

Effective Date: July 1, 2019 – December 1, 2019

Network: Elite Plus PPO

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment (Emergency)		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings)	80%	80%
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
<b>Included Plan Features</b>		
Pregnancy Benefit <sup>3</sup>	<ul style="list-style-type: none"> <li>Covers 1 additional cleaning during pregnancy</li> <li>Covers 1 additional periodontal maintenance</li> <li>Scaling and root planing</li> <li>4 periodontal surgery procedures</li> </ul>	
Smile for Health®--Wellness <sup>3</sup> <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none"> <li>Covers 1 additional periodontal maintenance per year and all are covered at 100%</li> <li>Scaling and root planing are covered at 100%</li> <li>4 periodontal surgery procedures are covered at 100%</li> </ul>	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	
Annual Program Maximum (per person)	<u>\$1,500</u>	
<b>Reimbursement</b>	<i>Elite Plus</i>	<b>Maximum Allowable Charge</b>

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

1. Unmarried 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. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

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

10 or more enrolled	Monthly Rates	Less than 10 enrolled	Monthly Rates
Employee Only	\$24.00	Employee Only	\$29.00
Employee and Spouse	\$58.00	Employee and Spouse	\$69.00
Employee + Child	\$53.00	Employee + Child	\$63.00
Employee + Children	\$53.00	Employee + Children	\$63.00
Employee + Family	\$88.00	Employee + Family	\$104.00

No waiting period. A \$3 monthly admin/billing fee will be added on to the monthly rates.

