidential Information or exempt from disclosure without first providing notice to Contractor of such intent and allowing Contractor to seek administrative or judicial relief to prevent such disclosure. The State agrees not to oppose any action of Contractor to obtain a declaratory judgment or other appropriate remedy. If the Freedom of Information Commission or a court thereafter determines that the State is legally required to disclose such Confidential

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Information, the State shall disclose the minimum required pursuant to the court order.

5. In no event shall Comptroller or the State have any liability for the disclosure of any documents in its possession which the State or Comptroller is compelled by a court order to disclose pursuant to FOIA or other requirements of law. To the extent that any other provision or part of the Agreement conflicts with or is in any way inconsistent with this section, this Section controls and shall apply.

IN WITNESS HEREOF, the parties execute this Agreement.			
	Office of the State Comptroller		
By	By Kevin Lembo		
Date	Date		
Approved as to form:			
Attorney General's Office			

Date__

VI. BENEFIT SUMMARIES



Benefits made clear and simple UnitedHealthcare Dental Products



Overview of UnitedHealthcare Dental® benefits

How do I know which plan is best for me?

We realize that one plan does not fit all so we've created two plans to choose from: the Enhanced Plan and the Basic Plan. With both plans you have access to in- and out-of-network dentists. However, you may have lower out-of-pocket costs when you visit a participating network dentist. To learn more, compare the options below or see the comparison chart on page 13.

Basic Plan

- You can visit any dentist or dental specialist, without a referral
- Preventive services covered at 80%, including oral cancer screening
- ▶ HEP enrollees covered 100% for 2 cleanings per year
- No deductibles

Enhanced Plan

- Flexibility to seek care outside of the network with higher out-of-pocket member costs. Non-network payments are paid at the maximum allowable charge (MAC)
- Realize cost savings per procedure by utilizing a network dentist or specialist
- All preventive services covered at 100% in network, including oral cancer screening
- Coverage for orthodontics, bridges and dentures for adults and children

Customer Service and website features

Our designated customer service center is available via phone at 800-896-4834, 8:00 am - 11:00 pm EST, for benefit, claim and provider questions. Additionally, you can obtain provider listings, access to our treatment cost estimator and provider nomination form on our website for State of Connecticut employees and retirees at www.myuhcdental.com/statect.

These benefits are described in greater detail in the following pages. Please contact our designated customer service center if you have questions about the benefits being offered to you.



QUESTIONS: Contact our designated customer service center at 800-896-4834

Comparison of Basic and Enhanced plans

UnitedHealthcare offers State of Connecticut members and retirees two dental plans: UnitedHealthcare Dental® Enhanced Plan or UnitedHealthcare Dental® Basic Plan.

	Burta Burtal	Basic Dental Plan with HEP	Enhanced Dental Pl				
	Plan		Network	Network with HEP	Out-of-Network	Out-of-Network with HEP	
Calendar year deductible (waived for preventive and diagnostic); does not apply to orthodontics	Not applicable	Not applicable	\$25 individual / \$75 family		\$25 individual / \$75 family		
Calendar year maximum (combined for network and out-of-network); does not apply to orthodontics	Not applicable	Not applicable	\$3,000		\$3,000		
Periodontics annual maximum	\$500 per calendar year	Annual maximum waived for certain periodontal procedures	Included with calendar year maximum waived on certain procedures for HEP enrollees.		Included with calendar year maximum waived on certain procedures for HEP enrollees		
Cleanings	80%	100%	100% network only	100% network only	100% of MAC	100% of MAC	
Sealants	Not covered	Not covered	100% network only	100% network only	100% of MAC	100% of MAC	
Orthodontics lifetime maximum (combined for network and out-of-network)	Not applicable	Not applicable	\$1,500		\$1,500		
Consumer MaxMultiplier SM	Not applicable	Not applicable	Yes		Yes		
Prenatal Dental	Yes	Yes	Yes		Yes		

UnitedHealthcare Dental® Options PPO Plan is underwritten by UnitedHealthcare Insurance Company, Hartford, CT.

Important information to know about your HEP benefits

- Full coverage for cleanings and exams (2 per year) and bitewing xrays (1 per year) under the Basic and Enhanced plans. Note: Under the Enhanced plan you must use an in network dentist to receive 100% coverage.
- No annual maximum on services for periodontal maintenance (2 per year) or scaling and root planing (frequency limitations and applicable cost shares still apply).

UnitedHealthcare Dental® Enhanced Plan

- Visit any dentist or dental specialist, without a referral
- Preventive services covered at 100% in network
- Important information to know about your HEP benefits: Full coverage for cleanings and exams (2 per year) under the Basic and Enhanced plans. Note: Under the Enhanced plan you must use an in network dentist to receive 100% coverage. Bitewing xrays (1 per year) and no annual maximum on services for periodontal maintenance (2 per year) or scaling and root planing (frequency limits and applicable cost shares still apply).
- Coverage for bridgework and orthodontia for adults and children
- Flexibility to seek care outside of the network with higher out-of-pocket member costs. Non-network payments are paid at the maximum allowable charge (MAC)
- Informative website and a designated toll-free number for customer service
- Information regarding coverage, claims and locating a dentist can be accessed at www.myuhcdental.com/statect
- Our toll-free customer service line, **800-896-4834**, is available between the hours of 8:00 am and 11:00 pm, EST, Monday through Friday
- Knowledgeable dental specialists are available to answer your questions. Through the same telephone number, you also can access our automated voice system, 24 hours a day, seven days a week

UnitedHealthcare Dental® Enhanced Plan Summary of Benefits

	Non-Orthodontics		Orthodontics	
	Network	Non-Network	Network	Non-Network
Individual Annual Deductible	\$25	\$25	\$0	\$0
Family Annual Deductible	\$75	\$75	\$0	\$0
Annual Maximum Benefit (The total benefit payable by the plan will not exceed the highest listed maximum amount for either network or non-network services.)	\$3,000 per person per calendar year	\$3,000 per person per calendar year	\$1,500 per person per lifetime	\$1,500 per person per lifetime
Annual deductible applies to preventive and diagnostic services	No			
Annual deductible applies to orthodontic services	No			
Waiting Period	No waiting period			
Orthodontia Eligibility Requirement	Adult and child			

Covered Services*	Network Plan Pays**	Non-Network Plan pays	Benefit Guidelines		
Preventive and Diagnostic Dent	Preventive and Diagnostic Dental Services				
Periodic Oral Examinations	100% in network	100% of MAC***	Limited to 2 times per calendar year		
Bite-Wing X-rays	100% in network	100% of MAC***	Limited to 1 series of films per calendar year		
Complete Series or Panorex X-rays	100% in network	100% of MAC***	Limited to 1 time per consecutive 36 months		
Dental Prophylaxis (Cleanings)	100% in network	100% of MAC***	Limited to 2 times per calendar year		
Fluoride Treatments	100% in network	100% of MAC***	Limited to covered persons under the age of 16 years, and limited to 2 times per calendar year		
Sealants	100% in network	100% of MAC***	Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months		
Basic Dental Services					
Space Maintainers	80%	80% of MAC***	Limited to covered persons under the age of 16 years, once per lifetime		
Palliative Treatment (Relief of Pain)	80%	80% of MAC***	Covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit		
General Anesthesia	80%	80% of MAC***	When medically necessary		
Amalgam Restorations (Fillings)	80%	80% of MAC***	Multiple restorations on 1 surface will be treated as a single filling		
Composite Restorations (Fillings)	80%	80% of MAC***	Multiple restorations on 1 surface will be treated as a single filling. For anterior teeth only		
Simple Extraction	80%	80% of MAC***			
Surgical Extraction including Impacted Wisdom Teeth	80%	80% of MAC***			
Root Canal Treatment	80%	80% of MAC***	Limited to once per site per lifetime		
Scaling and Root Planing	80%	80% of MAC***	Limited to 1 time per quadrant per consecutive 24 months		
Periodontal Surgery	80%	80% of MAC***	Limited to once every consecutive 36 months per surgical area		
Periodontal Maintenance	80%	80% of MAC***	Limited to 2 times every consecutive 12 months		
Crowns, Inlays, Onlays	67%	67% of MAC***	Limited to 1 time per tooth per consecutive 60 months		
Fixed Bridges	50%	50% of MAC***	Once per tooth per consecutive 60 months. Alternate benefits for a partial denture may be applied		

UnitedHealthcare Dental® Enhanced Plan - Summary of Benefits (continued)

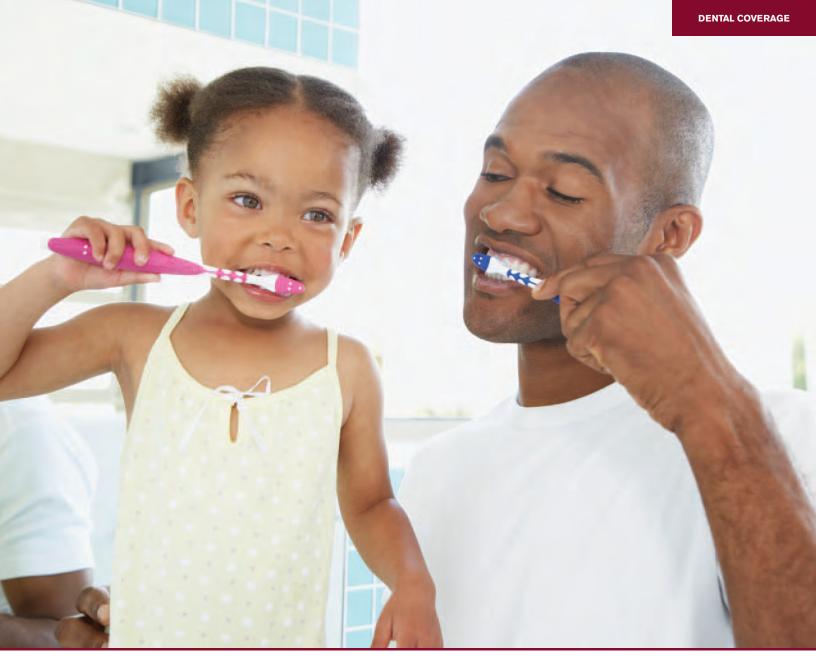
Covered Services*	Network Plan Pays**	Non-Network Plan pays	Benefit Guidelines
Major dental services			
Partial Dentures	50%	50% of MAC***	Once per consecutive 60 months. No allowance for precision or semi-precision attachments
Recement Bridges, Crowns, Inlays	50%	50% of MAC***	Limited to once every consecutive 6 months per restoration
Relining and Rebasing Dentures	50%	50% of MAC***	Limited to 1 time every consecutive 12 months, and limited to relining done more than 6 months after the initial insertions
Repairs to Full Dentures, Partial Dentures, Bridges	50%	50% of MAC***	Limited to repairs or adjustments performed more than 12 months after the initial insertion
Orthodontic Services			
Diagnose or correct misalignment of the teeth or bite	50%	50% of MAC***	Course of treatment is typically 24 months, with initial payment spread equally over the course of treatment

^{*} Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$200. Please consult your dentist.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features. UnitedHealthcare Dental® Options PPO Plan is underwritten by UnitedHealthCare Insurance Company, Hartford, CT.

^{**} The network percentage of benefits is based on the discounted fee negotiated with the provider.

^{***} The non-network percentage of benefits is based on the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.



UnitedHealthcare Dental® Basic Plan

- Visit any dentist or dental specialist, without a referral
- Preventive services covered at 80% (100% coverage for HEP enrollees)
- Important information to know about your HEP benefits: Full coverage for cleanings and exams (2 per year) under the Basic and Enhanced plans. Note: Under the Enhanced plan you must use an in network dentist to receive 100% coverage. Bitewing xrays (1 per year) and no annual maximum on services for periodontal maintenance (2 per year) or scaling and root planing (frequency limits and applicable cost shares still apply).
- No deductibles
- ▶ Toll-free customer service line at 800-896-4834 and informative website at www.myuhcdental.com/statect



DENTAL® BASIC PLAN: Visit any dentist or dental specialist without a referral

UnitedHealthcare Dental® Basic Plan Summary of Benefits

Individual Annual Deductible		\$0		
Family Annual Deductible		\$0		
Annual Maximum Benefit		\$500 annual maximum on some periodontal procedures only		
Annual deductible applies to preventive and diagnostic services		Not applicable		
Waiting Period		No waiting period		
Covered Services*	Plan Pays	Benefit Guidelines		
Preventive And Diagnostic Dental S	ervices			
Periodic Oral Examinations**	80%	Limited to 2 times per calendar year. 100% coverage for HEP enrollees.		
Bite-Wing X-rays**	80%	Limited to one series of films per calendar year. 100% coverage for HEP enrollees.		
Complete Series or Panorex X-rays	80%	Limited to one time per consecutive 36 months.		
Dental Prophylaxis (Cleanings)**	80%	Limited to 2 times per calendar year. 100% coverage for HEP enrollees.		
Fluoride Treatments	80%	Limited to covered persons under the age of 19 years, and limited to 2 times per calendar year.		
Sealants	0%	Not covered.		
Basic Dental Services				
Space Maintainers	67%	Limited to covered persons under the age of 19 years, only for premature loss of teeth.		
Palliative Treatment (Relief of Pain)	80%	Covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit.		
General Anesthesia	0%	Not covered.		
Amalgam Restorations (Fillings)	80%	One restoration allowed per surface every consecutive 12 months.		
Composite Restorations (Fillings) only	80%	One restoration allowed per surface every consecutive 12 months. For anterior teeth.		
Simple Extraction	80%			
Surgical Extraction including Impacted Wisdom Teeth	67%			
Root Canal Treatment	80%			
Scaling and Root Planing	50%			
Periodontal Surgery	50%	Limited to once every consecutive 36 months per surgical area.		
Periodontal Maintenance	80%	Limited to 2 times per calendar year, not in addition to dental prophylaxis.		
Major Dental Services				
Crowns, Inlays, and Onlays	67%	Limited to one time per tooth per consecutive 60 months.		
Fixed Bridges	0%	Not covered.		
Full Dentures	0%	Not covered.		
Partial Dentures	0%	Not covered.		
Recement Bridges, Crowns, Inlays	80%	Limited to once every consecutive 6 months per restoration.		
Relining and Rebasing Dentures	80%	Limited to one time every consecutive 24 months, and limited to after the 12 month period following initial insertion.		
Repairs to Full Dentures, Partial Dentures, Bridges	80%	Limited to repairs or adjustments performed more than 12 months after the initial insertion, and limited to once per calendar year.		

^{*} Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$200; please consult your dentist.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features. UnitedHealthcare Dental® Options PPO Plan is underwritten by United HealthCare Insurance Company, Hartford, CT.

^{** 100%} coverage for HEP enrollees in the Health Enhancement Program



Prenatal Dental Care Program for Enhanced and Basic plans

Taking care of your teeth and gums during pregnancy is an important part of your and your unborn child's good health. Gum disease and periodontal disease (related to tooth-support structures) during pregnancy has been linked to an increased risk of pre-term and very pre-term delivery.

That's why we created a UnitedHealthcare Dental program, which provides additional network preventive dental care coverage for expectant mothers. If you are in your second or third trimester of pregnancy, you are eligible for this program's benefits as part of your benefit plan.

To use this benefit:

- Visit any dentist: Tell the dentist you're pregnant and how far along you are and your due date
- Inform your dentist of any prescribed medications
- Make sure the dentist waives the eligible fees (for cleanings, deep scalings, periodontal maintenance and removing dead or infected tissue)
- Most important: Remind the dentist to include the following on the claim form: Your due date and your attending physician's or obstetrician's name

If you have any questions, call customer service at 800-896-4834 or visit www.myuhcdental.com/statect.

Key cost-savings and benefits:

- No out-of-pocket costs for network services, as described[†]
- Fees are not applied to the benefit period maximum
- Fees are not applied to deductibles
- Waiting Periods do not apply if services are required by a network dentist
- No referral needed



Great reasons to use www.myuhcdental.com/statect

The tools and information at www.myuhcdental.com/statect are both practical and personalized so you can get the most out of your dental benefits. Register at myuhcdental.com/statect and connect to view, learn about and manage your dental benefits.

- Learn about dental health conditions, treatments and procedures. Select Dental Education
- Compare costs for treatments: network and non-network. Select Treatment Cost Calculator
- Locate and get information about dentists and specialists. Select Dentist Locator
- Check your dental claims online. **Select Claims Information**

- Find answers to the most frequently asked questions. **Select Plan Information**
- Learn more about your coverage.

Select Plan Information

Request a dental ID card. Request a replacement card anytime. Select Plan Information



ONLINE RESOURCES: Practical tools and information at your fingertips at www.myuhcdental.com/statect

[†] For indemnity plans or PPO plans with out-of-network options, fees are set to maximum allowable charges.



Insurance coverage provided by or through: UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Oxford Health Plans LLC. Oxford HMO products are administered by Oxford Health Plans (CT), Inc. Oxford insurance products are administered by Oxford Health Insurance, Inc.

Disclosure: The UnitedHealth Allies health discount program is administered by HealthAllies®, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, 800-860-8773. The health discount program is NOT insurance. The health discount program provides discounts for certain health products and services. The health discount program does not make payments directly to the providers of health products and services. The program member is obligated to pay for all health products and services but will receive a discount from those providers who have contracted with the discount plan organization. The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company.

Healthy Bonus offers are not insured benefits and are in addition to, and separate from, your Oxford benefit coverage. These arrangements have been made for the benefit of members, and do not represent an endorsement or guarantee on our part. Offers may change from time to time and without notice and are applicable to the items referenced only. Offers are subject to the terms and conditions imposed by the vendor. We cannot assume any responsibility for the products or services provided by vendors or the failure of vendors referenced to make available discounts negotiated with us; however, any failure to receive offers should be reported to Oxford Customer Service by calling the telephone number on your Oxford member ID Card.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.



CT-12-210 9509 R6



directory

State of Connecticut Basic Dental Plan Provider Listing



How to Use the *UnitedHealthcare Basic Dental Plan* and this Dentist Listing

This Listing was compiled to assist State of Connecticut Employees and Retirees enrolled in the *UnitedHealthcare Basic Dental Plan*, in choosing a dentist. In the *Basic Dental Plan*, participants may use any dentist, including any dentist not listed here.

The Dentists listed in this directory, based on a review of their past billing practices, do not charge more than allowed amounts. That is, while they charge the patient any applicable copayment for covered services, their history has been not to seek additional payment from the patient for such services by charging higher than the total allowable amount (the amount paid by UnitedHealthcare Dental, plus the co-payment), and then billing the patient for the balance. UnitedHealthCare will accept electronic billing directly from any dentist.

Any employee choosing a dentist in this directory who bills for such balance (that is, bills beyond any applicable co-payment) should contact UnitedHealthcare Dental at **1-800-896-4834** so that appropriate action may be taken to correct the problem. Dentists who insist on balance billing will be removed from the *Basic Dental Plan* directory.

