

## Dental Benefits Summary for Cobblestone Therapy Group

**Effective Date: August 1, 2017**

**Network: Advantage Plus 2.0**

| Benefit Category <sup>1</sup>                                                                                                                                                                                                   | CONCORDIA FLEX PLAN                                                                                                                                                                                                                                                                             |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|                                                                                                                                                                                                                                 | In-Network <sup>2</sup>                                                                                                                                                                                                                                                                         | Non-Network <sup>2</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; including White Posterior)                                                                                                                                                                         | 80%                                                                                                                                                                                                                                                                                             | 80%                         |
| Simple Extractions                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                             |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                             |
| Endodontics                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                             |
| Nonsurgical Periodontics                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                             |
| Surgical Periodontics                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                             |
| Complex Oral Surgery                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                             |
| General Anesthesia                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                             |
| Class III – Major Services                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                             |
| Inlays, Onlays, Crowns                                                                                                                                                                                                          | 50%                                                                                                                                                                                                                                                                                             | 50%                         |
| Prosthetics (Bridges, Dentures)                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                             |
| Included Plan Features                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 |                             |
| Preventive Incentive®                                                                                                                                                                                                           | Class I services do not count toward your annual program maximum                                                                                                                                                                                                                                |                             |
| Pregnancy Benefit <sup>3</sup>                                                                                                                                                                                                  | <ul style="list-style-type: none"><li>• Covers 1 additional cleaning during pregnancy</li><li>• Covers 1 additional periodontal maintenance<ul style="list-style-type: none"><li>• Scaling and root planing</li></ul></li><li>• 4 periodontal surgery procedures</li></ul>                      |                             |
| Smile for Health®--Wellness <sup>3</sup><br><i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i> | <ul style="list-style-type: none"><li>• Covers 1 additional periodontal maintenance per year and all are covered at 100%<ul style="list-style-type: none"><li>• Scaling and root planing are covered at 100%</li></ul></li><li>• 4 periodontal surgery procedures are covered at 100%</li></ul> |                             |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                             |
| Annual Program Deductible (per person/per family)                                                                                                                                                                               | \$50/\$150<br>Excludes Class I                                                                                                                                                                                                                                                                  |                             |
| Annual Program Maximum (per person)                                                                                                                                                                                             | \$1,000<br>Excludes Class I                                                                                                                                                                                                                                                                     |                             |
| Reimbursement                                                                                                                                                                                                                   | Advantage Plus 2.0                                                                                                                                                                                                                                                                              | 90 <sup>th</sup> Percentile |

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

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges. 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 90<sup>th</sup> Percentile and their fee (also known as balance billing). 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**.