

Dental Benefits Summary for P4WD

Network: Advantage *Plus*2.0

| Benefit Category ¹ | CONCORDIA PREFERRED 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 | | |
| Space Maintainers | | |
| Palliative Treatment | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) | 90% | 80% |
| Simple Extractions | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | | |
| Endodontics | | |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Posterior Resins (White Fillings) | | |
| Class III – Major Services | | |
| Inlays, Onlays, Crowns | 60% | 50% |
| Prosthetics (Bridges, Dentures) | | |
| Orthodontics for dependent children to age 19 | | |
| Diagnostic, Active, Retention Treatment | No Coverage | No Coverage |
| Included Plan Features | | |
| Smile for Health®--Wellness ³ <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">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100% | |
| 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 (in network only) | |
| Annual Program Maximum (per person) | \$1,500 | |
| Reimbursement | Advantage Plus 2.0 | Advantage MAC |

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

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

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**.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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| English | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711). |
| Español (Spanish) | ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711). |
| 繁體中文 (Chinese) | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。 |