

Dental Benefits Summary for Three Affiliated Tribes

Effective Date: 01/01/2023 Network: Advantage Plus

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams		
Bitewing X-rays	100%	100%
Cleanings & Fluoride Treatments		
Class II – Basic Services		
All Other X-rays	80%	80%
Sealants		
Palliative Treatment		
Basic Restorative (Fillings)		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Class III - Major Services		
Space Maintainers	50%	50%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	No Coverage	No Coverage
Maximums & Deductibles (applies to the combination of se	ervices received from network and	non-network dentists)
Annual Program Deductible (per person/per family)	\$25/\$75	
	Excludes Class I	
Annual Program Maximum (per person)	\$3,000	
Lifetime Orthodontic Maximum (per person)	No Coverage	
Reimbursement	Advantage <i>Plus</i>	Advantage

Representative listing of covered services – your employer's Summary Plan Description provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366 or visit www.ucci.com for more information.

- 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.

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.

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)。	