

Schedule of Benefits

Concordia Flexsm

	Plan Pays
<i>Class I Services</i>	
<i>Exams</i>	100%
<i>All X-Rays</i>	100%
<i>Cleanings</i>	100%
<i>Fluoride Treatments</i>	100%
<i>Sealants</i>	100%
<i>Palliative Treatment</i>	100%
<i>Class II Services</i>	
<i>Basic Restorative</i>	80%
<i>Space Maintainers</i>	80%
<i>Endodontics</i>	80%
<i>Non-surgical Periodontics</i>	80%
<i>Repairs of Crowns, Inlays, Onlays, Bridges and Dentures</i>	80%
<i>Simple Extractions</i>	80%
<i>Surgical Periodontics</i>	80%
<i>Complex Oral Surgery</i>	80%
<i>General Anesthesia and/or IV Sedation</i>	80%
<i>Class III Services</i>	
<i>Inlays, Onlays, Crowns</i>	0%
<i>Prosthetics</i>	0%
<i>Orthodontics</i>	
<i>Diagnostic, Active, Retention Treatment</i>	0%

Deductibles & Maximums

- \$0 per Contract Year per Member
- \$1,000 Contract Maximum per Member
- \$0 Orthodontic Lifetime Maximum per Member

***All services listed on this Schedule of Benefits are subject
to the Schedule of Exclusions and Limitations.
Participating Dentists accept the Maximum Allowable Charge as payment in full.***