



Dental Benefits Summary for The Benefits Connection

Group Number: 811500-000

Network: Advantage Plus

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		
Space Maintainers	80%	100%
Basic Restorative (Fillings)		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Surgical Periodontics	50%	50%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Preventive Incentive [®]	Class I services do not count toward your annual program maximum	
Pregnancy Benefit	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy Covers 1 additional periodontal maintenance Scaling and root planing 4 periodontal surgery procedures 	
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)	\$1,500 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Advantage	Advantage

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

1. Unmarried 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. 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.

Benefit Connection Rates 4/1/2017-3/31/2018

Employee Only \$ 42.61
 Employee + One \$ 79.34
 Family \$128.03

Dental Benefits Summary for The Benefits Connection

Group Numbers: 847254-000/099

Network: Advantage Plus

Benefit Category ¹	CONCORDIA ACCESS II PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Class II – Basic Services		
All Other X-rays	70%	70%
Palliative Treatment		
Basic Restorative (Fillings)		
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Class III – Major Services		
Endodontics	Member pays price list amount	Member pays dentist's fill charge
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	Member pays price list amount	Member pays dentist's fill charge
Cosmetics, Implants, Veneers & Bleaching		
Cosmetics, Implants, Veneers & Bleaching	Member pays price list amount	Member pays dentist's fill charge
Included Plan Features		
Pregnancy Benefit	<ul style="list-style-type: none"> • Covers 1 additional cleaning during pregnancy • Covers 1 additional periodontal maintenance • Scaling and root planing • 4 periodontal surgery procedures 	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,000 Class I & II only	
Reimbursement	Access	Advantage

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 (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.

Benefit Connection Rates 4/1/2017-3/31/2018

Employee Only \$ 26.01
Employee + One \$ 46.18
Family \$ 72.62