BENEFIT CATEGORY	*ConcordiaFLEX PPO	**ConcordiaPLUS DHMO
Deductibles	$50/Person; Maximum - $100 Family	None
Diagnostic and Preventive Services		
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%
Restorative Services (under local anesthesia)		
Basic Restorative Services (silver and tooth-colored fillings)	100%	100%
Single unconnected inlays, onlays, and crowns	75%	80%
Oral Surgery (under local anesthesia)		
Simple Extractions	100%	100%
Most Other Oral Surgery	100%	80%
Endodontics (under local anesthesia)		
Root Canal Treatment	75%	100%
Apicoectomy	75%	100%
Periodontics – Gum Treatment (under local anesthesia)	Maximum: $1,500/person/lifetime	
Non-Surgical	75%	80%
Surgical	75%	80%
Fixed Prosthetics		
Fixed Bridgework, including abutment inlays, onlays, crowns and pontics	75%	80%
Replacement	75% if at least 5 years since initial installation date; subject to contract limitations	80%, without limitation, as required
Repairs to Fixed Bridges	75%	80%
Removable Prosthetics		
Full or Partial Dentures	75%	80%
Replacement	75% if at least 5 years since initial installation date; subject to limitations	80%, without limitation, as required
Relining or Rebasing	75%	80%, without limitation, as required
Repairs to Removable Prostethics	75%	80%
Orthodontics (all members)	75% $750/person/course of treatment	60% No Lifetime Program Maximum
Out-of-Area Emergency Services	Covered	Up to $30 reimbursement for each occurrence
CONTRACT YEAR MAXIMUM	$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 to determine which procedures are covered and your specific copayment responsibility. The percentages reflected above for this plan are approximate figures.
ConcordiaPLUS Dental Network-ConcordiaPLUS