

| BENEFIT CATEGORY   | *ConcordiaFLEX<br>PPO   | **ConcordiaPLUS<br>DHMO                         |
|--|---|---|
| Deductibles  | \$50/Person; Maximum - \$100 Family   | None  |
| <b>Diagnostic and Preventive Services</b>                                  |   |   |
| Dental Examinations  | 100%; once in any 6 consecutive months  | 100% without limitation, as required            |
| Oral Prophylaxis (teeth cleaning)  | 100%; once in any 6 consecutive months  | 100% without limitation, as required            |
| Fluoride Application (to age 19)   | 100%  | 100%  |
| Oral hygiene counseling  | Not Covered   | 100%  |
| Nutritional counseling   | Not Covered   | 100%  |
| Full Mouth X-rays  | 100%; once in any 36 consecutive months   | 100% without limitation, as required            |
| Bitewing X-rays  | 100%; once in any 6 consecutive months  | 100% without limitation, as required            |
| Sealants (to age 15; posterior teeth)                                      | Not Covered   | 100%  |
| <b>Restorative Services</b><br>(under local anesthesia)                    |   |   |
| Basic Restorative Services<br>(silver and tooth-colored fillings)          | 100%  | 100%  |
| Single unconnected inlays,<br>onlays, and crowns                           | 75%   | 80%   |
| <b>Oral Surgery</b><br>(under local anesthesia)                            |   |   |
| Simple Extractions   | 100%  | 100%  |
| Most Other Oral Surgery  | 100%  | 80%   |
| <b>Endodontics</b><br>(under local anesthesia)                             |   |   |
| Root Canal Treatment   | 75%   | 100%  |
| Apicoectomy  | 75%   | 100%  |
| <b>Periodontics – Gum Treatment</b><br>(under local anesthesia)            | Maximum: \$1,500/person/lifetime  |   |
| Non-Surgical   | 75%   | 80%   |
| Surgical   | 75%   | 80%   |
| <b>Fixed Prosthetics</b>   |   |   |
| Fixed Bridgework, including abutment<br>inlays, onlays, crowns and pontics | 75%   | 80%   |
| Replacement  | 75% if at least 5 years since initial installation date;<br>subject to contract limitations | 80%, without limitation, as required            |
| Repairs to Fixed Bridges   | 75%   | 80%   |
| <b>Removable Prosthetics</b>   |   |   |
| Full or Partial Dentures   | 75%   | 80%   |
| Replacement  | 75% if at least 5 years since initial installation date;<br>subject to limitations          | 80%, without limitation, as required            |
| Relining or Rebasing   |   | 80%, without limitation, as required            |
| Repairs to Removable Prosthetics   | 75%   | 80%   |
| <b>Orthodontics (to age 19)</b>  | 75%   | 60%   |
|  | \$750/person/course of treatment  | No Lifetime Program Maximum                     |
| <b>Out-of-Area Emergency Services</b>                                      | Covered   | Up to \$30 reimbursement<br>for each occurrence |
| <b>CONTRACT YEAR MAXIMUM</b>   | \$1,000 per person  | None  |
| Maximum applies to   | All services  | N/A   |

\*Plan pays based on United Concordia's Maximum Allowable Charges (MAC). Participating dental providers in the [Advantage Plus dental provider network](#) accept the MAC as payment in full less any member deductibles and coinsurance.

\*\*All services under the **ConcordiaPLUS** program must be received in or coordinated through a **ConcordiaPLUS** Primary Dental Office. Any services not received in or coordinated through the Primary Dental Office will be the patient's financial responsibility. Please refer to your **ConcordiaPLUS** Co-pay Schedule.  
[ConcordiaPLUS Dental Network-ConcordiaPLUS](#)