

## Dental Benefits Summary for Sheppard Pratt

**Network: Advantage Plus**

Benefit Category <sup>1</sup>	CONCORDIA PREFERRED PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative <sup>3</sup> (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Pregnancy Benefit	Covers 1 additional cleaning during pregnancy.	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family) (July 1- June 30)	\$50/\$100 Excludes Class I & Orthodontics	\$100/\$200 Excludes Class I & Orthodontics
Annual Program Maximum (per person) (July 1- June 30)	\$1,500 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Reimbursement	Advantage <i>Plus</i>	85 <sup>th</sup> Percentile

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

1. Unmarried dependent children 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.

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