UNITED CONCORDIA® DENTAL

Dental Benefits Summary for Bentworth School District

IU 1 Consortium

Network: Advantage

Groups: 111782-024,057,093 111783-027,063 112178-096 141942-011,074,075 153113-000,070

| Benefit Category ¹ | CONCORDIA FLEX 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 | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) ³ | 100% | 100% |
| Simple Extractions | | |
| Palliative Treatment | | |
| Endodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III – Major Services | | - |
| Nonsurgical Periodontics | 50% | 50% |
| Surgical Periodontics | | |
| Inlays, Onlays, Crowns | | |
| Prosthetics (Bridges, Dentures) | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures ⁵ | | |
| Orthodontics (dependents to age 19) | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| Maximums & Deductibles (applies to the combination of | services received from network a | nd non-network dentists) |
| Annual Program Deductible (per person/per family) | None | |
| Annual Program Maximum ⁴ (per person) | \$1,000 | |
| Lifetime Orthodontic Maximum (per dependent) | \$800 | |
| Reimbursement | Advantage | In PA: MAC All other states: 90 th Percentile |

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

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.

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. Includes coverage for composite (tooth colored) resin fillings when performed on posterior teeth

4. Certain surgical services are excluded from the annual program maximum. Please refer to your full Summary Plan description for specific details

5. Certain repair codes are covered under Class II Services. Please refer to your full Summary Plan description for specific details.

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