

2025 Dental Benefits Summary for Flexible Benefits Association Plans

Network: Advantage Plus

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 of services received from network and non-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	\$1,500

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.