



## DENTAL (Employee Paid Less Any Applicable Company Contribution)

This is your one-time opportunity to elect Dental coverage because we're moving away from an open enrollment format. If you waive coverage, you will only be able to enroll later with a qualified change in status (marriage, change in spouse coverage, job class, etc.).

**UNITED CONCORDIA**  
Insuring America's Dental Health

## Concordia Flex with Advantage Plus Network

Representative listing of covered services. A detailed description of benefits will be provided with the certificate.

Benefit Category <sup>1</sup>	Plan Pays <sup>2</sup>	
	FLEX HIGH	FLEX LOW
<b>CLASS I – DIAGNOSTIC/PREVENTIVE SERVICES</b>		
Cleanings and Exams	100% (Does not apply toward annual maximum)	100% (Applies toward annual maximum)
Bitewing X-rays/Other Covered X-rays		
Fluoride Treatments/Sealants		
Palliative Treatment (Emergency)		
<b>CLASS II – BASIC SERVICES</b>		
Basic Restorative (Fillings, etc.)	80%	50%
Space Maintainers		
Endodontics (Root Canals)		
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures		
Simple Extractions		
Surgical and Non-surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>CLASS III – MAJOR SERVICES</b>		
Inlays, Onlays, Crowns	50%	40%
Prosthetics (Bridges, Dentures)		
<b>ORTHODONTICS (DEPENDENTS TO AGE 19)</b>		
Diagnostic, Active, Retention Treatment	50%	Not covered
<b>PROGRAM MAXIMUMS/DEDUCTIBLES</b>		
Annual Program Maximum (per covered person)	\$1,500	\$1,000
Annual Program Deductible (per person/per family)	\$50/\$150 for Class II & III only	\$50/\$150 for Class II & III only
Lifetime Orthodontic Maximum	\$1,000	Not covered
<b>MONTHLY RATES</b>		
Employee Only	\$32.60	\$13.38
Employee and Adult	\$75.38	\$29.33
Employee and Child(ren)	\$64.71	\$33.13
Family	\$107.74	\$51.62
<b>WAITING PERIODS</b>		
Waiting Periods	None	None
<b>NETWORK REIMBURSEMENT</b>		
In-Network	Advantage Plus	Advantage Plus
Out of Network	90th Percentile	90th Percentile

- Unmarried dependent children who receive more than one-half of their financial support from their parent(s) are covered up to their 25th birthday (whether they are a full-time student or not).
- (a) Advantage Plus network providers agree to accept United Concordia's Maximum Allowable Charge (MAC) for covered services and also agree to file claims for you. If you or your family members receive services from a non-network provider, you will be responsible for the difference, up to the provider's charge. Standard exclusions and limitations apply.  
(b) Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more!  
(c) Davis Vision Discount Program included at no extra charge. Go to [www.davisvision.com](http://www.davisvision.com), click on "Open Enrollment" and enter control code "7602" for providers.