

BENEFIT HIGHLIGHTS		Basic	Enhanced	High Option
Concordia Flex				
ANNUAL DEDUCTIBLE			<i>Diagnostic and preventive services are exempt from deductible</i>	<i>Diagnostic and preventive services are exempt from deductible</i>
Per calendar year Diagnostic and preventive services are exempt from deductible	Per person	\$ 25	\$ 25	\$ 25
	Per family	\$ 75	\$ 75	\$ 75
PROGRAM MAXIMUM		MAXIMUM	MAXIMUM	MAXIMUM
Per calendar year	Plan will cover a per person calendar year maximum of	\$1,000	\$1,500	\$2,000
Orthodontic lifetime maximum	Plan will cover a per person lifetime maximum of	Not Covered	\$1,500	\$1,500
DIAGNOSTIC/PREVENTIVE		PAYMENT LEVEL	PAYMENT LEVEL	PAYMENT LEVEL
Routine exams	Two routine oral exams eligible during a calendar year period	Member Pays: 20% Plan Pays: 80%	Member Pays: 0% Plan Pays: 100%	Member Pays: 0% Plan Pays: 100%
X-rays	<ul style="list-style-type: none"> Periapical X-rays – as required Bitewing X-rays – once in a 6 consecutive month period. Full mouth X-rays – once in any 36 month period unless special need is shown 			
Fluoride treatments	Two topical applications eligible during a calendar year for dependent children under age 19			
Prophylaxis (Cleanings)	Two routine cleanings are eligible during a calendar year period (An additional cleaning is covered during the course of pregnancy)			
Palliative emergency treatment	Emergency treatment of an acute condition requiring immediate care			
Sealants	<ul style="list-style-type: none"> For dependent children through age 10 on permanent first molars and through age 15 on permanent second molars One sealant per tooth per 3 year period 			
Space Maintainers	<ul style="list-style-type: none"> For dependent children under the age of 19 Eligible on primary molars and permanent first molars One space maintainer per tooth per 3 year period 			
BASIC SERVICES		PAYMENT LEVEL	PAYMENT LEVEL	PAYMENT LEVEL
Basic restorative (fillings)	Fillings consisting of silver amalgam (posterior) & synthetic tooth color (anterior) restorations	Member Pays: 20% Plan Pays: 80%	Member Pays: 0% Plan Pays: 100%	Member Pays: 0% Plan Pays: 100%
Endodontics (root canal therapy)	Endodontic procedures covered			
Repairs	Minor repairs on broken dentures			
Non-surgical Periodontics	Exam and four periodontal cleanings eligible within a 12 consecutive month period			
Simple extractions	Non-surgical extractions,			
General Anesthesia	Eligible			
Miscellaneous Oral Surgery Services	D3410, D3421, D3425, D3426, D3430, D3450, D3920, D6100, D7210, D7220, D7270, D7280, D7291, D7310, D7311, D7320, D7321, D7340, D7350, D7510, D7511, D7670, D7671, D7770, D7771, D7960, D7963, D7971, D7995, D7999			
MAJOR SERVICES		PAYMENT LEVEL	PAYMENT LEVEL	PAYMENT LEVEL
Crowns, inlays and onlays	Replacement of crowns, inlays and inlays is limited to once in a five year period.	Member Pays: 20% Plan Pays: 80% ----- <i>Dentures, fixed bridges and crowns over implants not covered</i>	Member Pays: 20% Plan Pays: 80% ----- <i>Dentures - 50% Fixed Bridges- 50% Implant crowns- 50% (refer to eligible procedures)</i>	Member Pays: 20% Plan Pays: 80% ----- <i>Dentures - 80% Fixed Bridges -80% Implant crowns- 80% (refer to eligible procedures)</i>
Complex Oral Surgery	Eligible - <i>Additional benefits may be available through the medical plan</i>			
Surgical Periodontics	Periodontal surgery			
Implant Services	High Option Plan Only-Eligible Implant services are limited to members age 18 and over			
Prosthetics	Dentures, bridges, and partials			
	Crowns over implants <ul style="list-style-type: none"> Abutment supported crowns (D6058-D6064,D6094); Implant supported crowns (D6065-D6067) Denture relines and rebases			
ADJUNCTIVE SERVICES		PAYMENT LEVEL	PAYMENT LEVEL	PAYMENT LEVEL
Bleaching services	<ul style="list-style-type: none"> Service must be received in a dentist's office or custom tray/kit made by dentist is eligible Services are eligible once every 24 months (D9972 or D9973) 	Not Covered	Not Covered	Member Pays: 0% Plan Pays: 100%
ORTHODONTICS		PAYMENT LEVEL	PAYMENT LEVEL	PAYMENT LEVEL
Diagnostic, Active Retention Treatment	Dependents to age 19; High option covers adult ortho	Not Covered	Pays: 50% Plan Pays: 50%	Member Pays: 50% Plan Pays: 50%

All payment levels/ percentages listed above reflect use of in-network providers. The listed percentages also reflect the portion of United Concordia's maximum allowable charge (MAC) for which the plan will be responsible. Network providers agree to accept United Concordia's MAC for covered services as payment in full and also agree to file claims for you. If you or your family members receive services from a non-network provider, United Concordia will apply the percentage shown to the MAC for covered services and you will be responsible for the difference up to the provider's charge.

United Concordia's standard exclusions and limitations apply. Predetermination review may be required to determine extent of proposed services, necessity of proposed services and the amount of liability. This information highlights coverage for the United Concordia dental program; it is not intended to be a complete list or complete description of benefits.

You can contact a Customer Service Representative by calling us toll-free at 1-800-332-0366.