



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 ¹	Plan Pays ²		EMPLOYEE Pays ³
CLASS I – DIAGNOSTIC/PREVENTIVE SERVICES	FLEX HIGH	FLEX LOW	CA 931
Cleanings and Exams	100% (Does not apply toward annual maximum)	100% (Applies toward annual maximum)	\$0 - \$50
Bitewing X-rays/Other Covered X-rays			
Fluoride Treatments/Sealants			
Palliative Treatment (Emergency)			
CLASS II – BASIC SERVICES			
Basic Restorative (Fillings, etc.)	80%	50%	\$10 - \$200
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			
CLASS III – MAJOR SERVICES			
Inlays, Onlays, Crowns	50%	40%	\$30 - \$400
Prosthetics (Bridges, Dentures)			
ORTHODONTICS	(DEPENDENTS TO AGE 19)		ADULTS & CHILDREN
Diagnostic, Active, Retention Treatment	50%	Not covered	\$750 - \$1,500
PROGRAM MAXIMUMS/DEDUCTIBLES			
Annual Program Maximum (per covered person)	\$1,500	\$1,000	None
Annual Program Deductible (per person/per family)	\$50/\$150 for Class II & III only	\$50/\$150 for Class II & III only	None
Lifetime Orthodontic Maximum	\$1,000	Not covered	24-month treatment plan
MONTHLY RATES			
Employee Only	\$32.60	\$13.38	\$13.18
Employee and Adult	\$75.38	\$29.33	\$26.30
Employee and Child(ren)	\$64.71	\$33.13	\$26.72
Family	\$107.74	\$51.62	\$39.95
WAITING PERIODS			
Waiting Periods	None	None	None
NETWORK REIMBURSEMENT			
In-Network	Advantage Plus	Advantage Plus	Concordia Plus DHMO
Out of Network	90th Percentile	90th Percentile	No out-of-network benefits

- 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, click on "Open Enrollment" and enter control code "7602" for providers.
- Allowances indicate approximate member out-of-pocket expenses.