Dental Benefits Summary for UNLIMITED CARE PROVIDERS

Network: Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I - Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II - Basic Services	"国家的是是这种国家的现在分 员	
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III - Major Services	加州市村的	
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)	3070	3078
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	0%	0%
Maximums & Deductibles (applies to the combination of serv	vices received from network	and non-network dentists)
Annual Program Deductible (per person/per family)	\$0	
Annual Program Maximum (per person)	\$1,000	
Lifetime Orthodontic Maximum (per person)	N	N/A
Reimbursement	Advantage	Advantage

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

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

Unmarried dependent children covered to age 26. Unmarried dependent students covered to age 26.
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.