

Retiree Dental Plan Benefit Highlight

Plan Name:	ConocoPhillips Retiree Dental
Type of Plan:	Passive Dental PPO
Customer Service Department:	1-800-996-7563
Web Page Address:	www.myuhcdental.com

Dental Plan Description	Monthly Premium
Low Plan with Dental Implants	\$40.28
Low Plan without Dental Implants	\$37.05

2013 Low Plan Features with Implants

General Plan Information	In-Network	Out-of-Network
Annual Deductible	\$100	\$100
Annual Deductible/Family	None	None
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,000	\$1,000
Reasonable & Customary Percentile	N/A	85th
Diagnostic and Preventive Services	In-Network	Out-of-Network
Diagnostic and Preventive	100% no deductible	100% no deductible
Oral Exams	100% no deductible	100% no deductible
Bitewing X-Rays	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Full Mouth X-Rays	100% no deductible; limit 1 time per consecutive 36 months	100% no deductible; limit 1 time per consecutive 36 months
Cleaning and Scaling	50% after deductible; limit 1 time per quadrant per consecutive 24 months	50% after deductible; limit 1 time per quadrant per consecutive 24 months
Prophylaxis Treatments	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Space Maintainers	Not covered	Not covered
Fluoride Treatments	Not covered	Not covered
Basic Services	In-Network	Out-of-Network
Basic	50% after deductible	50% after deductible
Sealants	Not covered	Not covered
Oral Surgery: Extractions and Other Surgical Procedures	50% after deductible	50% after deductible

2013 Low Plan Features with Implants (cont.)

Basic Services (cont.)	In-Network	Out-of-Network
Fillings – Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only
Endodontic Treatment	50% after deductible	50% after deductible
Periodontic Treatment	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Re-linings and Re-basings of Existing Removable Dentures	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	50% after deductible; limited to those done more than 12 months after the initial insertion.	50% after deductible; limited to those done more than 12 months after the initial insertion.
Major Services	In-Network	Out-of-Network
Major	50% after deductible	50% after deductible
Crowns, Jackets and Cast Restoration Benefits	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.
Prosthetic Benefits (Fixed Bridges, Partial/ Complete Dentures)	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.
Implants	50% after deductible; limit 1 per 60 months (alternate benefits may be applied)	50% after deductible; limit 1 per 60 months (alternate benefits may be applied)
Orthodontia	In-Network	Out-of-Network
Orthodontia	Not covered	Not covered

Retiree Dental Plan Benefit Highlight

2013 Low Plan Features without Implants

General Plan Information	In-Network	Out-of-Network
Annual Deductible	\$100	\$100
Annual Deductible/Family	None	None
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,000	\$1,000
Reasonable & Customary Percentile	N/A	85th
Diagnostic and Preventive Services	In-Network	Out-of-Network
Diagnostic and Preventive	100% no deductible	100% no deductible
Oral Exams	100% no deductible	100% no deductible
Bitewing X-Rays	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Full Mouth X-Rays	100% no deductible; limit 1 time per consecutive 36 months	100% no deductible; limit 1 time per consecutive 36 months
Cleaning and Scaling	50% after deductible; limit 1 time per quadrant per consecutive 24 months	50% after deductible; limit 1 time per quadrant per consecutive 24 months
Prophylaxis Treatments	100% no deductible; limit 2 times per consecutive 12 months	100% no deductible; limit 2 times per consecutive 12 months
Space Maintainers	Not covered	Not covered
Fluoride Treatments	Not covered	Not covered
Basic Services	In-Network	Out-of-Network
Basic	50% after deductible	50% after deductible
Sealants	Not covered	Not covered
Oral Surgery: Extractions and Other Surgical Procedures	50% after deductible	50% after deductible
Fillings – Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only	80% after deductible; Multiple restorations on 1 surface will be treated as a single filling; Composite: for anterior teeth only
Endodontic Treatment	50% after deductible	50% after deductible

2013 Low Plan Features without Implants (cont.)

Basic Services	In-Network	Out-of-Network
Periodontic Treatment	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.	50% after deductible; Surgery: limit 1 every consecutive 36 months; Root Planing: limit 1 per quadrant per consecutive 24 months; Maintenance: limit 2 per consecutive 12 months following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Re-linings and Re-basings of Existing Removable Dentures	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.	50% after deductible; limit to relining done more than 6 months after the initial insertions. Limited to 1 time every consecutive 12 months.
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	50% after deductible; limited to those done more than 12 months after the initial insertion.	50% after deductible; limited to those done more than 12 months after the initial insertion.
Major Services	In-Network	Out-of-Network
Major	50% after deductible	50% after deductible
Crowns, Jackets and Cast Restoration Benefits	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.	50% after deductible; limit 1 per consecutive 60 months. Covered only when silver fillings cannot restore tooth.
Prosthetic Benefits (Fixed Bridges, Partial/ Complete Dentures)	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.	50% after deductible; limit 1 per 60 months; No additional allowances for over-dentures or customized dentures.
Implants	Not covered	Not covered
Orthodontia	In-Network	Out-of-Network
Orthodontia	Not covered	Not covered

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