

Dental Benefits Summary for Southern CA IBEW-NECA

Effective Date: 01/01/2011

Network: Concordia Advantage *Plus*

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Space Maintainers		
Class II – Basic Services		
Basic Restorative (Fillings)	95%	80%
Simple Extractions		
Sealants		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	75%	50%
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	\$0 Excludes Class I & Orthodontics	\$25/\$75 Excludes Class I & Orthodontics
Annual Program Maximum (per person)	\$2,500 Excludes Class I	\$2,000 Excludes Class I
Lifetime Orthodontic Maximum (per person)	\$1,400	\$1,400
Reimbursement	Advantage <i>Plus</i>	Advantage Mac

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 25.

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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