This listing can be used to locate a dentist if you or your enrolled family members do not have a regular dentist, or if you need to change dentists. It can also be used to determine if your regular dentist's charges are within the Plan allowed amount. After choosing a dentist from this list, call the dentist's office to make an appointment. If you cannot find a dentist near you on this list, you may choose any dentist.

After the initial dental exam, if the dentist determines that you or an enrolled family member requires extensive non-emergency dental work, you should discuss the course of treatment and the total cost with the dentist. You can then request that the dentist send a pre-treatment estimate to UnitedHealthcare Dental. UnitedHealthcare Dental will send back to the dentist a detailed schedule showing the plan allowance, the plan payment, and your co-payment for the services. You can then make an informed decision with the dentist before obtaining the services.

If you are enrolling in State of Connecticut Dental coverage for the first time (such as a new hire), and either do not have a dentist, or if your regular dentist is a contracted dentist (asterisk), you may wish to enroll in the *UnitedHealthcare Enhanced Dental Plan* instead of the *Basic* plan. The *Enhanced Dental Plan* provides coverage for more services and with lower copayments. Note that newly hired employees have thirty (30) days from the date of hire to enroll in coverage.

Dentists wishing to be added to this list should contact UnitedHealthcare Dental at 1-800-822-5353.

UnitedHealthcare Dental® Basic Plan/covered dental services

Individual Annual Deductible	\$0	
Family Annual Deductible	\$0	
Annual Maximum Benefit	None, except for periodontics maximum of \$500 per person per calendar year	
Annual deductible applies to preventive and diagnostic services	Not applicable	
Waiting Period	No waiting period	

COVERED SERVICES*	PLAN PAYS**	BENEFIT GUIDELINES			
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES					
Periodic Oral Examinations	80%	Limited to 2 times per calendar year.			
Bite-Wing X-rays	80%	Limited to one series of films per calendar year.			
Complete Series or Panorex X-rays	80%	Limited to one time per consecutive 36 months.			
Dental Prophylaxis (Cleanings)	80%	Limited to 2 times per calendar year.			
Fluoride Treatments	80%	Limited to covered persons under the age of 19 years, and limited to 2 times per calendar year.			
Sealants	0%	Not covered.			
BASIC DENTAL SERVICES					
Space Maintainers	67%	Limited to covered persons under the age of 19 years, only for premature loss of teeth.			
Palliative Treatment (Relief of Pain)	80%	Covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit.			
General Anesthesia	0%	Not covered.			
Amalgam Restorations (Fillings)	80%	One restoration allowed per surface every consecutive 12 months.			
Composite Restorations (Fillings)	80%	One restoration allowed per surface every consecutive 12 months. For anterior teeth only.			
Simple Extraction	80%				
Surgical Extraction including Impacted Wisdom Teeth	67%				
Root Canal Treatment	80%				
Scaling and Root Planing	50%				
Periodontal Surgery	50%	Limited to once every consecutive 36 months per surgical area.			
Periodontal Maintenance	80%	Limited to 2 times per calendar year, not in addition to dental prophylaxis.			
MAJOR DENTAL SERVICES					
Crowns, Inlays, and Onlays	67%	Limited to one time per tooth per consecutive 60 months.			
Fixed Bridges	0%	Not covered.			
Full Dentures	0%	Not covered.			
Partial Dentures	0%	Not covered.			
Recement Bridges, Crowns, Inlays	80%	Limited to once every consecutive 6 months per restoration.			
Relining and Rebasing Dentures	80%	Limited to one time every consecutive 24 months, and limited to after the 12 month period following initial insertion.			
Repairs to Full Dentures, Partial Dentures, Bridges	80%	Limited to repairs or adjustments performed more than 12 months after the initial insertion, and limited to once per consecutive 12 months.			

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage benefits and within that or, the Certificate-theoletis administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthCare Dental* Indemnity Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

^{*} Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$200; please consult your dentist.

^{**} The percentage of benefits is based on the schedule of reasonable and customary charges in the geographic area in which the expenses are incurred.

UnitedHealthcare/dental exclusions and limitations

GENERAL LIMITATIONS

ORAL EXAMINATIONS Covered as a separate benefit only if no other service was performed during the visit other than prophylaxis and X-rays. Comprehensive oral exam limited to 1 per consecutive 36 months. Periodic oral exams limited to 2 per calendar year.

COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to one time per consecutive 36 months.

BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.

 ${\tt EXTRAORAL}$ RADIOGRAPHS Limited to 2 films per calendar year.

DENTAL PROPHYLAXIS Limited to 2 times per calendar year. Periodontal maintenance can be substituted for a dental prophylaxis/cleaning.

FLUORIDE TREATMENTS Limited to covered persons under the age of 19 years, and limited to 2 times per calendar year. Treatment should be done in conjunction with dental prophylaxis.

SPACE MAINTAINERS Limited to covered persons under the age of 19 years, once per lifetime, only for premature loss of teeth. Benefit includes all adjustment within 6 months of installation.

RESTORATIONS Multiple restorations on one surface will be treated as a single filling. Limited to 1 tooth surface per consecutive 12 months. Composite restorations limited to anterior teeth only.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to Cast Restoration.

INLAYS AND ONLAYS Limited to one time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

CROWNS Limited to one time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth. Stainless steel crowns limited to primary teeth only.

SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit.

APICOECTOMY Limited to 1 per tooth per lifetime.

PERIODONTAL MAINTENANCE Limited to 2 per calendar year. Periodontal Maintenance is not in addition to dental prophylaxis.

RELINING AND REBASING DENTURES Limited to relining or rebasing performed more than 12 months after the initial insertions. Limited to 1 time per consecutive 24 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES

Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 time per consecutive 12 months after.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit.

FULL MOUTH DEBRIDEMENT Limited to once every consecutive 36 months.

GENERAL EXCLUSIONS

The following are not covered:

- Dental Services that are not necessary.
- Hospitalization or other facility charges.
- Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
- Any dental procedure not directly associated with dental disease.
- 6. Any procedure not performed in a dental setting.
- 7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare
- 9. Expenses for dental procedures begun prior to the Covered Person's eligibility with the Plan.
- 10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
- 12. Replacement of missing natural teeth lost prior to the onset of plan coverage.
- 13. Replacement of complete or partial dentures, crowns, or fixed bridgework if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision

- or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature
- Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 17. Placement of dental implants, implant-supported abutments and prostheses. This includes pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.
- 18. Placement of fixed bridgework solely for the purpose of achieving periodontal stability.
- Billing for incision and drainage if the involved abscessed tooth is removed on the same date of service.
- 20. Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal. Treatment of congenital malformations of hard or soft tissue, including excision.
- 21. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 22. Acupuncture; acupressure and other forms of alternative treatment.
- 23. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 24. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
- 25. Diagnostic casts.
- 26. Sealants.
- 27. Posts and cores.
- $28. \ \mathrm{Bridge}$ work and full or partial dentures.
- 29. Occlusal guards.
- 30. General Anesthesia, Analgesia, IV Sedation, and Desensitizing Medicment.
- 31. Bacteriologic Cultures.
- 32. Apexification, Hemisection, and Root Resection/ Amputation.
- 33. Provisional Splinting.
- Alveoloplasty, Biopsy, Frenectomy, Incision and Drainage, Removal of Benign Cysts, and Removal of Exotosis.
- 35. Occlusal adjustments.
- 36. Removal of exostosis.

State of Connecticut Basic Dental Plan Provider Listing - September 2006

ANSONIA

General Dentistry

BADLANI, Bindu *

(203) 734-8860 362 Main Street Ansonia, CT 06401

BROGADIR, Richard A

(203) 736-2961 258 Wakelee Avenue Ansonia, CT 06401

HENDERSON, Marc

(203) 735-4701 497 Main Street Ansonia, CT 06401

LERMAN, Robert L

(203) 735-4701 497 Main Street Ansonia, CT 06401

STEIN, Ira J

(203) 735-4701 497 Main Street Ansonia, CT 06401

Orthodontist

GREENBERG, Marshall S*

(203) 735-9600 201 Division Street Ansonia, CT 06401

SHELADIA, Manish V

(203) 735-4701 497 Main Street Ansonia, CT 06401

Periodontist

MILLEN, David D*

(203) 732-0097 560 Main Street Ansonia, CT 06401

AVON

General Dentistry

DORAN, Anthony *

(860) 677-6405 44 Dale Road Avon, CT 06001

FLETCHER, Mark C*

(860) 674-8079 34 Dale Road Ste 105 Avon, CT 06001

HAUSMAN, Sheldon S*

(860) 677-6405 44 Dale Road Avon, CT 06001

KATZ, Irwin *

(860) 678-1700 111 Simsbury Road Avon, CT 06001

KATZ, Mitchell S*

(860) 678-1700 111 Simsbury Road Avon, CT 06001

KOMAROW, Bruce

(860) 673-4050 40 Dale Road Avon, CT 06001 LIEBLICH, Stuart E*

(860) 674-8079 34 Dale Road Ste 105 Avon, CT 06001

PIECUCH, Joseph F*

(860) 674-8079 34 Dale Road Ste 105 Avon, CT 06001

SAGALYN, Ann

(860) 678-1140 32 E Main Street Avon, CT 06001

SANFORD, Collin B*

(860) 677-6405 44 Dale Road Avon, CT 06001

Orthodontist

DE PASQUALE, Philip

(860) 673-6105 20 W Avon Road Avon, CT 06001

Pediatric Dentistry

GREENE, Ira M

(860) 674-0874 34 Dale Road Ste 105 Avon, CT 06001

BERLIN

General Dentistry

LEVINBOOK, Howard S

(860) 829-2000 355 New Britian Road Berlin, CT 06037

Oral And Maxillofacial Surgeon

GIANOLI, Dennis S*

(860) 828-3559 5 Webster Square Road Berlin, CT 06037

Orthodontist

HERSHCOPF, Steven A *

(860) 829-9900 43 Mill Street Berlin, CT 06037

BETHANY

General Dentistry

NAPPO, Pasquale *

(203) 393-1660 696 Amity Road Ste A3 Bethany, CT 06524

ROSS, Gary J (203) 393-1570 11 Village Lane Bethany, CT 06524

BETHEL

General Dentistry

BOYAJIAN, Gary C

(203) 438-8866 158 Greenwood Avenue Bethel, CT 06801

FESTA, Anthony

(203) 744-0033 76 Stony Hill Road Bethel, CT 06801

GALBO, Damian F (203) 744-1646

3 School Street Bethel, CT 06801

KESSLER, Stanley H

(203) 797-8070 14 Elizabeth Street Bethel, CT 06801

KNAPP, Jonathan B

(203) 748-6935 1 Diamond Avenue Bethel, CT 06801

PERROTTA, Joann

(203) 743-5600 27 Grassy Plain Street Bethel, CT 06801

SANGIACOMO, Kenneth S

(203) 743-5600 27 Grassy Plain Street Bethel, ČT 06801

SILICH, Anton

(203) 792-7370 8 School Street Bethel, CT 06801

BLOOMFIELD

General Dentistry

HONOR, Barbara

(860) 242-1230 42 Wintonbury Mall Bloomfield, CT 06002

LEFKOWITZ, Kenneth L

(203) 242-1044 11 Mountain Avenue Bloomfield, CT 06002

MACK, Alphonso L* (860) 243-5451

2 Wintonbury Mall Bloomfield, CT 06002

MASON, Stephen H*

(860) 242-5594 3 Northwestern Drive Bloomfield, CT 06002

MELTZER, Steven *

(860) 242-5594 3 Northwestern Drive Bloomfield, CT 06002

MICHAELSON, Peter A *

(860) 242-5594 3 Northwestern Drive Bloomfield, CT 06002

MORRIS, Jeffrev * (860) 242-5594

3 Northwestern Drive Bloomfield, CT 06002

SHAMASH, David B

(860) 243-1999 701 Cottage Grove Road Ste F 210 Bloomfield, CT 06002

SPIGNESI, Thomas E

(860) 242-2422 800 Cottage Grove Bloomfield, CT 06002

Orthodontist

BUCARI, Ronald

(860) 243-8989 3 Northwestern Drive Bloomfield, CT 06002

CURRY, Earl

(860) 243-2422 701 Cottage Grove Road Ste A220 Bloomfield, CT 06002

HARRIS, Robert R

(860) 242-5005 719 Cottage Grove Road Bloomfield, CT 06002

Periodontist

EADY, Myles O

(203) 233-0277 580 Cottage Grove Road Ste 209 Bloomfield, CT 06002

BRANFORD

General Dentistry

BADRIGIAN, Robert J*

(203) 488-7799 5 South Main Street Suite 515 Branford, CT 06405

BODNER, Joseph A

(203) 481-2509 365 East Main Street Branford, CT 06405

DAHL III, Norman F

(203) 483-8806 46 Park Place Ste A Branford, CT 06405

FORRESTER, Joseph J

(203) 781-8051 195 Montowese Street Branford, CT 06405

GIRALD, John J (203) 488-1428 5 S Main Street Suite 515 Branford, CT 06405

IOSEPHS, Barry S

(203) 488-6553 420 E Main Street Bldg 3 Ste 17 Branford, CT 06405

MENDILLO, James H

(203) 488-6314 62 Kirkham Street Branford, CT 06405

PICKMAN, E Steven *

(203) 481-0100 209 Montowese Street Branford, CT 06405

RUSSO, Peter D

(203) 483-1816 53 Montowese Street Branford, CT 06405 SOTERO, Vincent G*

(203) 483-9069 1224 Main Street Ste 1 Branford, CT 06405

YARDAN, Stephen (203) 481-0338 9 Pine Orchard Road Branford, CT 06405

Orthodontist

BARON, Michael

(203) 488-6616 179 E Main Street Branford, CT 06405

BRIDGEPORT

Endodontist

MARKOWITZ, Robert D

(203) 368-2280 3715 Main Street Bridgeport, CT 06606

General Dentistry

ASTWOOD, Charles D*

(203) 372-3800 45 Vincelette Bridgeport, CT 06606

AZAR, Mehran

(203) 372-4200 4699 Main Street Ste 100 Bridgeport, CT 06606

BASTA, Andrew 3

(203) 579-5055 64 Black Rock Avenue Bridgeport, CT 06605

BASTA, Andrew *

(203) 579-5055 727 Honey Spot Road Bridgeport, CT 06608

BASTA, Andrew *

(203) 696-3270 982 E Main Street Bridgeport, CT 06610

BASU, Adrian V*

(203) 384-2261 633 Clinton Avenue Bridgeport, CT 06605

BIRD, Dennis

(203) 334-4837 90 Brooklawn Avenue Bridgeport, CT 06604

BUNN, Teresa E* (203) 333-6864

64 Black Rock Road Bridgeport, CT 06608

CASERTA, James * (203) 384-2261

633 Clinton Avenue Bridgeport, CT 06605 DAR, Samer S*

(203) 333-6864 64 Black Rock Avenue Bridgeport, CT 06608

DAR, Samer S

(203) 333-6864 727 Honey Spot Road Bridgeport, CT 06608

BRIDGEPORT (Cont.)

DAR, Samer S * (203) 696-3270 982 E Main Street Bridgeport, CT 06610

DEJESUS, Phillip J (203) 372-1220 4131 Main Street Bridgeport, CT 06606

DELUCIA, Carl F* (203) 374-0082 3100 Main Street Bridgeport, CT 06606

DUTCHICK, George P* (203) 333-3140 2010 Park Avenue Bridgeport, CT 06604

FELDER, Carol D* (203) 569-5055 64 Black Rock Road Bridgeport, CT 06608

FELDER, Carol D* (203) 333-6864 727 Honey Spot Road Bridgeport, CT 06608

FELDER, Carol D* (203) 696-3270 982 E Main Street Bridgeport, CT 06608

FELDMAN, Richard L* (203) 372-3726 4699 Main Street Ste 200 Bridgeport, CT 06606

FEUERBERG, Kenneth (203) 371-5890 4695 Main Street Bridgeport, CT 06606

FEUERBERG, Robert S (203) 371-5890 4695 Main Street Bridgeport, CT 06606

FICARA, Anthony J (203) 336-4155 1880 Park Avenue Bridgeport, CT 06604

GOLDBERG, Robin * (203) 696-3270 982 E Main Street Bridgeport, CT 06610

GONCHAROVA, Olga * (203) 336-5321 665 Clinton Avenue Bridgeport, CT 06605

GUERRERA, Angelo M (203) 372-7700 2979 Madison Avenue Bridgeport, CT 06606

HAMILTON, Clive * (203) 330-6000 361 Bird Street Bridgeport, CT 06605

HILL, Michael * (203) 373-9889 3715 Main Street Suite 409

3713 Main Street Stille 40: Bridgeport, CT 06606 HUDA, Brian D (203) 374-0554

515 Summit Street

Bridgeport, CT 06606

IM, Kyeong-Bin * (203) 337-4499

3085 Fairfield Avenue Bridgeport, CT 06605

KARANDISECKY, Ellen (203) 372-3626 4697 Main Street Bridgeport, CT 06606

KENNEDY, Kevin (203) 374-0848 3193 Main Street Bridgeport, CT 06606

KOTSAY, Kris * (203) 333-6864 492 E Main Street Bridgeport, CT 06608

KOTSAY, Kris * (203) 579-5055 64 Black Rock Road Bridgeport, CT 06608

KOTSAY, Kris * (203) 333-6864 727 Honey Spot Road Bridgeport, CT 06608

LAZONE-HANNIGA, Wanda (203) 744-1240 4699 Main Street Ste 203 Bridgeport, CT 06606

