

## Dental Benefits Summary for LEHIGH VALLEY DENTAL

**Network: Advantage Plus**

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)	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	0%	0%
Prosthetics (Bridges, Dentures)		
Included Plan Features		
The College Tuition Benefit® – College Savings Program 4	<ul style="list-style-type: none"><li>• Earn Tuition Rewards points redeemable for tuition discounts</li><li>• Receive 2,000 at signup, 2,000 points/year</li><li>• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points.</li><li>• One Tuition rewards point = \$1 reduction in full tuition</li></ul> Use Tuition Rewards at participating private colleges and universities.	
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</li><li>• Scaling and root planing</li><li>• 4 periodontal surgery procedures</li></ul>	
Smile for Health®--Wellness <sup>3</sup> <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%</li><li>• Scaling and root planing are covered at 100%</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 Excludes Class I	
Annual Program Maximum (per person)	\$1,000 Excludes Class I	
Reimbursement	Advantage Plus	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.

3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.