

## Dental Benefits Summary for V AND L MANAGEMENT

Effective Date: 12/01/2019

Network: *Elite Plus*

Effective Date: 12/01/2019		CONCORDIA FLEX PLAN	
Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN		
	In-Network <sup>2</sup>	Non-Network <sup>4</sup>	
Class I – Diagnostic/Preventive Services			
Exams	100%	100%	
Bitewing X-rays			
All Other X-rays			
Cleanings & Fluoride Treatments			
Sealants			
Space Maintainers			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings) <sup>5</sup>	80%	80%	
Simple Extractions			
Endodontics			
Surgical Periodontics			
Nonsurgical Periodontics			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Complex Oral Surgery			
General Anesthesia			
Class III – Major Services			
Inlays, Onlays, Crowns	50%	50%	
Prosthetics (Bridges, Dentures)			
Implants			
Orthodontics to age 19			
Diagnostic, Active, Retention Treatment	50%	50%	
Included Plan Features			
Pregnancy Benefit <sup>3</sup>	• Covers 1 additional cleaning during pregnancy		
Preventive Incentive®	Class I services do not count toward your annual program maximum		
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> <i>Also includes pregnancy benefits.</i>	• Covers 1 additional periodontal maintenance per year and all are covered at 100% • Scaling and root planing are covered at 100% • 4 periodontal surgery procedures are covered at 100%		
Davis Vision Discount Plan	The Davis Vision discount program is a traditional discount program that provides significant discounts on eye exams, lenses, frames and additional eyewear options at any participating provider location.		
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)			
Contract Year Deductible (per person/per family) (December 1 through November 30)	\$50/\$150 Excludes Class I & Orthodontics		
Contract Year Maximum (per person) (December 1 through November 30)	\$5,000 Excludes Class 1 & Orthodontics		
Lifetime Orthodontic Maximum (per person)	\$1,000		
Reimbursement	Elite Plus		90 <sup>th</sup> Percentile

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

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at [www.UnitedConcordia.com](http://www.UnitedConcordia.com). Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. 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. 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**.

4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90<sup>th</sup> Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

5. Composite fillings are covered when preformed on posterior teeth.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。