LEE, Moon S (203) 336-4668 2417 E Main Street Bridgeport, CT 06610

LEVINSON, Michael J* (203) 333-6864 471 Barnum Avenue Bridgeport, CT 06608

LEVINSON, Michael J* (203) 579-5000 64 Black Rock Avenue Bridgeport, CT 06605

LIEBNICK, Alan H (203) 374-5777 4695 Main Street Bridgeport, CT 06606

LIPTON, Lawrence (203) 374-9429 3715 Main Street Bridgeport, CT 06606

LUND, R R. (203) 374-9007 3738 Park Avenue Bridgeport, CT 06604

MADERA, Jose E * (203) 576-1608 2660 Main Street Ste 217 Bridgeport, CT 06606

MARINESCU, Daniela A* (203) 330-6000 361 Bird Street Bridgeport, CT 06605

MARTIRE, Robert G * (203) 374-0082 3070 Main Street Bridgeport, CT 06606

MCPADDEN JR, William J* (203) 371-6586 135 Anton Street

MICHALKA, Wayne A * (203) 372-3726 4699 Main Street Ste 200 Bridgeport, CT 06606

Bridgeport, CT 06606

MUNK, Peter V *

(203) 336-1119 468 Clinton Avenue Bridgeport, CT 06605

OCHMAN, Henry (302) 333-1622 787 Kossuth Street Bridgeport, CT 06610

PALLAY, Daniel J* (203) 576-1918 440 Brooklawn Avenue Bridgeport, CT 06604

PROCACCINI, V. V. (203) 334-8204 2556 Main Street Bridgeport, CT 06606

ROMANO, Frank J (203) 372-0881 2240 Madison Avenue Bridgeport, CT 06606

SCHWARTZ, Stephen * (203) 337-4499 3085 Fairfield Avenue Bridgeport, CT 06605

SCHWARTZ, Stephen * (203) 337-6266 468 Clinton Avenue Bridgeport, CT 06605

TAYLOR, Kevin A* (203) 366-2720 2595 Park Avenue Bridgeport, CT 06604

TIBERI, Thomas * (203) 136-5005 3015 Main Street Bridgeport, CT 06602

TROSS, Phyl * (203) 337-4499 3085 Fairfield Avenue Bridgeport, CT 06605

TROSS, Phyl * (203) 337-6266 468 Clinton Avenue Bridgeport, CT 06605

WARREN, Robert S (203) 335-6471 1517 Wood Avenue Bridgeport, CT 06604

Oral And Maxillofacial Surgeon

FITZGERALD, Brian E * (203) 371-5595 4747 Main Street Bridgeport, CT 06606

GEDEON, Wladimir * (203) 744-1240 4699 Main Street Ste 203 Bridgeport, CT 06606

ROCKOFF, Paul R* (203) 372-5566 3715 Main Street Bridgeport, CT 06606

SPLAVER, Theodore E * (203) 371-5595 4747 Main Street Bridgeport, CT 06606

TWERSKY, Howard B * (203) 371-5595 4747 Main Street Bridgeport, CT 06606

Orthodontist

BRAUN, Thomas * (203) 374-1911 3741 Main Street Bridgeport, CT 06606

GOTTLIEB, Larry (203) 374-1027 4697 Main Street Bridgeport, CT 06606

MONTANARO, Michael B * (203) 371-0119 5294 Park Avenue Bridgeport, CT 06606

WIENER, Michael (203) 337-6266 468 Clinton Avenue Bridgeport, CT 06605

Pediatric Dentistry

DINKES, Lawrence (203) 371-8282 4702 Main Street 3rd Fl Bridgeport, CT 06606

DINKES, Lawrence (203) 371-8282 4702 Main Street Bridgeport, CT 06606

SPADINGER, Andrew (203) 371-8282 4702 Main Street Bridgeport, CT 06606

BRIDGEWATER

General Dentistry

PLANZ, Frederick (860) 355-0770 29 Planz Lane P.O. Box 125 Bridgewater, CT 06752

BRISTOL

General Dentistry

ABORJAILY, Robert C* (860) 858-1716 1128 Farmington Avenue Bristol, CT 06010

ALI, Rubina * (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

ARSCOTT, Jennifer * (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

BARZI, Gloria M * (203) 794-0357 1128 Farmington Avenue Bristol, CT 06010

BASHTI, Farid S* (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

BELLORINI, Stephen J (203) 589-2794 4 Morris Avenue Bristol, CT 06010 BENECIVENGO, Charles

(860) 582-8095 21 Pleasant Street Bristol, CT 06010

BILTIU-DANCUS, Dacian * (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

CATERA, Colleen L* (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

CERVANTES, Camilla * (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

CHUNG, Jackie Y*
(860) 585-1716
1128 Farmington Avenue
Bristol, CT 06010

CYDYLO, Joseph S (860) 583-6630 146 Farmington Avenue Bristol, CT 06010

DINULESCU, Constanta * (860) 858-1716 1128 Farmington Avenue Bristol, CT 06010

DRABIN, Michael (860) 582-8811 199 Riverside Avenue Bristol, CT 06010

DUNN, Martin J * (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

ELLIS, Michael R (860) 583-6056 751 Farmington Avenue Bristol, CT 06010

ELLIS, Michael R (860) 583-6056 789 Farmington Avenue Bristol, CT 06010

ERICKSON, Craig S (203) 589-4577 13 Collins Road Bristol, CT 06010

FOURNIER, Edward R (860) 584-0171 405 N. Main Street Bristol, CT 06010

GAUDIO, Michael P (860) 582-8095 21 Pleasant Street Bristol, CT 06010

GOMEZ, Norma * (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

GRETZULA, Kristy L* (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

HAMATI, Isam F* (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

HONG, Suk W* (860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

BRISTOL (Cont.)

JAFARIAN, Roxana S*

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

KALLURI, Sunita *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

KAUSHIK, Tulika *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

KHAN, Ajmal H

(860) 858-1716 1128 Farmington Avenue Bristol, CT 06010

KIM, Joohyun *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

KJORNRATTANAWANICH, Yutdhask *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

KULOWSKI, Thomas

(860) 582-3744 225 N Main Street Ste 210 Bristol, CT 06010

LATVIS, Christopher J* (860) 584-5240

82 Washington Street Bristol, CT 06010

LATVIS, John C*

(860) 584-5240 82 Washington Street Bristol, CT 06010

LEE, Jooyoung *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

MARTIN, Brent D*

(860) 589-3529 1235 Farmington Avenue Ste 9 Bristol, CT 06010

MEGIBOW, Craig L*

(860) 589-3529 1235 Farmington Avenue Ste 9 Bristol, CT 06010

MELANSON, John R

(860) 628-4761 22 Pine Street Ste 208 Bristol, CT 06010

MORGANTI, Anthony M*

(860) 582-9193 424 Farmington Avenue Bristol, CT 06010

MURLIDHARRAO, Kavita *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

NAGARURU, Kavitha *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

OLKOVSKY, Michael

(860) 589-6000 710 King Street Bristol, CT 06010 PERKINS, David W

(860) 589-7595 524 Middle Street Bristol, CT 06010

RAMSAHAI, Alexandra *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

RO, Hyeran

(860) 858-1716 1128 Farmington Avenue Bristol, CT 06010

SAINI, Santosh K*

(860) 676-0050 1128 Farmington Avenue Bristol, CT 06010

SCHATTEN, Richard S*

(860) 584-0120 225 N Main Street Ste 300 Bristol, CT 06010

SCHULMAN, Richard A*

(860) 582-4485 225 N Main Street Ste 201 Bristol, CT 06010

SIEMIASZKO, William J*

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

SUBRAMANIAM, Meera

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

TALWAR, Garima K*

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

TOMASI, Elena *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

TREADO, Robert F

(203) 589-0874 670 East Road Bristol, CT 06010

TURKUS, H

(860) 589-7170 255 N Main Street Bristol, CT 06010

VALDES, Abelardo H*

(860) 858-1716 1128 Farmington Avenue Bristol, CT 06010

VINCENT, Howard M*

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

WILSON, Franklin

(860) 689-7595 524 Middle Street Bristol, CT 06010

Oral And Maxillofacial Surgeon

ABUNASRA, Nazeeh *

(860) 858-1716 1128 Farmington Avenue Bristol, CT 06010

AFFENITO, James D

(860) 589-1055 391 Main Street Bristol, CT 06010 DEITZ, Stanley *

(860) 585-1716 1128 Farmington Avenue Bristol, CT 06010

Orthodontist

CYR, Duane N

(860) 584-1444 670 East Road Bristol, CT 06010

MARCOTTE, Michael R*

(860) 589-3316 5 Center Street Bristol, CT 06010

Pediatric Dentistry

POSNER, Howard J

(860) 589-7170 255 N Main Street Bristol, CT 06010

BROOKFIELD

General Dentistry

BARON, Jeffrey

(203) 744-3003 246 Federal Road Ste C-25 Brookfield, CT 06804

BASTIANI, Diane

(203) 775-6202 2 Old New Milford Road Ste 3 D Brookfield, CT 06804

BIALIK, Scott A

(203) 791-2771 246 Federal Road Ste D13 Brookfield, CT 06804

COHEN, Mark

(203) 775-5533 940 Federal Road Ste L Brookfield, CT 06804

ESPOSITO, Paul

(203) 775-3839 60 Old New Milford Road Po Box 9 Brookfield, CT 06804

FEDERMAN, Jenny

(203) 740-8460 60 Old New Milford Road Brookfield, CT 06804

FITZGERALD, Paul

(203) 740-0090 60 Old New Milford Road Brookfield, CT 06804

LEVITT, Howard

(203) 775-2225 2 Old New Milford Road Ste 2c Brookfield, CT 06804

MARTIN, James

(203) 775-1800 300 Federal Road Brookfield, CT 06804

MASCIA, Phillip

(203) 775-3344 2 Old New Milford Road Ste 3e Brookfield, CT 06804

RAWA, Hassan

(203) 740-1014 2 Old New Milford Road Brookfield, CT 06804 REISS, Steven G

(203) 775-1771 109 Federal Road Brookfield, CT 06804

SPRINGER, Steven A*

(203) 740-7472 2 Old New Milford Road Ste 1a Brookfield, CT 06804

Orthodontist

DENTICO, Patrick J

(203) 775-1771 109 Federal Road Brookfield, CT 06804

MILLER, Michael

(203) 775-1771 109 Federal Road Brookfield, CT 06804

SCHEFFER, Miles H. H

(203) 775-1771 109 Federal Road Brookfield, CT 06804

STRACKS, Richard B *

(203) 775-2527 60 Old New Milford Road Brookfield, CT 06804

Pediatric Dentistry

METCALF JR, Guy D

(203) 775-0480 304 Federal Road Brookfield, CT 06804

BROOKLYN

General Dentistry

WILCOX, Gregg O

(860) 774-0876 23 Wauregan Road Brooklyn, CT 06234

BURLINGTON

Orthodontist

SCHWABER, David P

(860) 673-9141

9 Covey Road Po Box 2003 Burlington, CT 06013

CANAAN

General Dentistry

LIVINGSTONE JR, Thomas

(860) 824-0751 3 Railroad Street Canaan, CT 06018 **CANTERBURY**

General Dentistry

FREDERICK, Glenn

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CANTON

General Dentistry

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CENTERBROOK

General Dentistry

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CENTRAL VILLAGE

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CHESHIRE

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146 Elm Street Cheshire, CT 06410

ERWICH, Lawrence (203) 272-7044 420 South Main Street Cheshire, CT 06410

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GILL, Donald F (203) 272-3581 422 Maple Avenue Cheshire, CT 06410

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482 S Main Street Cheshire, CT 06410

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Cheshire, CT 06410

VINCENT, Amy L (203) 272-9694 415 Highland Avenue Ste 3

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Orthodontist

CASSIDY, Robert

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FELDMAN, Barry (203) 272-0900 350 S Main Street Cheshire, CT 06410

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Prosthodontist

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CHESTER

General Dentistry

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SENAY, Kim S (203) 526-3455 9 Spring Street Chester, CT 06412

CLINTON

General Dentistry

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COLCHESTER

General Dentistry

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LOWNEY JR, Jeremiah * (860) 537-1918 79 Norwich Avenue Colchester, CT 06415

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General Dentistry

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Orthodontist

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General Dentistry

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SUTTON, Mark R (203) 869-2066 391 East Putnam Avenue Cos Cob, CT 06807

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Orthodontist

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^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

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DANIELSON

General Dentistry

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MURRAY, Michael J

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DERBY

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GALLO, Karen P (203) 467-3333 35 High Street East Haven, CT 06512

KRASNOW, Stuart M* (203) 467-1681 280 Main Street East Haven, CT 06512

O'CONNELL, Jeffrey D * (203) 467-1681 280 Main Street East Haven, CT 06512

O'CONNELL, Kevin * (203) 467-8100 69 Main Street East Haven, CT 06512

PETERSON, Karen M (203) 467-3333 32-36 Main Street East Haven, CT 06512

VANDLIK, Michael J* (203) 467-1681 280 Main Street East Haven, CT 06512

Oral And Maxillofacial Surgeon

LONGO, Michael (203) 468-7181 310 Main Street East Haven, CT 06512

Orthodontist

PROTA, Carl P (203) 468-8007 1367 N High Street East Haven, CT 06512

Pediatric Dentistry

PELLEGRINO, Louis J (203) 469-9355 3 Kirkham Avenue East Haven, CT 06512

Periodontist

NEICHIN, Randall * (203) 467-1681 280 Main Street East Haven, CT 06512

EAST LYME

General Dentistry

AMARO, Amy (860) 691-0511 5 Church Lane Ste 3 East Lyme, CT 06333

AMIC, Amanda (860) 739-3447 15 Church Lane East Lyme, CT 06333 BENAK JR, Arnold E

(860) 739-5700 317 Flanders Road Ste 204/205 East Lyme, CT 06333

BRETT, Clark C

(860) 447-3216 131 Boston Post Road East Lyme, CT 06333

DAREN, Debra K (860) 739-3425

131 Boston Post Road P O Box 632 East Lyme, CT 06333 DYER, James

(860) 739-4901 131 Boston Post Road East Lyme, CT 06333

ENGEL, Kirk (860) 739-3133 314 Flanders Road East Lyme, CT 06333

FANIOLA, John N* (860) 739-6316 183 Boston Post Road East Lyme, CT 06333

KHAN, Sajjad A* (860) 691-0025 339 Flanders Road Ste 105 East Lyme, CT 06333

KING, William (860) 691-0025 339 Flanders Road Ste 105 East Lyme, CT 06333

LENTO, Christopher (860) 691-0511 5 Church Lane Ste 3 East Lyme, CT 06333

MENON, Aravind (860) 691-5014 131 Boston Post Road East Lyme, CT 06333

PALUMBO, Joseph * (860) 739-3447 15 Church Lane East Lyme, CT 06333

YOUSUF, Sami A* (860) 739-3447 15 Church Lane East Lyme, CT 06333

ZELMANOW, Phillip (860) 739-6915 319 Flanders Road East Lyme, CT 06333

Orthodontist

THIBAULT, Thomas (860) 739-0060 208 Boston Post Road Po Box 248 East Lyme, CT 06333

Pediatric Dentistry

BRENNAN, Garrett (860) 691-5014 131 Boston Post Road P O Box 939 East Lyme, CT 06333

URELES, Steven (860) 691-5014 131 Boston Post Road East Lyme, CT 06333 **EAST WINDSOR**

General Dentistry

DASILVA, Robert L* (860) 627-5232 148 North Road East Windsor, CT 06088

LEBLANC, Lori A*
(860) 627-6123
6b Pasco Drive
East Windsor, CT 06088

MALIN, John E (860) 623-9831 131 South Main Street East Windsor, CT 06088

RUSSO, Jeffrey C* (860) 627-5232 148 North Road East Windsor, CT 06088

SIEMIASZKO, William J* (860) 292-6600 122 Prospect Hill Road East Windsor, CT 06088

VATAFU, Ioan Lucian * (860) 292-6600 122 Prospect Hill Road East Windsor, CT 06088

WHITELEY, Robert T* (860) 627-5232 148 North Road East Windsor, CT 06088

WU, Ruey-Jane *
(860) 292-6600
122 Prospect Hill Road
East Windsor, CT 06088

ELLINGTON

General Dentistry

SCHERICK, Ronald H (860) 875-1372 238 Somers Road Ellington, CT 06029

VALLERA, Joann L (860) 872-2452 175 W Road Ellington, CT 06029

ZAHNER, Warren L (203) 870-9031 3 Main Street Ellington, CT 06029

ELMWOOD

General Dentistry

JAMES, Alan W (860) 236-6928 1132 New Britain Avenue Elmwood, CT 06110

TRUDELL, Rachel L (860) 236-6928 1132 New Britain Avenue Elmwood, CT 06110

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

ELMWOOD (Cont.)

WILCOX, William G

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ENFIELD

General Dentistry

BUCALO, Donald J

(860) 749-0533 421 Hazzard Avenue Enfield, CT 06082

DIBENEDETTO, Vincent D*

(860) 749-0791 150 Hazard Avenue Ste 1 Enfield, CT 06082

ENGELHARDT, Zorica *

(860) 763-5522 150 Hazard Avenue Ste C3 Enfield, CT 06082

KANTOR, Richard A *

(860) 749-0791 150 Hazard Avenue Ste 1 Enfield, CT 06082

KARANIAN, George K* (860) 749-4245

276 Hazard Avenue Enfield, CT 06082

KASABJI, Maher *

(860) 763-5522 150 Hazard Avenue Ste C3 Enfield, CT 06082

PAPPAS, Gus J

(860) 745-0662 1 Riverview Street Enfield, CT 06082

PAPPAS. Theodore I

(860) 745-0662 1 Riverview Street Enfield, CT 06082

ROBERTS, Dale W

(860) 679-2726 71 Hazard Avenue Enfield, CT 06082

SALIUS, John A*

(860) 749-0791 150 Hazard Avenue Ste 1 Enfield, CT 06082

SANCHEZ, M C.

