

## Dental Benefits Summary for Maryland Local Government Health Cooperative

Effective Date: July 1, 2018-June 30, 2020

Network: Advantage Plus

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN		
	Low Plan	Medium Plan	High Plan
<b>Class I – Diagnostic/Preventive Services</b>			
Exams	100%	100%	100%
X-Rays			
Cleanings & Fluoride Treatments			
Sealants			
Palliative Treatment			
<b>Class II – Basic Services</b>			
Basic Restorative (Fillings)	100%	100%	100%
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Endodontics			
Complex Oral Surgery			
General Anesthesia			
<b>Class III – Major Services</b>			
Nonsurgical & Surgical Periodontics	Not Covered	50%	100%
Inlays, Onlays, Crowns			50%
Prosthetics (Bridges, Dentures)			50%
<b>Orthodontics for dependent children to age 19</b>			
Diagnostic, Active, Retention Treatment	Not Covered	50%	50%
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>			
Annual Program Deductible (per person/per family)	None	None	None
Annual Program Maximum (per person)	\$1,000	\$1,500	\$2,000
Lifetime Orthodontic Maximum (per person)	N/A	\$1,000	\$1,200
<b>Rates</b>		<b>COST PER MONTH</b>	
Employee Only	<b>\$18.36</b>	<b>\$25.25</b>	<b>\$29.12</b>
Employee + Family	<b>\$57.85</b>	<b>\$79.71</b>	<b>\$91.70</b>

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

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.