United **Concordia** dental

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams		
Bitewing X-rays		
All Other X-rays	100%	
Cleanings & Fluoride Treatments		100%
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)		
Simple Extractions	90%	90%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)	60%	60%
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
ncluded Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health®Wellness ³	Covers 1 additional periodontal n	naintenance per year and all
Provides periodontal care for people with certain chronic medical	 Covered at 100% Scaling and root planing are covered at 100% 4 periodontal surgery procedures are covered at 100% 	
conditions: diabetes, heart disease, lupus, oral cancer, organ		
transplant, rheumatoid arthritis and stroke		
Pregnancy is also a covered condition		
Pregnancy Benefit ³	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®Wellness ³	
Maximums & Deductibles (applies to the combination of se	ervices received from network and	non-network dentists)
Calandar Vaar Daductible (par parsan/par family)	\$25/\$75	
Calendar Year Deductible (per person/per family)	Excludes Class I & Orthodontics	
Calandar Voar Maximum (nor paraan)	\$1,500	
Calendar Year Maximum (per person)	Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,50	0
	Elite Plus	90 th Percentile

Representative listing of covered services – your employer's Summary Plan Description provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366 or visit <u>www.ucci.com</u> for more information.

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. United Concordia Dental's standard exclusions and limitations may apply.

3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.

4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 80th or 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations may apply.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).	
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).	
繁體中文 (Chinese)	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。	