(860) 741-8633 101 Phoenix Avenue Enfield, CT 06082

TONER, Glen

(860) 749-2225 71 Hazard Avenue Enfield, CT 06082

TYURINA, Irina

(860) 741-6644 115 Elm Street Ste 204 Enfield, CT 06082

VASSOS, George A

(860) 763-4167 146 Hazard Avenue Enfield, CT 06082

WILLCUTTS, Sean T*

(860) 749-4245 276 Hazard Avenue Enfield, CT 06082

YOUNG, Timothy

(860) 741-8600 101 Phoenix Avenue Enfield, CT 06082

ZBOROWSKI, Robert G

(203) 741-3765 15 Palomba Drive Enfield, CT 06082

Oral And Maxillofacial Surgeon

JUOZOKAS, Edward *

(860) 741-2277 115 Elm Street Ste 209 Enfield, CT 06082

ROSSETTI, Robert A*

(860) 763-5777 139 Hazard Avenue Bldg 6 Enfield, CT 06082

Orthodontist

CORDES, David W

(860) 749-1909 145 Hazard Ave Enfield, CT 06082

SANTANIELLO, Guiseppe *

(860) 741-0565 135 Elm Street Enfield, CT 06082

Pediatric Dentistry

CHECK, Elliott I

(860) 749-6622 233 Hazard Avenue Enfield, CT 06082

ESSEX

General Dentistry

DONOFRIO, Melissa

(860) 767-9403 26 Saybrook Road Essex, CT 06426

POOL, Peter E

(203) 767-1141 190 Westbrook Rd Essex, CT 06426

SCHREIBER, David

(860) 767-1073 12 Main Street Essex, CT 06426

TURTORO, Peter

(860) 767-9403 26 Saybrook Road Essex, CT 06426

FAIRFIELD

Endodontist

AMOROSO, Brian

(203) 255-0099 1191 Post Road Fairfield, CT 06824 General Dentistry

ABORJAILY, Robert C* (203) 794-0357

500 Kings Highway East Fairfield, CT 06430

ABUNASRA, Nazuh

(203) 336-8478 320 Kings Highway E Fairfield, CT 06825

APPLEBAUM, Charles J

(203) 333-3381 841 Stratfield Road Fairfield, CT 06432

ARSCOTT, Jennifer *

(203) 794-0357 500 Kings Highway East Fairfield, CT 06430

BARTOLONE, Cynthia A

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BARZL Gloria M *

(203) 794-0357 500 Kings Highway East Fairfield, CT 06430

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(203) 794-0357 500 Kings Highway East Fairfield, CT 06430

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(203) 794-0357

500 Kings Highway East Fairfield, CT 06430

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(203) 255-2493 325 Reef Road Ste 103 Fairfield, CT 06824

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(203) 255-3636 61 Sherman Street Fairfield, CT 06824 DEMARTIN, Robert E

(203) 255-0468 69 Sherman Street Fairfield, CT 06430

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DOMMU, Vernon

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DUNN, Martin J*

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GLORDANO, Dominick

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(203) 333-6171 400 Stillson Road Fairfield, CT 06430

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(203) 254-3780 400 Post Road Fairfield, CT 06824

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(203) 372-8961 2397 Black Rock Turnpike Fairfield, CT 06825

LIPTON, Lawrence

(203) 336-5544 1817 Black Rock Turnpike Fairfield, CT 06430

MILLER, Donald W

(203) 255-6878 1275 Post Road Fairfield, CT 06430

MURLIDHARRAO, Kavita *

(203) 336-0551 500 Kings Highway East Fairfield, CT 06825

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(203) 794-0357 500 Kings Highway East Fairfield, CT 06430

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(203) 259-5328 2157 Millplain Road Fairfield, CT 06430

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(203) 259-8602 111 Reef Road

Fairfield, CT 06824

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(203) 384-6389 1411 Black Rock Turnpike Fairfield, CT 06430

SCULLY, Jason (203) 255-0468 69 Sherman Street Fairfield, CT 06430

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(203) 259-2270 1700 Post Road Ste C2a Fairfield, CT 06824

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

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SONICK, Michael

(203) 254-2006 1047 Old Post Road Fairfield, CT 06824

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(203) 336-1275 195 Tunxis Hill Road Fairfield, CT 06825

TORENA, Adriana 3

(203) 368-9016 71 Tunixs Hill Road Fairfield, CT 06825

TRICERRI, Louis

(203) 333-4700 1817 Black Rock Turnpike Fairfield, CT 06825

VALDES, Abelardo H*

(203) 794-0357 500 Kings Highway East Fairfield, CT 06430

WARREN, Jeffrey S

(203) 259-1460 1735 Post Road Fairfield, CT 06430

ZAINO, Francis

(203) 255-1545 69 Sherman Street Fairfield, CT 06824

ZEDEK, Jeta

(203) 336-1275 195 Tunxis Hill Road Fairfield, CT 06825

ZERELLA, Joseph

(203) 259-3399 1275 Post Road Ste 217 Fairfield, CT 06824

Oral And Maxillofacial Surgeon

ABUNASRA, Nazeeh *

(203) 794-0357 500 Kings Highway East Fairfield, CT 06430

DEITZ, Stanley *

(800) 965-6471 500 Kings Highway East Fairfield, CT 06824

FITZGERALD, Brian E*

(203) 259-2665 1305 Post Road Fairfield, CT 06430

SPLAVER, Theodore E*

(203) 371-5595 1305 Post Road Fairfield, CT 06430

Orthodontist

BRAUN, Thomas *

(203) 374-0512 1304 Stratfield Road Fairfield, CT 06825

FOUDY, Patrice

(203) 259-7870 1300 Post Road Ste 101 Fairfield, CT 06824

Periodontist

WASSERLAUF, Perry A

(203) 255-7771 71 Beach Road Fairfield, CT 06430

FARMINGTON

Endodontist

SAFAVI, Kamran E.

(860) 679-3170 263 Farmington Avenue Univ Of C Health Cntr Farmington, CT 06030

General Dentistry

ABORJAILY, Robert C*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

ALL Rubina *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

ARSCOTT, Jennifer *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

BARZI, Gloria M*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

BASHTI, Farid S*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

BIERLY, John A

(960) 677-8666 291 Farmington Avenue Farmington, CT 06032

BILTIU-DANCUS, Dacian *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

CATERA, Colleen L*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

CERVANTES, Camilla *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

CHANG, Nancy N

(860) 679-2464 263 Farmington Avenue Farmington, CT 06030

CHIARELLO, Charles R

(960) 677-8666 291 Farmington Avenue Farmington, CT 06032

CHUNG, Jackie Y*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

CLEMENZA, Mariann

(860) 677-8500 270 Farmington Avenue Ste 329 Farmington, CT 06032

DEITZ, Stanley *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

DINULESCU, Constanta *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

DUNN, Martin J*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

FICALORA, Peter M*

(860) 674-8999 353 Scott Swamp Road Farmington, CT 06034

FREILICH, Martin A

(860) 679-4005 263 Farmington Avenue Farmington, CT 06030

GOMEZ, Norma *

(860) 676-0050 1600 S East Road

Sports Authority Plaza Farmington, CT 06032

GRASSO, Joseph E

(860) 679-2464 263 Farmington Avenue Farmington, CT 06030

GRETZULA, Kristy L*

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HALL, Robert S

(960) 677-8666 291 Farmington Avenue Farmington, CT 06032

HAMATI, Isam F*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

HONG, Suk W*

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JAFARIAN, Roxana S*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

KALLURI, Sunita *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

KAUSHIK, Tulika *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

KHAN, Ajmal H*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

KIM, Joohyun *

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KJORNRATTANAWANICH, Yutdhask

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

LEE, Jooyoung *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

LEPOWSKY, Steven

(860) 679-2464 263 Farmington Avenue School Of Dental Medicine Farmington, CT 06030

LIANG, Tina S

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LINDBLAD, Roy A*

(860) 677-7753 325 Main Street Farmington, CT 06032

MALON, Carolyn

(860) 677-8687 200 Mountain Road Farmington, CT 06032

MENSI, Thomas I

(960) 677-8666 291 Farmington Avenue Farmington, CT 06032

MORAN, Stephen M

(860) 677-8687 200 Mountain Road Farmington, CT 06032

MUMFORD, Robert S

(860) 677-5655 270 Farmington Avenue Farmington, CT 06032

MURLIDHARRAO, Kavita *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

NADEAU, Monique *

(860) 676-2288 320 Main Street Farmington, CT 06032

NAGARURU, Kavitha*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

OSTROSKI, Robert J

(203) 677-8031 0ne Mill Lane Farmington, CT 06032

PETERS, Thomas G

(860) 677-8500 270 Farmington Avenue Ste 329 Farmington, CT 06032

RAFANIELLO, Robert

(860) 677-7753 325 Main Street Farmington, CT 06032

RAMSAHAI, Alexandra *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

RIZZO, David J

(860) 677-1316 5 Melrose Drive Farmington, CT 06032

RUNGRUANGANU, Patchanee

(860) 679-2464 263 Farmington Avenue Farmington, CT 06030

SCHILLER, Walter

(960) 677-8666 291 Farmington Avenue Farmington, CT 06032

SIEMIASZKO, William J*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

SQUIER, Rachel S*

(860) 677-1095 2 Forest Park Drive Farmington, CT 06032

TALWAR, Garima K*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

TOMASI, Elena

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

VALDES, Abelardo H*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

VINCENT, Howard M*

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

VOGIATZI, Theodora

(860) 679-2464 263 Farmington Avenue Farmington, CT 06030

WALLOCK, Victor *

(203) 677-1095 2 Forest Park Drive Farmington, CT 06032

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

FARMINGTON (Cont.)

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(860) 679-2464 263 Farmington Avenue Farmington, CT 06030

ZHU, Qiang

(860) 679-4005 263 Farmington Avenue Farmington, CT 06030

Oral And Maxillofacial Surgeon

ABUNASRA, Nazeeh *

(860) 676-0050 1600 S East Road Sports Authority Plaza Farmington, CT 06032

BADWAL, Roger S

(203) 797-0012 263 Farmington Avenue Farmington, CT 06030

BENNETT, Jeffrey D

(860) 679-2464 263 Farmington Avenue School Of Dental Medicine Farmington, CT 06030

DIEDERICH, Jennifer A

(860) 679-2464 263 Farmington Avenue School Of Dental Medicine Farmington, CT 06030

GOUPIL, Michael T*

(860) 679-3300 263 Farmington Avenue University Dentistry Farmington, CT 06032

IBANEZ, Carlos *

(860) 679-4005 263 Farmington Avenue School Of Dental Medicine Farmington, CT 06030

SHAFER, David M*

(860) 679-4005 263 Farmington Avenue Farmington, CT 06030

Orthodontist

MARAJ, Baliram *

(860) 678-7899 353 Scott Swamp Road Unit E Farmington, CT 06032

Pediatric Dentistry

ALLIGOOD, Elizabeth M

(860) 677-8666 291 Farmington Avenue Farmington, CT 06032

EISENBERG, Ellen

(860) 679-2464 263 Farmington Avenue Farmington, CT 06030

TINANOFF, Norman *

(860) 679-2464 263 Farmington Avenue School Of Dental Medicine Farmington, CT 06030

WOLFF, Monica S

(860) 679-2464 263 Farmington Avenue School Of Dental Medicine Farmington, CT 06030

Prosthodontist

TAYLOR, Thomas

(860) 679-3170 263 Farmington Avenue Univ Of C Health Cntr Farmington, CT 06030

FORESTVILLE

General Dentistry

TOROPILO, Joseph (860) 583-3307

87 Central Street Forestville, CT 06010

GALES FERRY

General Dentistry

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SHILLER, William R

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GLASTONBURY

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ALL Rubina *

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ARSCOTT, Jennifer *

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BARZI, Gloria M*

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CAIN, Edward J

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DEITZ, Stanley *

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DINULESCU, Constanta *

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KIM, Joohyun *

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SCOLES, Marc H*

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SCOLES, Matthew

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(860) 633-3519 71a Naubuc Avenue Glastonbury, CT 06033

Orthodontist

CARELLA, Peter L

(860) 633-5143 343 New London Turnpike Glastonbury, CT 06033

MALONE, Dennie L (860) 633-0486 131 New London Turnpike Ste 211 Glastonbury, CT 06033

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(860) 633-8321 2928 Main Street Glastonbury, CT 06033

Pediatric Dentistry

JUNG, Robert W

(860) 633-5246 49 Welles Street Glastonbury, CT 06033

SCHULMAN, Gary S

(860) 633-5246 49 Welles Street Glastonbury, CT 06033

Periodontist

KARL, Edward H*

(860) 633-8371 49 Welles Street Ste 214 Glastonbury, CT 06033

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(860) 659-0307 1420 Main Street Glastonbury, CT 06033

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GRANBY

General Dentistry

BENENATI, Michael

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CYTRYN, Fern E (860) 653-7596

26 E Granby Road Granby, CT 06035

DORES, James

(860) 653-7596 26 E Granby Road Granby, CT 06035

ENDRES, Kenneth E

(860) 653-4551 33 Hartford Avenue Granby, CT 06035

FILBERT, Elizabeth

(860) 653-7596 26 E Granby Road Granby, CT 06035

TARTAGLIA, Diane

(860) 653-7596 26 E Granby Road Granby, CT 06035

GREENWICH

Endodontist

WEINSTEIN, Ivan K*

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General Dentistru

ANZALONE, Thomas

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BOLDT, Joseph R

(203) 629-3735 69 Fairfield Road Greenwich, CT 06830

BRODY, Steven

(203) 661-5858 23 Maple Avenue Greenwich, CT 068305624

DEVINE, Barbara J

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SIMORS, Dennie L

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TREPP, Douglas M

(203) 869-2510 500 W Putnam Avenue 4th Fl Greenwich, CT 06830

WACHEN, Robert

(203) 661-3733 4 Dearfield Dr Greenwich, CT 06831

Oral And Maxillofacial Surgeon

ASLANIAN, Robert A

(203) 661-4231 49 Lake Avenue Greenwich, CT 06830

Pediatric Dentistry

SETHI, Sangeeta *

(203) 861-7336 5 Edgewood Avenue Greenwich, CT 06830

Periodontist

EPSTEIN, Stuart R

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Prosthodontist

MILLER, Richard D

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GROSVENOR DALE

General Dentistry

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GROTON

General Dentistry

ANTONELLI, Vincent J

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DEAN, Arthur

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DOUGHERTY, Arthur B

(860) 445-9765 1100 Poquonnock Road Groton, CT 06340

FALES, David R

(203) 445-1330 491 Route 184 Ste 300 Groton, CT 06340

FLANAGAN, Dennis F

(860) 445-9765 1100 Poquonnock Road Groton, CT 06340

GOEBEL, Thomas M

(860) 446-2357 491 Route 184 Ste 200 Groton, CT 06340

GOLDMAN, Joshua

(860) 445-9765 1100 Poquonnock Road Groton, CT 06340

GREEN, Danielle

(860) 445-9765 1100 Poquonnock Road Groton, CT 06340

HAMAD, Hatlm

(860) 446-2357 491 Route 184 Ste 200 Groton, CT 06340

KIM, Hyung B

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(860) 446-8744 115 Bridge Street Groton, CT 06340

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(860) 448-1933 272 Thames Street Groton, CT 06340

SAWYER, H B.

(860) 448-1933 272 Thames Street Groton, CT 06340

STAHL, John W *

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(860) 405-0060 1 Harry Day Drive Claude Chester Elem Sch Groton, CT 06340

TRUDEAU, Danielle C *

(860) 405-0060 250 Brandegee Ave Groton, CT 06340

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WAKIM, John E

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WOLLSCHLAGER, James A

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BROWN, Pamela S

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DUBIN, Gary K

(203) 453-4346 652 Boston Post Ste 9 Guilford, CT 06437

JOHNSON, Michael

(203) 458-4450 87 State Street Guilford, CT 06437

KATZ, Theodore J*

(203) 453-4475 157 Goose Lane Guilford, CT 06437

MICHAEL, Vincent J

(860) 674-9949 2614 Boston Post Road Guilford, CT 06437

OSHANA, Allen L

(203) 453-4344 5 Durham Road C-3 Rte 77n Guilford, CT 06437

PETRICK, Thomas P*

(203) 453-4475 157 Goose Lane Guilford, CT 06437

RICHO, Frank R

(203) 453-2272 236 Church Street Guilford, CT 06437

Oral And Maxillofacial Surgeon

GAMBARDELLA, Raymond J

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PARKER, Robert I

(203) 458-4450 87 State Street Guilford, CT 06437

SCIALABBA, James P

(203) 458-4450 87 State Street Guilford, CT 06437

Orthodontist

CAIN, Peter H

(203) 453-5955 5 Durham Rd Guilford Glen Unit 3 Ste 5 Guilford, CT 06437

REMINGTON, Kendra J

(203) 458-8675 105 Church Street Guilford, CT 06437

SMALL, Richard A

(203) 453-3519 52 Church Street Guilford, CT 06437

HAMDEN

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2300 Dixwell Avenue Hamden, CT 06514 BASHTI, Farid S*

(203) 248-2026

2300 Dixwell Avenue Hamden, CT 06514

BILTIU-DANCUS, Dacian *

(203) 248-2026 2300 Dixwell Avenue Hamden, CT 06514

CATERA, Colleen L*

(203) 248-2026 2300 Dixwell Avenue Hamden, CT 06514

CERVANTES, Camilla *

(203) 248-2026 2300 Dixwell Avenue Hamden, CT 06514

CHARNEY, Howard S

(203) 248-0072 2559 Dixwell Avenue Hamden, CT 06514

CHUNG, Jackie Y* (203) 248-2026

2300 Dixwell Avenue Hamden, CT 06514 CHUNG, Z J.

(203) 248-2026 2300 Dixwell Avenue Hamden, CT 06514

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CONDON, James (203) 281-3737 2447 Whitney Avenue Ste 104 Hamden, CT 06518

DEFILIPPO, Salvatore V

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(203) 288-0951 2675 Whitney Avenue Hamden, CT 06518

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(203) 248-2026 2300 Dixwell Avenue Hamden, CT 06514

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(203) 248-0072 2559 Dixwell Avenue Hamden, CT 06514

GISONDI, John

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(203) 248-2026 2300 Dixwell Avenue Hamden, CT 06514

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LE, Hang D*

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LEE, Stanley

(860) 278-8181 128 Jefferson Street Hartford, CT 06106 LOPEZ, Juan P*

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Hamden, CT 06518 Hartford, CT 06105

(860) 953-1252 Hartford, CT 06106

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MINTATOS, Savvas

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MITCHELL, Paul F

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NOVAK, Robert F*

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OCHOLA, David *

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WISNIEWSKI, Chester *

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WISNIEWSKI, Glenn A*

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WORON, Julia *

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Orthodontist

JOHN, A K.

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SAMIMY, Bahin

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Pediatric Dentistry

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Periodontist

PUCCI, James E*

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HARWINTON

General Dentistry

FRENCH, David L*

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HEBRON

General Dentistry

BUSSIERE, James W *

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CAHILL, Daniel

(860) 228-0667 127 Main Street Hebron, CT 06248

Orthodontist

BAER, Jeniffer

(860) 228-9461 107 Main Street Hebron, CT 06248

KRAMAN, Jeffrey M

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10 Pendleton Drive Po Box 157 Hebron, CT 06248

HUNTINGTON

Orthodontist

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IEWETT CITY

General Dentistry

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MOORE, Eric

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HEGG, James

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HORN, Howard D

(860) 828-4640 365 Main Street Kensington, CT 06037

NIEGO, Richard V*

(860) 224-7146

211 New Britain Road Ste 205 Kensington, CT 06037

TOSATTI, Michael S

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Orthodontist

BARANOWSKYJ, George R*

(860) 828-5515 947 Farmington Avenue Kensington, CT 06037

KENT

General Dentistry

HETSON, George W

(203) 927-3577 Kent Green Po Box 40 Kent, CT 06757

MONSARRAT, Michael G

(860) 927-3519 37 Main Street Po Box 268 Kent, CT 06757

KILLINGWORTH

General Dentistry

WYGONIK, Ronald E

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LITCHFIELD

General Dentistry

SIDERIS, Steven

(860) 567-9488 63 W Street Po Box 414 Litchfield, CT 06759

SIMONCELLI, John

(860) 567-3838 34 East Street Litchfield, CT 06759

VAN WYCK, Robert

(860) 567-8684 98 West Street P O Box 1270 Litchfield, CT 06759

Orthodontist

FABBRI, William F

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MADISON

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Madison, CT 06443 CALLIS, Douglas

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492 Old Toll Road Madison, CT 06443

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MADISON (Cont.)

