



2025 Dental Benefits Summary for Flexible Benefits Association Plans

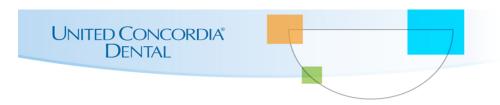
Network: Advantage Plus

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Benefit Category ¹	\$1,500 Basic 259171-001	\$1,500 Comprehensive 259170-001	\$2,250 Enhanced 259170-003
Class I – Diagnostic/Preventive Services			
Exams	100%	100%	100%
Bitewing X-rays			
All Other X-rays			
Cleanings & Fluoride Treatments			
Sealants			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings)	80%	80%	100%
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Endodontics			
General Anesthesia			
Nonsurgical Periodontics			
Surgical Periodontics	Not Covered		
Complex Oral Surgery			
Class III - Major Services			
Inlays, Onlays, Crowns	Not Covered	50%	50%
Prosthetics (Bridges, Dentures)			
Implants		Not Covered	
Orthodontics for dependent children to age 19			
Diagnostic, Active, Retention Treatment	Not Covered	50%	50%
Maximums & Deductibles (applies to the combination o	f services received	from network and no	n-network dentists)
Annual Program Deductible (per person/per family)	\$50/\$150	\$50/\$150	\$50/\$150
Annual Program Maximum (per person)	\$1,500	\$1,500	\$2,250
Lifetime Orthodontic Maximum (per person) ²	Not Covered	\$1,000	\$1 <u>,</u> 500

^{1.} 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.

^{2.} Orthodontic benefits for dependents under age 19.

^{3.} Dependent children covered to age 26.





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