



Dental Benefits Summary for Erica Lane Enterprises

Network: Alliance

| Benefit Category ¹ | CONCORDIA PREFERRED 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 | | |
| Basic Restorative (Fillings) | 100% | 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 | | |
| Inlays, Onlays, Crowns | 60% | 50% |
| Prosthetics (Bridges, Dentures) | | |
| Orthodontics for dependent children to age 19 | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) | | |
| Annual Program Deductible (per person/per family) | \$25/\$75 Excludes Class I & Orthodontics | |
| Annual Program Maximum (per person) | \$2,000 Excludes Orthodontics | |
| Lifetime Orthodontic Maximum (per person) | \$1,250 | |
| Reimbursement | Alliance | 90 th Percentile |

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

1. Dependents 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. 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.