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LANE, Kathy

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MARINESCU, Marius

(203) 245-0409 1291 Boston Post Road Ste 103 Madison, CT 06443

MILLER, Heather J

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MILLER, Laura A

(203) 245-9607 141 Durham Road Ste 20 Madison, CT 06443

WEEKS, Donald B

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(860) 645-0111 483 Middle Turnpike West Ste 214 Manchester, CT 06040

BLEJAN, Cristian

(860) 645-0111 483 Middle Turnpike West Ste 214 Manchester, CT 06040 BOBB-ROLLINS, Rita *

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(860) 643-0688 229 E. Center Street Manchester, CT 06040

BOTTARO, Brian F

(860) 649-2796 168 Spencer Street Manchester, CT 06040

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CAYE, Jeorge

(860) 647-1565 599 Main Street Manchester, CT 06040

CHU, Joy *

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CHUNG, Steven P*

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DELSNYDER, Jon 3

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DONG, Donald T*

(860) 643-7047 450 Woodbridge Street Manchester, CT 06040

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(860) 646-6478 150 N Main Street Ste 240 Manchester, CT 06040

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HAMBROOK, John E. E

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147 E Center Street Manchester, CT 06040

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150 N Main Street Ste 240 Manchester, CT 06040

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MOHAMMADI, Abbas *

(860) 645-0111 483 Middle Turnpike West Ste 214 Manchester, CT 06040

MOLINE, Stanislav

(860) 645-0111 483 Middle Turnpike West Ste 214 Manchester, CT 06040

O'DWYER, Jeremiah N

(860) 643-6992 15 W Middle Turnpike Manchester, CT 06040

PATEL, Hiren N*

(860) 649-0238 935 Main Street Ste 104 Manchester, CT 06040

PERACCHIO, Paul C*

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RACKOW, Monroe H. H

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ROSENBERG, Henry M. M

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SIMMS, Darryl A

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TERRANOVA, Victor P

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Orthodontist

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PEARLSON, Stanley * (860) 647-9536 361 E Center Street Manchester, CT 06040

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Pediatric Dentistry

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483 Middle Turnpike West Ste 214 Manchester, CT 06040

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MANSFIELD CENTER

General Dentistry

CZARNOWSKI, Marc

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GILLIGAN, James

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(860) 429-0079 Shopping Plaza Mansfield Center, CT 06250

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ROSEN, Donna D

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PRIGNARO, Joseph (860) 295-9536 14 E Hampton Road Marlborough, CT 06447

RYAN, Lawrence P (860) 295-8780 11 S Main Street Ste 1 Marlborough, CT 06447

SINGLETARY, Brian (860) 295-8132 8 Hebron Road Ste E Marlborough, CT 06447

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(203) 237-7449 546 S Broad Street Ste 3b Meriden, CT 06450

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General Dentistry

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BRAVERMAN, Carlos (203) 235-5588 298 Broad Street

Meriden, CT 06450 BURWICK, Mark S

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165 Miller Street Meriden, CT 06450

CHAUVIN, Frances M* (203) 639-3500

165 Miller Street Meriden, CT 06450 DAVIS, Sklad-Loyd *

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DRESSLER, Keith A* (203) 659-3500 165 Miller Street Meriden, CT 06450

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ELLIS, Larisa (203) 639-3500 165 Miller Street Meriden, CT 06450

Meriden, CT 06450

FETZER, Carolyn (203) 237-6400 35 Pleasant Street 2-B Meriden, CT 06450

FOX, Stephen (203) 886-0028 546 S Broad Street Ste 2d Meriden, CT 06450

FRANK, Kevin S (203) 235-3539 35 Pleasant Street 2-D Meriden, CT 06450

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HATZIGIANNIS, Vasiliki P* (203) 639-3500 165 Miller Street Meriden, CT 06450

HERGOTT, David K. K (203) 235-3738 166 S Broad Street Meriden, CT 06450

HORN, Howard D* (203) 238-3152 28 Gravel Street Meriden, CT 06450

HOSEIN, Fabian (203) 237-7449 546 S Broad Street Ste 3b Meriden, CT 06450

HYMAN, David B (203) 237-4519 130 E Main Street Meriden, CT 06450

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JOSE, Juan M* (203) 686-0442 377 Broad Street

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Meriden, CT 06450

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MALEK, Richard S* (203) 639-3500 165 Miller Street Meriden, CT 06450

MARCHI, Fernanda D* (203) 634-8727 1064 E Main Street Meriden, CT 06450

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MESSINGER, Rachel A (203) 235-0121 74 Main Street Meriden, CT 06451

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MODIRI, Ali B* (203) 639-3500 165 Miller Street Meriden, CT 06450

NASSEN, Donald O* (203) 238-3152 28 Gravel Street Meriden, CT 06450

PANDIT, Devna * (203) 639-3500 165 Miller Street

Meriden, CT 06450 POETL Sheila (203) 634-8727 1064 E Main Street Meriden, CT 06450

RELUGA, Kathryn * (203) 235-5563 546 S Broad Street Ste 4aa Meriden, CT 06450

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ROZEN, Stephen S (202) 235-6339 546 S Broad Street Ste 4f Meriden, CT 06450

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VEZZOLI, Frank * (203) 639-3500 165 Miller Street Meriden, CT 06450

YOUNG, Jennifer * (203) 235-5588 298 Broad Street Meriden, CT 06450

ZAMANI, Mehran * (203) 639-3500 165 Miller Street Meriden, CT 06450

MIDDLEBURY

General Dentistry

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KANCA III, John (203) 758-8059 390 Middlebury Road Middlebury, CT 06762

RINALDI, Raymond M (203) 759-0880 530 Middlebury Road Village Square Middlebury, CT 06762

SMITH, Richard N (203) 758-2116 415 Middlebury Road Po Box 388 Middlebury, CT 06762

MIDDLEFIELD

General Dentistry

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LEMA, William (860) 349-1007 6 Way Road Middlefield, CT 06455

MIDDLETOWN

Endodontist

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General Dentistry

BRANNAN, Shay M* (860) 388-4433 263 Main Street Middletown, CT 06457

BRANNAN, Shay M* (860) 347-6971 635 Main Street Middletown, CT 06457

BRIDGEFORD, William M (860) 346-7731 89 Broad Street Middletown, CT 06455

BRUGG, Michael L* (203) 346-9259 535 Saybrook Road Middletown, CT 06457

BUTLER, Stacy * (860) 347-6971 635 Main Street Middletown, CT 06457

CARTA, Patricia A. (203) 347-4681 583 Saybrook Road Middletown, CT 06457

CARTER, Gary J* (860) 347-6971 635 Main Street Middletown, CT 06457

CERQUEIRA, Paula C* (860) 347-6971 635 Main Street Middletown, CT 06457

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CROSSWELL, Betsy A. (860) 346-2470 195 South Main Street Middletown, CT 06457

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^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

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(860) 346-3081 547 Main Street Middletown, CT 06457

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BLANCK, William R

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BRUEGGESTRAT, Carl V

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COOPER, Alan

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CRAPE, Charles

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(203) 878-9444 203 Broad Street Ste C1 Milford, CT 06460

EVANKO, Donald J*

(203) 878-1578 13 Cherry Street Milford, CT 06460

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KAMELI, Nasser *

(203) 878-8000 1201 Boston Post Road Milford, CT 06460 KROEPEL JR, Robert T*

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MAGID, Philip

(203) 877-0377 70 Cherry Street Milford, CT 06460

RUSSO, Walter F

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SCHECHTER, Bruce R

(203) 878-1787 1 Golden Hill Street Milford, CT 06460

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Orthodontist

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CAPORUSSO, Philip A *

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KWOCHKA, Robert

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VERMANI, Monika

(203) 878-0193 58 Cherry Street Milford, CT 06460

Periodontist

HORTON, Harold L

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MONROE

General Dentistry

.....

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Monroe, CT 06468 CHADYS, Jon D

(203) 452-0239 500 Purdy Hill Road Unit #3 Monroe, CT 06468 FATSE, John G

(203) 268-5051 324 Elm Street Ste 202a Monroe, CT 06468

FIDA, Joseph R*

(203) 445-0760 246 Monroe Turnpike Monroe, CT 06468

GOMEZ, Joseph A

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SCOVIC, John

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SIDDIOUI, Dilshad *

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SLOAN, Saul I

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Periodontist

RALLO, John P (203) 261-8674 450 Monroe Turnpike Monroe, CT 06468

MOODUS

General Dentistry

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STOFKO, Karl P

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MOOSUP

General Dentistry

CREPEAU, Richard C

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MORRIS

General Dentistry

NEMETH, Suzanna

(860) 567-4509 200 Bantam Lake Road Morris, CT 06763

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

MYSTIC

General Dentistry

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FALLON, Mark T (860) 536-4951 117 Cow Hill Road Mystic, CT 06355

KUZMIC, Joseph E. (860) 536-4951 117 Cow Hill Road Mystic, CT 06355

LUKOWSKI, Gregory S (860) 536-9611 21 Broadway Mystic, CT 06355

PATTENDIEN, Sharon * (860) 536-0303 35 Williams Avenue Ste F Mystic, CT 06355

SMYLE, Michael (860) 536-4951 117 Cow Hill Road Mystic, CT 06355

WATTS, James P (860) 536-6446 85 Denison Avenue Mystic, CT 06355

Orthodontist

LIONELLI, Frank E* (860) 536-0520 38 E Main Street Mystic, CT 06355

NAUGATUCK

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IASSOGNA, Nicholas J (203) 723-1901 202 Water Street

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TYLEC, William (203) 729-3323 156 Meadow Street Naugatuck, CT 06770

VARANELLI, John L (203) 729-4569 159 Meadow Street Naugatuck, CT 06770

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NEW BRITAIN

General Dentistry

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BUTLER, Stacy * (860) 224-3642 1 Washington Square New Britain, CT 06051

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DI LORETO, Mark F (860) 224-9956 35 Pearl Street Ste 2b New Britain, CT 06051

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DUNN, Merrill D (860) 229-0338 73 Cedar Street New Britain, CT 06052 ELLIS, Larisa *

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(860) 229-8689 35 Pearl Street Ste 2-D New Britain, CT 06051

PANDIT, Devna * (860) 224-3642 1 Washington Square New Britain, CT 06051

RAMIGINO, Ingrid A (860) 224-9956 35 Pearl Street Ste 2 New Britain, CT 06051 RENGASAMY, Kandasamy *

(860) 224-3642 1 Washington Square New Britain, CT 06051

ROMANIAK-KUMIK, Maria *

(860) 224-3642 1 Washington Square New Britain, CT 06051

SALAS, Moises * (860) 225-2500 411 Osgood Avenue New Britain, CT 06053

SCHWEITZER, Dennis * (860) 827-8801 32 Cedar Street

New Britain, CT 06052 SPATZ, Charles M* (860) 224-8073 1 Central Park Plaza

New Britain, CT 06050 TRUSCINSKI, Edward A (203) 223-6533 25 Clinton Street

New Britain, CT 06053 VEZZOLI, Frank * (860) 224-3642 1 Washington Square New Britain, CT 06051

WIDLAK, John J (860) 224-9384 73 Cedar Street New Britain, CT 06052

WROBEL, Peter W (860) 225-3004 99 W Main Street New Britain, CT 06051

ZAMANI, Mehran * (860) 224-3642 1 Washington Square New Britain, CT 06051

ZEID, Ira * (860) 224-8073 1 Central Park Plaza New Britain, CT 06050

Oral And Maxillofacial Surgeon

BOSCO, Stephen J * (860) 223-8107 1 Lake Street Ste 101 New Britain, CT 06052

GIANOLI, Dennis S * (860) 225-1748 1 Central Park Plaza New Britain, CT 06051

Orthodontist

RITUCCI, Richard H (860) 223-8152 16 Vine Street New Britain, CT 06052

Pediatric Dentistry

COLANTONIO, Susanne (860) 225-2500 411 Osgood Avenue New Britain, CT 06053

NAPIERALA, Amy* (860) 225-2500 411 Osgood Avenue New Britain, CT 06053 ROSTENBERG, Eduardo

(860) 224-2419 1 Lake Street Bldg B New Britain, CT 06052

THAL, W Fred (860) 224-2419

(860) 224-2419 1 Lake Street Bldg B New Britain, CT 06052

WEGRZYN, Celeste W (860) 224-2419 1 Lake Street Bldg B New Britain, CT 06052

NEW CANAAN

General Dentistry

DEWAELE, Mark S (203) 966-5944 208 S Avenue

New Canaan, CT 06840

IWINSKI, Matthew J

(203) 966-5606 45 Pine Street New Canaan, CT 06840

KERCHOFF, John A (203) 966-0747 179 Cherry Street New Canaan, CT 06840

SABSELS, Jerry A (203) 966-8383 76 Elm Street New Canaan, CT 06840

SIGG, Robert C* (203) 966-5313 72 Park Street New Canaan, CT 06840

Oral And Maxillofacial Surgeon

PACELLI, Philip J (203) 972-1581 166 Cherry Street New Canaan, CT 06840

NEW FAIRFIELD

General Dentistry

BURIO, Lorraine (203) 746-1200 87 Route 39 New Fairfield, CT 06812

JACOBS, Robert J * (203) 746-2459 100 State Rt 37 Ste 104 New Fairfield, CT 06812

MANDINO, Louis A (203) 746-2416 51 Gillotti Road New Fairfield, CT 06812

Orthodontist

HARAHAN, Stephen J (203) 746-5707 1 Colonial Road New Fairfield, CT 06812

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

NEW FAIRFIELD (Cont.)

HUWER, Kenneth

(203) 746-2429 100 Rte 37 New Fairfield, CT 06812

NEW HARTFORD

General Dentistry

BAUJIN, Jorge

(860) 379-3830 512 Main Street New Hartford, CT 06057

VANNOSTRAND, Blair

(860) 379-3830 512 Main Street New Hartford, CT 06057

NEW HAVEN

General Dentistry

ALEXANDER, Gerald D

(203) 782-0677 129 York Street New Haven, CT 06511

AZZAVO, Gabriel S

(203) 469-5929 29 A Townsend Avenue New Haven, CT 06512

BERKLEY, Jeffrey S *

(203) 787-7181 419 Whalley Avenue New Haven, CT 06511

BERKY, Michael A

(203) 562-9695 406 Orange Street New Haven, CT 06511

BERNS, Jack

(203) 777-2513 123 York Street Ste 2 J New Haven, CT 06511

BROWN, J Michael

(203) 562-1433 303 Whitney Avenue New Haven, CT 06511

CAMMARANO, James

(203) 562-4143 419 Whalley Avenue New Haven, CT 06511

DELFINI, Ronald H

(203) 787-4770 1204 Chapel Street New Haven, CT 06511

DELUCIA, Arthur J

(203) 469-2711 740 Woodward Avenue New Haven, CT 06512

DIOGUARDI, Anthony

(203) 777-2513 123 York Street Ste 2 J New Haven, CT 06511

FORRESTER, Joseph J

(203) 865-0105 123 York Street New Haven, CT 06511

GORMLEY, Laurence B*

(203) 562-5101 111 Park Street Ste 1b New Haven, CT 06511

INCE, Harold S*

(203) 776-9391 226 Dixwell Avenue New Haven, CT 06511

IACOBS, Richard A*

(203) 562-0234 1423 Chapel Street New Haven, CT 06511

IIMENEZ, Maria C*

(203) 777-9668 1395 Chapel Street New Haven, CT 06511

KECK, Douglas B

(203) 787-3669 991 State Street New Haven, CT 06511

LAMBERTI, David

(203) 562-5814 419 Whalley Avenue New Haven, CT 06511

LANDA, Samuel L*

(203) 389-1617 59 Amity Road Ste 2 New Haven, CT 06525

LERMAN, Marc 3

(203) 781-4288 1 Long Wharf Drive Ste 221 New Haven, CT 06511

LEVY, John S

(203) 865-2245 921 State Street New Haven, CT 06511

LICHTER, Harvey A*

(203) 387-1122 1045 Whalley Avenue New Haven, CT 06515

MALINCONICO, Stephen C

(203) 624-2280 770 Orange Street New Haven, CT 06511

MARSHALL, James B*

(203) 736-5460 4 Mountain Street New Haven, CT 06418

MERCADO, Timothy * (203) 503-3040 428 Columbus Avenue

New Haven, CT 06519

MILLEN, David D* (203) 562-9700 2 Church Street S New Haven, CT 06519

MOTYKA, Jamie L*

(203) 787-1176 825 Grand Street New Haven, CT 06511

PETHICK, Mark

(203) 865-4286 532 Chapel Street New Haven, CT 06511

PINKERT, David M

(203) 624-3593 340 Whitney Avenue New Haven, CT 06511

QUIGLEY, James M. M

(203) 865-0927 64 Trumbull Street New Haven, CT 06510

ROTHMAN, Barry

(203) 781-4288 1 Long Wharf Drive Ste 221 New Haven, CT 06511

SAMBURG, Jonathon L

(203) 865-4843 437 Orange Street New Haven, CT 06511

SKOPE, Leonard

(203) 865-0807 136 Sherman Avenue Ste 402 New Haven, CT 06511

SLACK-HAYNES, Monica A *

(203) 865-7307 7 Kimberly Avenue New Haven, CT 06519

SPATZ, Charles M*

(203) 865-1480 1574 Chapel Street New Haven, CT 06511

STANLEY, Stephen T

(203) 865-2245 921 State Street New Haven, CT 06511

SUH, Sungmin

(203) 933-6974 98 Elm Street New Haven, CT 06519

TAGLIARINI, Joseph J*

(203) 642-5515 389 Orange Street New Haven, CT 06511

TESTA, Gwendolyn *

(203) 503-3040 428 Columbus Avenue New Haven, CT 06519

YAKUBOV, Asif *

(203) 865-1480 1574 Chapel Street New Haven, CT 06511

ZEID, Ira *

(203) 865-1480 1574 Chapel Street New Haven, CT 06511

Oral And Maxillofacial Surgeon

KELLY, John P*

(203) 789-3156 1450 Chapel Street New Haven, CT 06511

SORRENTINO, Robert R*

(203) 787-6581 1423 Chapel Street New Haven, CT 06511

Orthodontist

BEDNARCZYK, James

(203) 777-8436 65 Anderson Street New Haven, CT 06511

DASCANIO, Joseph

(203) 865-4286 532 Chapel Street New Haven, CT 06511

LEE, Jonathan

(203) 865-0105 123 York Street New Haven, CT 06511

Pediatric Dentistry

MONTANO, George V* (203) 787-1176

825 Grand Street New Haven, CT 06511

O'MEARA, William F*

(203) 503-3040 428 Columbus Avenue New Haven, CT 06519

ROSSOMANDO, Kristi J*

(203) 787-1176 825 Grand Street New Haven, CT 06511

Periodontist

SERLING, Jerome M

(203) 865-0105 123 York Street New Haven, CT 06511

NEW LONDON

General Dentistry

ALLEN, Jay

(860) 443-3634 464 Montauk Avenue New London, CT 06320

BORBON, Yolanda I*

(860) 437-8493 217 Broad Street New London, CT 06320

DIFEDERICO, I

(860) 442-0479 195 Vauxhall Street New London, CT 06320

FATONE, Melanie

(860) 447-3216 190 Hempstead Street New London, CT 06320

FOX, Arthur G

(860) 447-0338 190 Hempstead Street New London, CT 06320

HANNA, Paul (860) 442-3323 461 Ocean Avenue New London, CT 06320

KIMMEL, Elliot

(860) 447-1714 27 Broad Street New London, CT 06320

MATYAS, Thomas J

(860) 443-4199 4 Shaws Cove Ste 202 New London, CT 06320

MATYAS, Thomas J

(860) 443-4199 4 Shaws Cove Ste 202 New London, CT 06320

MENON, Aravind

(860) 447-3216 190 Hempstead Street New London, CT 06320

SANFILIPPO, Ross

(860) 443-3619 4 Shaws Cove Ste 203 New London, CT 06320

SNYDERMAN, David M

(860) 447-9280 21 Montauk Avenue Ste 102 New London, CT 06320

SYED, Aman U

(860) 447-9280 21 Montauk Avenue Ste 102 New London, CT 06320

VEZZOLI, Frank *

(860) 447-8304 1 Shaw'S Cove New London, CT 06320

Pediatric Dentistry

BRENNAN, Garrett

(860) 447-3216 190 Hempstead Street New London, CT 06320

NAPIERALA, Amy

(860) 447-3216 190 Hempstead Street New London, CT 06320

URELES, Steven

(860) 447-3216 190 Hempstead Street New London, CT 06320

NEW MILFORD

General Dentistry

CACECI, Paul J (860) 354-9600 184 Danbury Road New Milford, CT 06776

CARLONE, Christoph C*

(860) 354-5098 21 Grove Street New Milford, CT 06776

IZZO, Alfred G (860) 354-9000 34 Church Street New Milford, CT 06776

MULLEN, David T

(860) 354-1400 16 Sunny Valley Road New Milford, CT 06776

MULLEN, Peter P (860) 354-1400 16 Sunny Valley Road

New Milford, ĆT 06776 MULLEN, Robert A (860) 354-1400

16 Sunny Valley Road New Milford, ČT 06776

PHILLIPS, Allan (860) 354-3989 7 Pickett District Road New Milford, CT 06776

PONSKY, Robert M'

(203) 426-7188 12 Sunny Valley Road New Milford, ČT 06776

WALDMAN, Benjamin H

146 Danbury Road New Milford, CT 06776

(860) 354-3924

WILSON, Glenn M (860) 354-3737 146 Danbury Road New Milford, CT 06776

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NEW MILFORD (Cont.)

