

Dental Benefits Summary BCNEPA 2

Network: Concordia Advantage *Plus*

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	80%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	100%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Surgical Periodontics	50%	30%
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19³		
Diagnostic, Active, Retention Treatment	100%	NOT COVERED
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family) (waived Orthodontics & Network Class I Services)	\$50/\$150	\$50/\$150
Annual Program Maximum (per person)	\$1500	\$1500
Lifetime Orthodontic Maximum (per person)	\$1250	N/A
Reimbursement	<i>Advantage Plus</i>	<i>Advantage</i>

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependents 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. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

3. No benefit is paid for Orthodontic Services provided by non-network dentists.

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