Carrier Name: United Concordia

Plan Name: CONCORDIA FLEX PLAN

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1,500

Out-of-Network Annual Maximum: $1,500

Frequencies Cleaning:

Frequencies Exam:

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 80%

In-Network Root Canal: 80%

Out-of-Network Root Canal: 80%

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease: 80%

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery: 80%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants: 50%

Out-of-Network Implants: 50%

In-Network Orthodontia: 50%

Out-of-Network Orthodontia: 50%

Orthodontia Lifetime Maximum: $1,000

Orthodontia Maximum Age: Orthodontics for dependent children to age 19

Out of Network Explanation: 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.

Waiting Period for Major Services:

Plan Year:

Network Type: PPO

Network Name: Elite Plus

Member Website: [www.UnitedConcordia.com](http://www.UnitedConcordia.com)

Customer Service Phone Number: 1-800-332-0366