Oral And Maxillofacial Surgeon

KELLY, Dorrance *

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MALONE, Dennie L*

(860) 355-3795 1 Old Park Lane Ste 1 New Milford, CT 06776

Orthodontist

STRACKS, Richard B*

(860) 355-1600 25 Poplar Street New Milford, CT 06776

NEW PRESTON

General Dentistry

CACECI, Paul J

(860) 868-0265 168 New Milford Turnpike New Preston, CT 06777

NEWINGTON

General Dentistry

ADAMIDIS, Theodore J

(860) 666-7910 365 Willard Avenue Newington, CT 06111

ADAMS, Robert C

(860) 666-5722 1247 Main Street Newington, CT 06111

BASCETTA, S. Richard

(860) 666-8461 138r Market Square Newington, CT 06111

BELL, David P

(860) 666-1000 2304 Berlin Turnpike Newington, CT 06111

FINK, Kenneth W

(860) 665-0444 375 Willard Avenue Newington, CT 06111

FINKELSTEIN, Marc B

(860) 667-0875 59 E Cedar Street Newington, CT 06111

GOLDSTEIN, Jay H

(860) 665-0444 375 Willard Avenue Newington, CT 06111

GROVER, Kiran

(860) 666-7910 365 Willard Avenue Newington, CT 06111

HERZIG, Edward

(860) 666-1000 2304 Berlin Turnpike Newington, CT 06111

IERONIMO, Nicholas

(860) 666-5722 1247 Main Street Newington, CT 06111

KENNEDY, Robert A

(860) 667-8186 2434 Berlin Turnpike Newington, CT 06111

KORN, Jonathan S

(860) 666-5540 734 New Britain Avenue Newington, CT 06111

MANCINI, Anthony R

(860) 666-7910 365 Willard Avenue Newington, CT 06111

MAY, Christopher

(860) 667-0818 51 Market Square Newington, CT 06111

OSTERMILLER, Dennis E

(860) 666-5540 734 New Britain Avenue Newington, CT 06111

RAJOTTE, Jeffrey M

(860) 666-0230 39 E Cedar Street Ste 7 Newington, CT 06111

STIEN, Jerome A

(860) 667-2279 1268 Main Street Newington, CT 06111

Oral And Maxillofacial Surgeon

GOOGEL, Fredric R*

(860) 666-5674 1268 Main Street Newington, CT 06111

Orthodontist

ALBERT, Michael

(860) 666-1466 103 Market Square Newington, CT 06111

BARANOWSKYJ, George R*

(860) 666-2009 100 Market Square Newington, CT 06144

ERNST, Robert *

(860) 667-8277 365 Willard Avenue Ste 2h Newington, CT 06111

Pediatric Dentistry

KOWALSKI, Cathleen I

(860) 649-4655 181 E Cedar Street Newington, CT 06111

Prosthodontist

LECKOWICZ JR, Walter

(860) 666-1466 103 Market Square Newington, CT 06111

NEWTOWN

General Dentistry

DUDLEY, John A

(203) 426-0045 172 Mt Pleasant Road Newtown, CT 06470

FILBERT, JR., Bryson M

(203) 426-3310 34 Church Hill Road Newtown, CT 06470

GOLISANO, Garrett B

(203) 426-0045 172 Mt Pleasant Road Newtown, CT 06470

GOODMAN, Richard *

(203) 426-5260 87 S Main Commons Ste 5 Newtown, CT 06470

LANDIN, Steven C

(203) 426-6568 26 Main Street Newtown, CT 06470

LEE, Su H*

(203) 426-7188 103 S Main Street Newtown, CT 06470

NOWACKI, David C (203) 426-2361

10 Queen Street Newtown, CT 06470

PONSKY, Robert M*

(203) 426-7188 103 S Main Street Newtown, CT 06470

Orthodontist

BECK, Curtis H

(203) 270-0005 143 Mount Pleasant Road Newtown, CT 06470

BRAUN, Kevin

(203) 426-9692 56 Church Hill Road Newtown, CT 06470

GELLERT, Henry N

(203) 426-5900 23 Church Hill Road Newtown, CT 06470

RAY, Charles

(203) 426-4788 15 Church Hill Road Newtown, CT 06470

NIANTIC

General Dentistry

FRENCH, Bernard

(860) 739-3401 53 Hope Street Po Box 503 Niantic, CT 06357

GIORDANO, Russell A*

(860) 739-7957 377 Main Street Niantic, CT 06357

GOLDSCHNEIDER, David

(860) 739-3401 53 Hope Street Niantic, CT 06357

NORTH BRANFORD

General Dentistry

COHEN, Jodi (203) 488-6343

(203) 488-6343 337 Notch Hill Road North Branford, CT 06471

FEIERSTEIN, Alan J

(203) 488-7044 286 Branford Road North Branford, CT 06471

LACHANCE, Gregory A

(203) 488-6343 337 Notch Hill Road North Branford, CT 06471

NORMAN, Michael

(203) 488-6343 337 Notch Hill Road North Branford, CT 06471

NORTH HAVEN

General Dentistry

AGOSTINO, Vincent D

(203) 755-2744 21 Washington Avenue Ste D North Haven, CT 06473

AMODIO, Michael D*

(203) 865-4667 204 Quinnipiac Avenue North Haven, CT 06473

BUSSIERE, James W

(203) 239-7645 17 Broadway North Haven, CT 06473

GARGANO, Joseph J*

(203) 239-2356 12 Elm Street North Haven, CT 06473

IJAZ, Asma

(203) 234-3900 521 Washington Avenue North Haven, CT 06473

KELLY, Thomas A

(203) 239-0678 1 St John Street North Haven, CT 06473

NECLERIO, Ralph C

(207) 776-1344 256 Quinnipiac Avenue North Haven, CT 06473

SACHS, Arhtur

(203) 239-4289 6 George Street Po Box 273 North Haven, CT 06473

SEIDNER, Jacob

(203) 239-1567 70 Washington Avenue North Haven, CT 06473

Oral And Maxillofacial Surgeon

LOWLIGHT, Roger A *

(203) 234-8888 185 Maple Avenue North Haven, CT 06473

Orthodontist

RABACH, Martin M*

(203) 234-0500 12 Washington Avenue North Haven, CT 06473

TANENBAUM, Jay L

(203) 234-7425 36 State Street North Haven, CT 06473

WOLFE, Stanley *

(203) 239-2288 25 Washington Ave North Haven, CT 06473

NORTH WINDHAM

General Dentistry

DREW, Donald J

(860) 456-0430 6 Airport Road North Windham, CT 06256

KIM, Chulhwan *

(860) 456-8814 387-B Tuckie Road North Windham, CT 06256

LOVELACE, Steven M*

(860) 456-8814 387-B Tuckie Road North Windham, CT 06256

MEHTA, Vivek *

(860) 456-8814 387-B Tuckie Road North Windham, CT 06256

PATEL, Hiren N

(860) 456-8814 387 B Tuckie Road North Windham, CT 06256

WEINSTEIN, Arnold E*

(860) 456-8814 387-B Tuckie Road North Windham, CT 06256

WRUBEL, Jeffrey A

(860) 456-0430 6 Airport Road North Windham, CT 06256

NORTHFORD

General Dentistry

CONNOLLY, Joseph B * (203) 484-0456 1355 Middletown Avenue

Northford, CT 06472 CORATOLA, John A

(203) 484-0456 1411 Middletown Avenue Northford, CT 06472

NORTHFORD (Cont.)

SOCARRAS, Efrain

(203) 484-0456 1355 Middletown Avenue Northford, CT 06472

NORWALK

General Dentistry

ADAMS, Arthur

(203) 838-4191 148 East Avenue Norwalk, CT 06851

AFKARI, Mehnosh *

(203) 838-6664 2 Colony Place Norwalk, CT 06851

ALI, Rubina *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

ARNOW, Ernest I

(203) 866-4532 148 East Avenue Ste 2b Norwalk, CT 06851

ARSCOTT, Jennifer *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

ARUTT, Daniel

(203) 846-2085 37 North Avenue Ste 103 Norwalk, CT 06851

BARZI, Gloria M*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

BASHTI, Farid S *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

BILTIU-DANCUS, Dacian *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

BREA IR, Luis M

(203) 853-2732 606 West Avenue 2nd Fl Norwalk, CT 06850

CALNON, Thomas J

(203) 838-9997 153 East Avenue Norwalk, CT 06851

CARTER, Gary I *

(203) 838-6664 2 Colony Place Norwalk, CT 06851

CATERA, Colleen L*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

CERVANTES, Camilla *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

CHUNG, Jackie Y*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

DELALLO, Santo

(203) 855-8877 122 W Norwalk Road Norwalk, CT 06850

DELALLO, Santo

(203) 866-8779 16 River Street Norwalk, CT 06850

DINULESCU, Constanta *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

DUNN, Martin J*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

FABER, Daniel

(203) 549-8155 161 E Avenue Ste 201 Norwalk, CT 06851

FRANKS, Marc J

(203) 866-2886 153 East Avenue Norwalk, CT 06851

GOLDBERG, Beth M* (203) 866-8585

111 East Avenue Ste 200 Norwalk, CT 06851

GOLDBERG, Lloyd I*

(203) 838-3161 160 East Avenue Norwalk, CT 06851

GOMEZ, Norma 3

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

GREEN, Stephen C

(203) 549-8155 161 E Avenue Ste 201 Norwalk, CT 06851

GRETZULA, Kristy L*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

GUARIGLIA, Louis V*

(203) 866-8585 111 East Avenue Ste 200 Norwalk, CT 06851

HAMATI, Isam F*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

HERSH, Naomi

(203) 838-4191 149 East Avenue Norwalk, CT 06851

HODISH, Michael H

(203) 849-1776 454 Main Avenue Norwalk, CT 06851

HONG, Suk W*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

ILLIG, Danette R

(203) 838-5322 71 East Avenue Ste A Norwalk, CT 06851

JAFARIAN, Roxana S*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

KALLURI, Sunita *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

KAUSHIK, Tulika *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

KIM, Joohyun *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

KJORNRATTANAWANICH, Yutdhask *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

LEE, Iooyoung *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

MCLAUGHLIN, Kevin S

(203) 866-0061 148 East Avenue Ste 2f Norwalk, CT 06851

MINCHIK, Daniel

(203) 866-4532 148 East Avenue Ste 2b Norwalk, CT 06851

MORTON, Bort *

(203) 866-6658 20 N Main Street Norwalk, CT 06854

MURLIDHARRAO, Kavita *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

NAGARURU, Kavitha *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

PARAS, Maria R

(203) 853-4763 10 Berkeley Street Norwalk, CT 06850

PAUL, Edward D

(203) 838-3938 10 Mott Avenue Norwalk, CT 06850

PIVOR, Jeffrey M

(203) 838-3321 495 Connecticut Avenue Norwalk, CT 06854

POMARICO, Michael N

(203) 853-3533 148 East Avenue Ste 2e Norwalk, CT 06851

PRIESTON, Gregory D (203) 853-6626

5 Eversley Avenue Norwalk, CT 06851

RAMSAHAI, Alexandra *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

RISSOLO, Alexander J

(203) 838-4117 83 E Avenue Norwalk, CT 06851 ROSENTHAL, Alan B

(203) 853-0880 120 East Avenue Norwalk, CT 06851

SANTANIELLO, Thomas

(203) 866-8779 16 River Street Norwalk, CT 06852

SANTORELLA, John F*

(203) 866-6658 20 N Main Street Norwalk, CT 06854

SIEMIASZKO, William J*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

STEBBINS, David R

(203) 866-0415 116 East Avenue Norwalk, CT 06851

SUAREZ, Joseph

(203) 838-9997 153 East Avenue Norwalk, CT 06851

TALWAR, Garima K*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

TOMASI, Elena * (203) 854-5458

360 Connecticut Avenue Norwalk, CT 06854

TOTH, Albert J

(203) 838-5511 10 Mott Avenue Norwalk, CT 06850

VALDES, Abelardo H*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

VINCENT, Howard M*

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

WALD, Cv *

(203) 866-5020 10 Mott Avenue 4th Fl Norwalk, CT 06850

WOLFMANN, Michael S

(203) 838-4191 149 East Avenue Norwalk, CT 06851

WOOD, James F*

(203) 846-1234 72 Newtown Avenue Norwalk, CT 06851

YAKUBOV, Josef *

(203) 846-0200 181 Main Street Norwalk, CT 06851

Oral And Maxillofacial Surgeon

ABUNASRA, Nazeeh *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

DEITZ, Stanley *

(203) 854-5458 360 Connecticut Avenue Norwalk, CT 06854

RISSOLO, Alan R

(203) 853-0500 10 Mott Avenue 4th Fl Norwalk, CT 06850

SLOW, Ira N3

(203) 866-5020 10 Mott Avenue Ste 2b Norwalk, CT 06850

Orthodontist

ABRAMS, Alan

(203) 866-2010 148 East Avenue Ste 1c Norwalk, CT 06851

AGABABAEU, Ervin

(203) 855-7556 280 Connecticut Avenue Norwalk, CT 06854

DELEO, David B* (203) 866-7806 71 East Avenue Ste Q Norwalk, CT 06851

EMILIO, Robert S

(203) 866-7164 111 East Avenue Ste 214 Norwalk, CT 06851

KLEEFIELD, Richard *

(203) 226-9579 11 Maple Street Norwalk, CT 06856

Pediatric Dentistry

VIERA, Lilian *

(203) 866-5311 10 Mott Avenue 4th Fl Norwalk, CT 06850

Prosthodontist

RICH, Benedict

(203) 838-2588 6 Eversley Avenue Norwalk, CT 06851

NORWICH

Endodontist

SUNSHINE, Kenneth

(860) 889-3348 125 Sachem Street Norwich, CT 06360

General Dentistry

AMARO, Donald A

(860) 886-0651 130 New London Turnpike Norwich, CT 06360

AMARO, Matthew D

(860) 886-2497 17 Lafayette Street Norwich, CT 06360

BARATZ, Ronald E*

(860) 887-5347 121 Lafayette Street Norwich, CT 06360

BERKE, Steven L

(860) 886-0651 130 New London Turnpike Norwich, CT 06360

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NORWICH (Cont.)

BRETT, Clark C

(860) 447-3216 531 W Main Street Norwich, CT 06360

BROWN, Michael A

(860) 889-3889 130 New London Turnpike Norwich, CT 06360

CABASSA, Michael C

(860) 886-0651 130 New London Turnpike Norwich, CT 06360

CAMBRIA, Dennis

(203) 889-5213 67 Lafavette Street Norwich, CT 06360

CARNEVALE, Robert S

(203) 889-5600 190 W Town Street Norwich, CT 06360

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MACKEY, Jennifer

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(860) 892-7042 47 Town Street Norwich, CT 06360

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Orthodontist

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Pediatric Dentistry

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Periodontist

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OLD GREENWICH

General Dentistry

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OLD LYME

General Dentistry

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OLD SAYBROOK

General Dentistry

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General Dentistry

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CAPOZZI, Kenneth R (203) 888-9776 35 Old State Road Oxford, CT 06478

CHO, Kenneth S (203) 888-9776 35 Old State Road Oxford, CT 06478

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SOFFERMAN, Bruce (203) 888-0811 318 Oxford Road Oxford, CT 06478

PAWCATUCK

General Dentistry

RENZ, Gene S (203) 888-9776 101 West Broad Street Pawcatuck, CT 06379

PLAINFIELD

General Dentistry

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General Dentistry

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EDELSON, Irving M (203) 747-1004 92 E Street Box 237 Plainville, CT 06062

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NUTTALL, David W (203) 747-0131 64 Maple Street Plainville, CT 06062

WICHMANN, Eugene J * (860) 747-5529 55 Whiting Street Ste 2c Plainville, CT 06062

Orthodontist

KISS, Lance R* (860) 747-2703 20 Pine Street Plainville, CT 06062

PLANTSVILLE

General Dentistry

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REISS, Greg E (860) 628-2757 1 W Main Street Plantsville, CT 06479

REISS, Grey (860) 628-2757 1 W Main Street Plantsville, CT 06479 POMFRET CENTER

General Dentistry

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LUPIEN, Roland H (860) 774-8771 100 Averill Road Ste 3 Pomfret Center, CT 06259

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General Dentistry

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MORSE, Richard B * (203) 342-3303 322 Main Street Portland, CT 06480

SULLIVAN, Thomas J * (860) 342-4141 553 Portland-Cobalt Road Portland, CT 06480

WYSOCKI, Paul (860) 342-2516 229 Main Street Portland, CT 06480

Orthodontist

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General Dentistry

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GOODRICH, Gordon M * (203) 758-5310 2 Birchwood Terrace Prospect, CT 06712

RUTT, Martin (203) 758-6639 44 Center Street Prospect, CT 06712

^{*} Provider has agreed to UnitedHealthcare Dental contract fees. Using a contracted provider may lower your out of pocket costs.

