

Dental Benefits Summary for Lehigh Valley Business Coalition on Health Care Network: Advantage Plus

Benefit Category ¹	CONCORDIA PREFERRED			
	In-Network ²	Non-Network ²	Deductible	
			In-Network	Non-Network
Class I – Diagnostic/Preventive Services				
Exams	100%	80%	None	
Bitewing X-rays				
All Other X-rays				
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)				
Sealants				
Palliative Treatment				
Class II – Basic Services				
Basic Restorative (Fillings)	80%	60%	None	
Simple Extractions				
Endodontics				
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures				
Nonsurgical Periodontics				
Inpatient Consultation				
Complex Oral Surgery				
General Anesthesia				
Class III – Major Services				
Inlays, Onlays, Crowns	50%	50%	None	
Prosthetics (Bridges, Dentures)				
Surgical Periodontics				
Orthodontics for dependent children to age 19				
Diagnostic, Active, Retention Treatment	50%	50%	None	
Maximums & Deductibles (cumulative of network and non-network)				
Annual Program Maximum (per person)	\$1,000	\$1,000		
Annual Program Deductible (per person/per family)	None	None		
Lifetime Orthodontic Maximum (per person)	\$800	\$800		
Reimbursement	Advantage Plus	Advantage		

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. United Concordia Dental's standard exclusions and limitations apply.

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