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General Dentistry

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Orthodontist

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Prosthodontist

FINKLEA, James N

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RIVERSIDE

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General Dentistry

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ROCKVILLE

General Dentistry

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LAMM, Peter S

(860) 875-3349 170 Union St Rockville, CT 06066

SANGANI, Rachana

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ROCKY HILL

General Dentistry

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Orthodontist

FAZZINO, Vincent *

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General Dentistry

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General Dentistry

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Orthodontist

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SOMERS

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SOUTH WINDSOR

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General Dentistry

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TRUMBULL

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Orthodontist

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LIFTIG. S Rick

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RAPOPORT, Glen

(860) 523-4213 345 N Main Street Ste 320 West Hartford, CT 06117

Periodontist

KARL, Edward H*

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WEST HAVEN

General Dentistry

ANDERSON, Carl

(203) 933-6974 98 Elm Street West Haven, CT 06519

BELLUCCI, Anthony

(203) 932-5818 640 Savin Avenue West Haven, CT 06516

CASEY, James F

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(203) 933-3147 233 Elm Street West Haven, CT 06516

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(203) 933-2464 415 Main Street West Haven, CT 06516

FORMAN, Gerald

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Orthodontist

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General Dentistry

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WEST SIMSBURY

General Dentistry

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WESTBROOK

General Dentistry

BRADY, Thomas

(203) 399-7971 1823 Boston Post Road Po Box 622 94 Westbrook, CT 06498

PILGRIM, Andrew L

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WESTPORT

General Dentistry

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EPSTEIN, Richard A

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FERRARA, Peter

(203) 227-2520 15 Imperial Avenue Westport, CT 06880

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Endodontist

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General Dentistry

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CHUPAS, Robert M

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Orthodontist

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General Dentistry

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Orthodontist

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Periodontist

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SCOTTO, Jamison

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DEMAS, Don C*

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ABRAMS Alan 20
ABRAMS, Alan
ADINIACDA NI1-* 2 (0 10 12 20
ABUNASRA, Nazeeh * 3, 6, 9, 10, 12, 20, 22, 27, 28, 30
22, 27, 28, 30
ABUNASRA, Nazuh 8
ADAMIDIS, Theodore J
ADAMS, Arthur 20
ADAMS, Christopher 16 ADAMS, Robert C 16, 19
ADAMS Robert C 16, 19
AFFENITO, James D
AEVADI Mohnoch *
ACABABAETTE : 20
AGABABAEU, Ervin
AGABABAEV, Ervin V
AGABABAEV, Ervin V * 17
AGADZAROV, Aram Y * 29 AGOSTIN, Dominick P 33 AGOSTINO, Vincent D 19
AGOSTIN Dominick P 33
ACOSTINO Vincent D 19
ALLEO D-1 I
AILLEO, Robert L
ALBANO, Dina J *
ALBERT, Lawrence T* 27 ALBERT, Michael 19
ALBERT, Michael 19
ALFIDORT Robert 4
ALEXANDER, Gerald D 18 ALI, Rubina * 2, 4, 9, 10, 20, 21, 26, 27, 30 ALKOKA, Soha 25
ALI Rubina * 2 4 9 10 20 21 26 27 30
ΔI ΚΟΚ Δ Soha
ATTEN Inv
ALLEN, Jay
ALLIGOOD, Elizabeth M 10
ALMEIDA, Nelphison 4
ALMEIDA, Nelphison 4 ALTMAN, Jeffrey D* 6
AMARO, Amy 7
AMARO, Amy
AMARO Matthew D 20
AMATO Anthony * 21
AMATO, Anthony *
AMATO, Kichard F
AMBROGIO, Riccardo I
AMIC, Amanda 7
AMIC, Amanda
AMOROSO, Brian
AMOS Olukemi A * 15
ANDERSON Carl 31
ANDERCON Inffrag M 25
ANDERSON, Terriev vv
ANIDDEA Devell I
ANDREA, Ronald J 11
ANDREA, Ronald J
ANDERSON, Carl
ANDREA, Ronald J
ANDREA, Ronald J
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ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI Sharok * 24
ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI, Sharok * 24 ATTALA, Albert * 21 AVOTTE Paul H 4
ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI, Sharok * 24 ATTALA, Albert * 21 AVOTTE Paul H 4
ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI, Sharok * 24 ATTALA, Albert * 21 AVOTTE Paul H 4
ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI, Sharok * 24 ATTALA, Albert * 21 AVOTTE Paul H 4
ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI, Sharok * 24 ATTALA, Albert * 21 AVOTTE Paul H 4
ARNOW, Ernest 1 20 ARQUETT, William H * 29 ARSCOTT, Jennifer * 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D * 1 ATIGHECHI, Sharok * 24 ATTALA, Albert * 21 AVOTTE Paul H 4
ARNOW, Ernest I
ARNOW, Ernest I 20 ARQUETT, William H* 29 ARSCOTT, Jennifer* 2, 4, 8, 9, 10, 20, 21, 26, 27, 29, 30 ARUTT, Daniel 20 ASLANIAN, Robert A 11 ASTWOOD, Charles D* 1 ATIGHECHI, Sharok* 24 ATTALA, Albert* 21 AYOTTE, Paul H 4 AZADPUR, Maryann 24 AZAR, Mehran 1 AZZAVO, Gabriel S 18 BADLANI, Bindu* 1 BADRIGIAN, Robert J* 1 BADRAL, Roger S* 10 BADWAL, Roger S* 6, 24 BAER, Jeniffer 13 BAILEY, Ronald J 11 BAKER, Matthew J 30 BALDWIN, Randall 23 BALDWIN, Randall 23 BALDWIN, Randall 23 BALDYGA, Paul 14 BALLAN, Robert J* 30 BALDWOR, Pandall 14 BALLAN, Roper S 30 BALDWIN, Randall 23 BALDWOR, Paul 14 BALLAN, Robert J 32
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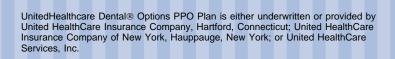
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Basic Dental Plan Summary

State of Connecticut Employees and Retirees





UnitedHealthcare Dental® offers State of Connecticut Employees and Retirees the Basic Dental Plan

Regular dental care is a critical component in maintaining your overall health and well-being. UnitedHealthcare Dental's reputation as one of the leading dental benefit providers is based on dedication to quality in every aspect of the business.

Through years of experience serving millions of members,
UnitedHealthcare Dental has learned what people want in a dental
plan. More than anything else, members demand quality and choice.
And that's what we provide. UnitedHealthcare Dental provides you with
comprehensive, affordable coverage that's easy to use.

Why Choose UnitedHealthcare Dental Basic Plan?

You can visit any dentist or dental specialist.

In an effort to help Employees and Retirees control costs and direct their own consumer health care choices, the State of Connecticut has developed a list of dentists that incudes general dentists and dental specialists.

The dentists listed in the directory, based on a review of their past billing practices, do not charge more than the allowed charges. That is, while they charge the patient any applicable copayment for covered services, their history has been not to seek additional payment from the patient for such services by charging higher than the total allowable amount (the amount paid by UnitedHealthcare Dental, plus the copayment), and then billing the patient for the balance. UnitedHealthcare will accept electronic billing directly from any dentist.

Informative Web site and a dedicated toll free number for our Customer Service

Information regarding coverage, claims, and locating a dentist can be accessed at **www.myuhcdental.com/statect**.

Our toll-free customer service line, **1-800-896-4834**, is available between the hours of 8 a.m. and 11 p.m., Eastern Time, Monday through Friday. Knowledgeable dental specialists are available to answer your questions. Through the same telephone number, you also can access our automated voice system, 24 hours a day, seven days a week.

Preventive services covered at **80 percent**

State of Connecticut lists include general dentists and dental specialists

Visit any dental specialist, without a referral

Toll-free customer service line at 1-800-896-4834 and informative Web site at www.myuhcdental.com/statect

Great reasons to use www.myuhcdental.com/statect

The tools and information at www.myuhcdental.com/
statect are both practical and personalized so you can get the most out of your dental benefits.

Register at **myuhcdental. com/statect** and connect to view, learn about and manage your dental benefits.

Learn about dental health conditions, treatments and procedures.

Dental health information in easy-to-understand language gets right to the point. Learn about the latest techniques, view current news and find additional resources such as a dental terminology section, so you can understand the words used in your dental treatment plan.

Select **Dental Education**

Compare costs for treatments: network and non-network. View detailed benefit information including applicable limitations, explore various treatment costs, compare network and non-network costs for specific procedures and know out-of-pocket expense before dental appointments

Select Treatment Cost Calculator

Locate and get information about dentists and specialists. Locate the most convenient network dentist or specialist for you and your family. You are able to search for a dentist nearest your home or office – with wheelchair access or weekend office hours.

Select **Dentist Locator**

Check your dental claims online. Research dental claims by date, determine claim status, view and print claims details as well as pretreatment estimates, all real-time and up-to-the-minute.

Select Claims Information

Find answers to the most frequently asked questions. No need to wonder how to find a dentist or when you need to select a specialist, where to find assistance with your plan, how to make an appointment, determine if what you're experiencing is a dental emergency, and so much more.

Select Plan Information

Learn more about your coverage. Better utilize and understand your benefit by viewing plan details – check your current eligibility, copays, deductibles and out-ofpocket costs.

Select Plan Information

Request a dental ID card. Request a replacement card anytime.

Select Plan Information

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At-a-Glance

www.myuhcdental.com/statect makes managing your personal dental benefits easy and convenient.

Learn about dental conditions, treatments, costs and more. It's all online and at your fingertips just by registering at www.myuhcdental.com/statect.

All About Benefits

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View a personalized summary of dental benefit coverage

Find a dentist or specialist

Nominate a dentist to join our dental network

Compare treatment costs (network and non-network)

Request a replacement (or an additional) dental ID card

Find answers to frequently asked questions

Better Information/Better Health

Access benefit plan information

Check your claims status and history

Review new dental techniques, recent studies and dental terminology, providing information about good dental habits

Know your out-of-pocket expenses using the Treatment Cost Calculator

Register now-here's how!

Logon to www.myuhcdental.com/statect and click "Register Now"

Enter the requested information

Begin using the site!



UnitedHealthcare Dental® Basic Plan/covered dental services

Individual Annual Deductible	\$0
Family Annual Deductible	\$0
Annual Maximum Benefit	None, except for periodontics maximum of \$500 per person per calendar year
Annual deductible applies to preventive and diagnostic services	Not applicable
Waiting Period	No waiting period

Covered Services*	Plan Pays**	Benefit Guidelines			
Preventive And Diagnostic Dental Services					
Periodic Oral Examinations	80%	Limited to 2 times per calendar year.			
Bite-Wing X-rays	80%	Limited to one series of films per calendar year.			
Complete Series or Panorex X-rays	80%	Limited to one time per consecutive 36 months.			
Dental Prophylaxis (Cleanings)	80%	Limited to 2 times per calendar year.			
Fluoride Treatments	80%	Limited to covered persons under the age of 19 years, and limited to 2 times per calendar year.			
Sealants	0%	Not covered.			
Basic Dental Services					
Space Maintainers	67%	Limited to covered persons under the age of 19 years, only for premature loss of teeth.			
Palliative Treatment (Relief of Pain)	80%	Covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit.			
General Anesthesia	0%	Not covered.			
Amalgam Restorations (Fillings)	80%	One restoration allowed per surface every consecutive 12 months.			
Composite Restorations (Fillings) only.	80%	One restoration allowed per surface every consecutive 12 months. For anterior teeth			
Simple Extraction	80%				
Surgical Extraction including Impacted Wisdom Teeth	67%				
Root Canal Treatment	80%				
Scaling and Root Planing	50%				
Periodontal Surgery	50%	Limited to once every consecutive 36 months per surgical area.			
Periodontal Maintenance	80%	Limited to 2 times per calendar year, not in addition to dental prophylaxis.			
Major Dental Services					
Crowns, Inlays, and Onlays	67%	Limited to one time per tooth per consecutive 60 months.			
Fixed Bridges	0%	Not covered.			
Full Dentures	0%	Not covered.			
Partial Dentures	0%	Not covered.			
Recement Bridges, Crowns, Inlays	80%	Limited to once every consecutive 6 months per restoration.			
Relining and Rebasing Dentures	80%	Limited to one time every consecutive 24 months, and limited to after the 12 monthperiod following initial insertion.			
Repairs to Full Dentures, Partial Dentures, Bridges	80%	Limited to repairs or adjustments performed more than 12 months after the initial insertion,			

^{*} Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$200; please consult your dentist.

^{**} The percentage of benefits is based on the schedule of reasonable and customary charges in the geographic area in which the expenses are incurred.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthCare Dental* Indemnity Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

UnitedHealthcare Dental® Basic Plan/dental exclusions and limitations

General Limitations

Oral examinations covered as a separate benefit only if no other service was performed during the visit other than prophylaxis and x-rays. Comprehensive oral exam limited to 1 per consecutive 36 months. Periodic oral exams limited to 2 per calendar year.

Complete series or panorex radiographs limited to one Time per consecutive 36 months.

Bitewing radiographs limited to 1 series of films per Calendar year.

Extraoral radiographs limited to 2 films per calendar Year.

Dental prophylaxis limited to 2 times per calendar year. Periodontal maintenance can be substituted for a dental Prophylaxis/cleaning.

Fluoride treatments limited to covered persons under The age of 19 years, and limited to 2 times per calendar Year. Treatment should be done in conjunction with Dental prophylaxis.

Space maintainers limited to covered persons under the Age of 19 years, once per lifetime, only for premature Loss of teeth. Benefit includes all adjustment within 6 Months of installation.

Restorations multiple restorations on one surface will Be treated as a single filling. Limited to 1 tooth surface Per consecutive 12 months. Composite restorations Limited to anterior teeth only.

Pin retention limited to 2 pins per tooth; not covered in Addition to cast restoration.

Inlays and onlays limited to one time per tooth per Consecutive 60 months. Covered only when a filling Cannot restore the tooth.

Crowns limited to one time per tooth per consecutive 60 Months. Covered only when a filling cannot restore The tooth. Stainless steel crowns limited to primary Teeth only.

Sedative fillings covered as a separate benefit only if no Other service, other than x-rays and exam, were Performed on the same tooth during the visit.

Apicoectomy limited to 1 per tooth per lifetime.

Periodontal maintenance limited to 2 per calendar year.

Periodontal maintenance is not in addition to dental Prophylaxis.

Relining and rebasing dentures limited to relining or Rebasing performed more than 12 months after the Initial insertions. Limited to 1 time per consecutive 24 Months.

Repairs to full dentures, partial dentures, bridges Limited to repairs or adjustments performed more than 12 Months after the initial insertion. Limited to 1 time Per consecutive 12 months after.

Palliative treatment covered as a separate benefit only If no other service, other than x-rays and exam, were Performed on the same tooth during the visit.

Full mouth debridement limited to once every Consecutive 36 months.

General Exclusions

The following are not covered:

- 1. Dental Services that are not necessary.
- 2. Hospitalization or other facility charges.
- Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
- 5. Any dental procedure not directly associated with dental disease.
- 6. Any procedure not performed in a dental setting.
- 7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- 8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
- 9. Expenses for dental procedures begun prior to the Covered Person's eligibility with the Plan.
- 10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
- 12. Replacement of missing natural teeth lost prior to the onset of plan coverage.
- 13. Replacement of complete or partial dentures, crowns, or fixed bridgework if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.

- 15. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 17. Placement of dental implants, implantsupported abutments and prostheses. This includes pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.
- 18. Placement of fixed bridgework solely for the purpose of achieving periodontal stability.
- Billing for incision and drainage if the involved abscessed tooth is removed on the same date of service.
- Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal. Treatment of congenital malformations of hard or soft tissue, including excision
- 21. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 22. Acupuncture; acupressure and other forms of alternative treatment.
- 23. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 24. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
- 25. Diagnostic casts.
- 26. Sealants.
- 27. Posts and cores.
- 28. Bridgework and full or partial dentures.
- 29. Occlusal guards.
- 30. General Anesthesia, Analgesia, IV Sedation, and Desensitizing Medicment.
- 31. Bacteriologic Cultures.
- 32. Apexification, Hemisection, and Root Resection/Amputation.
- 33. Provisional Splinting.
- Alveoloplasty, Biopsy, Frenectomy, Incision and Drainage, Removal of Benign Cysts, and Removal of Exotosis.
- 35. Occlusal adjustments.
- 36. Removal of exostosis.

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Developed for Employees and Retirees of the State of Connecticut

UnitedHealthcare Dental* Options PPO Plan is either underwritten or provided by United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.



State of Connecticut

CT Partnership Plan

OPTION #5

OPTION #6

OPTION #7

OPTION #4

DENTAL PLAN OPTIONS	United HealthCare w/HEP Dental w/ Ortho	United HealthCare Basic Plan w/HEP Dental NO Ortho	United HealthCare LOW Dental NO Ortho	United HealthCare w/HEP Dental w/ Ortho
	In Network	In Network	In Network	In Network
	III I VOLWOIK	III IVELWOIK	III I VCI WOLK	III I VCEWOIK
Annual Deductible	\$25 Ind./ \$75 Family	\$0	\$0	\$0
Annual Maximum	\$,1000	No Max	\$750	\$1,500
Lifetime Orthodontia Max	\$1,500	N/A	N/A	\$1,500
Deductible waived				
Preventive	Yes	Yes	Yes	Yes
Basic	No	N/A	N/A	N/A
Major	No	N/A	N/A	N/A
PREVENTIVE				
X-Ray	100%	100%	100%	100%
Cleanings	100%	100%	100%	100%
Oral Exam	100%	100%	100%	100%
Fluoride	80%	80%	100%	100%
BASIC				
Fillings	80%	80%	0%	80%
Endodontics	80%	80%	0%	80%
Periodontics	80%/50%	80%/50%	0%	80%
Dentures (Repair Only)	80%	80%	0%	80%
Bridges (Repair Only)	80%	80%	0%	80%
Simple Extractions	80%	80%	100%	80%
MAJOR				
Crown	50%	67%	0%	67%
Inlays	50%	67%	0%	67%
Onlays	50%	67%	0%	67%
Dentures & Removable Prosthetics	0%	0%	0%	67%
Fixed Partial Dentures (Bridges)	0%	0%	0%	67%
Space Maintainers	50%	67%	100%	100%
Oral Surgery	50%	67%	0%	67%
ORTHODONTIA	Adult & Child			Child Only
Braces (Adult & Child)	50%	N/A	N/A	50%

Dependent coverage to age 26

SCT07 State of Connecticut



Cigna Dental Care® (*DHMO) Patient Charge Schedule

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist, Orthodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures NOT listed on this Patient Charge Schedule are NOT covered and are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia, and/or Nitrous Oxide is not
 covered except as specifically listed on this Patient Charge Schedule. The application
 of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.

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Important Highlights (continued)

- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

Code	Procedure Description	Patient Charge	
of the fol Evaluation Periodon	Diagnostic/Preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic Oral Evaluations (D0120), Comprehensive Oral Evaluations (D0150), Comprehensive Periodontal Evaluations (D0180), and Oral Evaluations for Patients Under 3 Years of Age (D0145).		
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician)	\$0.00	
D9430	Office Visit for Observation – No Other Services Performed	\$0.00	
D9450	Case Presentation – Detailed and Extensive Treatment Planning	\$0.00	
D0120	Periodic Oral Evaluation – Established Patient	\$0.00	
D0140	Limited Oral Evaluation – Problem Focused	\$0.00	
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0.00	
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0.00	
D0170	Re-evaluation – Problem Focused (Not Postoperative Visit)	\$0.00	
D0210	X-Rays Intraoral – Complete Series (Including Bitewings) (Limit 1 Every 3 Years)	\$0.00	
D0220	X-Rays Intraoral – Periapical – First Film	\$0.00	
D0230	X-Rays Intraoral – Periapical – Each Additional Film	\$0.00	
D0240	X-Rays Intraoral – Occlusal Film	\$0.00	
D0270	X-Rays (Bitewing) – Single Film	\$0.00	

Code	Procedure Description	Patient Charge
D0272	X-Rays (Bitewings) – 2 Films	\$0.00
D0273	X-Rays (Bitewings) – 3 Films	\$0.00
D0274	X-Rays (Bitewings) – 4 Films	\$0.00
D0277	X-Rays (Bitewings, Vertical) – 7 to 8 Films	\$0.00
D0330	X-Rays (Panoramic Film) – (Limit 1 Every 3 Years)	\$0.00
D0431	Oral Cancer Screening Using a Special Light Source	\$50.00
D0460	Pulp Vitality Tests	\$11.00
D0470	Diagnostic Casts	\$0.00
D0472	Pathology Report – Gross Examination of Lesion (Only When Tooth Related)	\$0.00
D0473	Pathology Report – Microscopic Examination of Lesion (Only When Tooth Related)	\$0.00
D0474	Pathology Report – Microscopic Examination of Lesion and Area (Only When Tooth Related)	\$0.00
D1110	Cleaning (Prophylaxis) – Adult (Limit 2 per Calendar Year)	\$0.00
	Additional Cleaning (Prophylaxis) – In Addition to the 2 Cleanings (Prophylaxes) Allowed per Calendar Year	\$45.00
D1120	Cleaning (Prophylaxis) – Child (Limit 2 per Calendar Year)	\$0.00
	Additional Cleaning (Prophylaxis) – In Addition to the 2 Cleanings (Prophylaxes) Allowed per Calendar Year	\$30.00
D1203	Topical Fluoride Application – Child (<i>Up to 19th Birthday</i>) (<i>Limited to 2 per Calendar Year</i>). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.	\$0.00
D1206	Topical Fluoride Varnish – Therapeutic Application for Moderate to High Caries Risk Patients – Child (<i>Up to 19th Birthday</i>) (<i>Limited to 2 per Calendar Year</i>). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.	\$0.00
D1330	Oral Hygiene Instructions	\$0.00
D1351	Sealant – Per Tooth	\$15.00
D1510	Space Maintainer – Fixed – Unilateral	\$95.00
D1515	Space Maintainer – Fixed – Bilateral	\$155.00
D1555	Removal of Fixed Space Maintainer	\$0.00

Code	Procedure Description	Patient Charge		
Restorat	Restorative (Fillings)			
D2140	Amalgam – 1 Surface, Primary or Permanent	\$5.00		
D2150	Amalgam – 2 Surfaces, Primary or Permanent	\$5.00		
D2160	Amalgam – 3 Surfaces, Primary or Permanent	\$11.00		
D2161	Amalgam – 4 or More Surfaces, Primary or Permanent	\$16.00		
D2330	Resin-Based Composite – 1 Surface, Anterior	\$5.00		
D2331	Resin-Based Composite – 2 Surfaces, Anterior	\$11.00		
D2332	Resin-Based Composite – 3 Surfaces, Anterior	\$16.00		
D2335	Resin-Based Composite – 4 or More Surfaces or Involving Incisal Angle, Anterior	\$80.00		
D2390	Resin-Based Composite Crown, Anterior	\$80.00		
D2391	Resin-Based Composite – 1 Surface, Posterior	\$42.00		
D2392	Resin-Based Composite – 2 Surfaces, Posterior	\$53.00		
D2393	Resin-Based Composite – 3 Surfaces, Posterior	\$74.00		
D2394	Resin-Based Composite – 4 or More Surfaces, Posterior	\$100.00		
	Crown and Bridge All charges for crown and bridge are per unit (each replacement o supporting tooth equals 1 unit) – Replacement limit 1 every 5 years.			
D2510	Inlay – Metallic – 1 Surface	\$360.00		
D2520	Inlay – Metallic – 2 Surfaces	\$360.00		
D2530	Inlay – Metallic – 3 or More Surfaces	\$360.00		
D2542	Onlay – Metallic – 2 Surfaces	\$420.00		
D2543	Onlay – Metallic – 3 Surfaces	\$420.00		
D2544	Onlay – Metallic – 4 or More Surfaces	\$420.00		
D2740	Crown – Porcelain/Ceramic Substrate	\$450.00		
D2750	Crown – Porcelain Fused to High Noble Metal	\$410.00		
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$360.00		
D2752	Crown – Porcelain Fused to Noble Metal	\$390.00		

Code	Procedure Description	Patient Charge
D2780	Crown – 3/4 Cast High Noble Metal	\$410.00
D2781	Crown – 3/4 Cast Predominantly Base Metal	\$360.00
D2782	Crown – 3/4 Cast Noble Metal	\$390.00
D2790	Crown – Full Cast High Noble Metal	\$410.00
D2791	Crown – Full Cast Predominantly Base Metal	\$360.00
D2792	Crown – Full Cast Noble Metal	\$390.00
D2794	Crown – Titanium	\$410.00
D2910	Recement Inlay – Onlay or Veneer	\$10.00
D2915	Recement Cast or Prefabricated Post and Core	\$10.00
D2920	Recement Crown	\$10.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$88.00
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$88.00
D2932	Prefabricated Resin Crown	\$110.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$135.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	\$135.00
D2940	Sedative Filling	\$11.00
D2950	Core Buildup – Including Any Pins	\$93.00
D2951	Pin Retention – Per Tooth – In Addition to Restoration	\$16.00
D2952	Cast Post and Core – In Addition to Crown	\$140.00
D2954	Prefabricated Post and Core – In Addition to Crown	\$115.00
D2960	Labial Veneer (Resin Laminate) – Chairside	\$95.00
D6210	Pontic – Cast High Noble Metal	\$410.00
D6211	Pontic – Cast Predominantly Base Metal	\$360.00
D6212	Pontic – Cast Noble Metal	\$390.00
D6214	Pontic – Titanium	\$410.00
D6240	Pontic – Porcelain Fused to High Noble Metal	\$410.00

Code	Procedure Description	Patient Charge
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$360.00
D6242	Pontic – Porcelain Fused to Noble Metal	\$390.00
D6245	Pontic – Porcelain/Ceramic	\$405.00
D6602	Inlay – Cast High Noble Metal, 2 Surfaces	\$410.00
D6603	Inlay – Cast High Noble Metal, 3 or More Surfaces	\$410.00
D6604	Inlay – Cast Predominantly Base Metal, 2 Surfaces	\$360.00
D6605	Inlay – Cast Predominantly Base Metal, 3 or More Surfaces	\$360.00
D6606	Inlay – Cast Noble Metal, 2 Surfaces	\$390.00
D6607	Inlay – Cast Noble Metal, 3 or More Surfaces	\$390.00
D6610	Onlay – Cast High Noble Metal, 2 Surfaces	\$410.00
D6611	Onlay – Cast High Noble Metal, 3 or More Surfaces	\$410.00
D6612	Onlay – Cast Predominantly Base Metal, 2 Surfaces	\$360.00
D6613	Onlay – Cast Predominantly Base Metal, 3 or More Surfaces	\$360.00
D6614	Onlay – Cast Noble Metal, 2 Surfaces	\$390.00
D6615	Onlay – Cast Noble Metal, 3 or More Surfaces	\$390.00
D6624	Inlay – Titanium	\$410.00
D6634	Onlay – Titanium	\$410.00
D6740	Crown – Porcelain/Ceramic	\$450.00
D6750	Crown – Porcelain Fused to High Noble Metal	\$410.00
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$360.00
D6752	Crown – Porcelain Fused to Noble Metal	\$390.00
D6780	Crown – 3/4 Cast High Noble Metal	\$410.00
D6781	Crown – 3/4 Cast Predominantly Base Metal	\$360.00
D6782	Crown – 3/4 Cast Noble Metal	\$390.00
D6790	Crown – Full Cast High Noble Metal	\$410.00
D6791	Crown – Full Cast Predominantly Base Metal	\$360.00

Code	Procedure Description	Patient Charge
D6792	Crown – Full Cast Noble Metal	\$390.00
D6794	Crown – Titanium	\$410.00
	Complex Rehabilitation – ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)	\$130.00
D6930	Recement Fixed Partial Denture	\$10.00
Endodo	ntics (Root Canal Treatment, Excluding Final Restorations)	
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$11.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$11.00
D3220	Pulpotomy – Removal of Pulp, Not Part of a Root Canal	\$78.00
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$73.00
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$78.00
D3310	Anterior Root Canal – Permanent Tooth (Excluding Final Restoration)	\$260.00
D3320	Bicuspid Root Canal – Permanent Tooth (Excluding Final Restoration)	\$300.00
D3330	Molar Root Canal – Permanent Tooth (Excluding Final Restoration)	\$415.00
D3331	Treatment of Root Canal Obstruction – Nonsurgical Access	\$110.00
D3332	Incomplete Endodontic Therapy – Inoperable or Fractured Tooth	\$110.00
D3333	Internal Root Repair of Perforation Defects	\$110.00
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$345.00
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$390.00
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$495.00
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$310.00
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$335.00

Code	Procedure Description	Patient Charge
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$365.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$125.00
D3430	Retrograde Filling per Root	\$78.00

Periodontics (Treatment of Supporting Tissues [Gum and Bone] of the Teeth)
Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.
The Relevant Procedure Codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 Teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.

D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$40.00
D4210	Gingivectomy or Gingivoplasty – 4 or More Teeth per Quadrant	\$205.00
D4211	Gingivectomy or Gingivoplasty – 1 to 3 Teeth per Quadrant	\$90.00
D4240	Gingival Flap (Including Root Planing) – 4 or More Teeth per Quadrant	\$265.00
D4241	Gingival Flap (Including Root Planing) – 1 to 3 Teeth per Quadrant	\$140.00
D4245	Apically Positioned Flap	\$265.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$295.00
D4260	Osseous Surgery – 4 or More Teeth per Quadrant	\$510.00
D4261	Osseous Surgery – 1 to 3 Teeth per Quadrant	\$270.00
D4263	Bone Replacement Graft – First Site in Quadrant	\$290.00
D4264	Bone Replacement Graft – Each Additional Site in Quadrant	\$225.00
D4266	Guided Tissue Regeneration – Resorbable Barrier per Site	\$380.00
D4267	Guided Tissue Regeneration – Nonresorbable Barrier per Site (Includes Membrane Removal)	\$430.00
D4270	Pedicle Soft Tissue Graft Procedure	\$360.00
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$360.00
D4275	Soft Tissue Allograft	\$360.00

Code	Procedure Description	Patient Charge
D4341	Periodontal Scaling and Root Planing – 4 or More Teeth per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	\$100.00
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	\$56.00
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis (1 per Lifetime)	\$73.00
D4381	Localized Delivery of Chemotherapeutic Agents per Tooth – By Report	\$45.00
D4910	Periodontal Maintenance (Only Covered after Active Therapy)	\$67.00
D9940	Occlusal Guard – By Report (Limit 1 per 24 Months)	\$230.00
D9951	Occlusal Adjustment Limited	\$50.00
D9952	Occlusal Adjustment Complete	\$240.00
	tics (Removable Tooth Replacement – Dentures) Includes up t nents within first 6 months after insertion – Replacement limit ears.	
D5110	Full Upper Denture	\$505.00
D5120	Full Lower Denture	\$505.00
D5130	Immediate Full Upper Denture	\$505.00
D5140	Immediate Full Lower Denture	\$505.00
D5211	Upper Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$375.00
D5212	Lower Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$375.00
D5213	Upper Partial Denture – Metal (Including Clasps, Rests and Teeth)	\$590.00
D5214	Lower Partial Denture – Metal (Including Clasps, Rests and Teeth)	\$590.00
D5225	Upper Partial Denture – Flexible (Including Clasps, Rests and Teeth)	\$375.00
D5226	Lower Partial Denture – Flexible (Including Clasps, Rests and Teeth)	\$375.00
D5410	Adjust Complete Denture – Upper	\$33.00

Code	Procedure Description	Patient Charge	
D5411	Adjust Complete Denture – Lower	\$33.00	
D5421	Adjust Partial Denture – Upper	\$33.00	
D5422	Adjust Partial Denture – Lower	\$33.00	
Repairs	to Prosthetics		
D5510	Repair Broken Complete Denture Base	\$61.00	
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$61.00	
D5610	Repair Resin Denture Base	\$61.00	
D5630	Repair or Replace Broken Clasp	\$77.00	
D5640	Replace Broken Teeth – Per Tooth	\$61.00	
D5650	Add Tooth to Existing Partial Denture	\$61.00	
D5660	Add Clasp to Existing Partial Denture	\$77.00	
Denture	Denture Relining (Limit 1 Every 36 Months)		
D5710	Rebase Complete Upper Denture	\$180.00	
D5711	Rebase Complete Lower Denture	\$180.00	
D5720	Rebase Upper Partial Denture	\$180.00	
D5721	Rebase Lower Partial Denture	\$180.00	
D5730	Reline Complete Upper Denture – Chairside	\$105.00	
D5731	Reline Complete Lower Denture – Chairside	\$105.00	
D5740	Reline Upper Partial Denture – Chairside	\$105.00	
D5741	Reline Lower Partial Denture – Chairside	\$105.00	
D5750	Reline Complete Upper Denture – Laboratory	\$160.00	
D5751	Reline Complete Lower Denture – Laboratory	\$160.00	
D5760	Reline Upper Partial Denture – Laboratory	\$160.00	
D5761	Reline Lower Partial Denture – Laboratory	\$160.00	

Code	Procedure Description	Patient Charge	
Interim Dentures (Limit 1 Every 5 Years)			
D5810	Interim Complete Denture – Upper	\$265.00	
D5811	Interim Complete Denture – Lower	\$265.00	
D5820	Interim Partial Denture – Upper	\$220.00	
D5821	Interim Partial Denture – Lower	\$220.00	
Oral Surgery (Includes Routine Postoperative Treatment) Surgical Removal of Impacted Tooth – Not covered for ages below 15 unless pathology (disease) exists.			
D7111	Extraction of Coronal Remnants – Deciduous Tooth	\$11.00	
D7140	Extraction, Erupted Tooth or Exposed Root – Elevation and/or Forceps Removal	\$11.00	
D7210	Surgical Removal of Erupted Tooth – Removal of Bone and/or Section of Tooth	\$78.00	
D7220	Removal of Impacted Tooth – Soft Tissue	\$62.00	
D7230	Removal of Impacted Tooth – Partially Bony	\$120.00	
D7240	Removal of Impacted Tooth – Completely Bony	\$175.00	
D7241	Removal of Impacted Tooth – Completely Bony, Unusual Complications (Narrative Required)	\$175.00	
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedure	\$78.00	
D7260	Oroantral Fistula Closure	\$175.00	
D7261	Primary Closure of a Sinus Perforation	\$175.00	
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$11.00	
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	\$11.00	
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$6.00	
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth) (Tooth Related – Not allowed when in conjunction with another surgical procedure)	\$120.00	
D7286	Biopsy of Oral Tissue – Soft (All Others) (Tooth Related – Not allowed when in conjunction with another surgical procedure)	\$95.00	

Code	Procedure Description	Patient Charge
D7287	Exfoliative Cytological Sample Collection	\$67.00
D7288	Brush Biopsy – Transepithelial Sample Collection	\$67.00
D7310	Alveoloplasty in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant	\$78.00
D7311	Alveoloplasty in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant	\$39.00
D7320	Alveoloplasty Not in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant	\$105.00
D7321	Alveoloplasty Not in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant	\$56.00
D7450	Removal of Benign Odontogenic Cyst or Tumor – Up to 1.25 cm	\$11.00
D7451	Removal of Benign Odontogenic Cyst or Tumor – Greater than 1.25 cm	\$11.00
D7471	Removal of Lateral Exostosis – Maxilla or Mandible	\$11.00
D7472	Removal of Torus Palatinus	\$11.00
D7473	Removal of Torus Mandibularis	\$11.00
D7485	Surgical Reduction of Osseous Tuberosity	\$105.00
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$11.00
D7511	Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated	\$17.00
D7960	Frenulectomy (Frenectomy or Frenotomy) – Separate Procedure	\$11.00
D7963	Frenuloplasty	\$17.00
24 month	ontics (Tooth Movement) Orthodontic Treatment (Maximum bas of interceptive and/or comprehensive treatment. Atypical call months require an additional payment by the patient.)	
D8050	Interceptive Orthodontic Treatment of the Primary Dentition – Banding	\$435.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition – Banding	\$435.00

Code	Procedure Description	Patient Charge
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition – Banding	\$470.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition – Banding	\$470.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition – Banding	\$470.00
D8660	Pre-Orthodontic Treatment Visit	\$61.00
D8670	Periodic Orthodontic Treatment Visit – As Part of Contract	
	Children – Up to 19th Birthday:	
	24-Month Treatment Fee	\$2,088.00
	Charge per Month for 24 Months	\$87.00
	Adults:	
	24-Month Treatment Fee	\$2,760.00
	Charge per Month for 24 Months	\$115.00
D8680	Orthodontic Retention – Removal of Appliances, Construction and Placement of Retainer(s)	\$345.00
D8999	Unspecified Orthodontic Procedure – By Report (Orthodontic Treatment Plan and Records)	\$175.00

General Anesthesia/IV Sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.

D9220	General Anesthesia – First 30 Minutes	\$160.00
D9221	General Anesthesia – Additional 15 Minutes	\$73.00
D9241	IV Conscious Sedation – First 30 Minutes	\$160.00
D9242	IV Conscious Sedation – Additional 15 Minutes	\$73.00

Code	Procedure Description	Patient Charge	
Emergency Services			
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	\$0.00	
D9440	Office Visit – After Regularly Scheduled Hours	\$60.00	
Miscellaneous Services – External Bleaching (D9972) is limited to the use of takehome bleaching trays. All other bleaching methods are not covered.			
D9972	External Bleaching per Arch	\$175.00	

This may contain CDT codes and/or portions of, or excerpts from the Nomenclature contained within the *Current Dental Terminology*, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll-free number listed on your ID card or plan materials.

Multiple ways to locate a *DHMO Network General Dentist:

- Online provider directory at www.Cigna.com
- Online provider directory on myCigna.com
- Call the number located on your ID card to:
 - Use the Dental Office Locator via Speech Recognition
 - Speak to a Customer Service Representative

EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any dental office, dental clinic or other comparable facility. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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