

## Dental Benefits Summary for Dicalite Management Group Inc

Effective Date: 01/01/2019

Network: Advantage *Plus*

| Benefit Category <sup>1</sup>  | CONCORDIA FLEX PLAN     |                             |
|--|-------------------------|-----------------------------|
|  | In-Network <sup>2</sup> | Non-Network <sup>5</sup>    |
| Class I – Diagnostic/Preventive Services   |                         |                             |
| Exams  | 100%                    | 100%                        |
| Bitewing X-rays  |                         |                             |
| Cleanings & Fluoride Treatments  |                         |                             |
| Sealants   |                         |                             |
| Space Maintainers  |                         |                             |
| Palliative Treatment   |                         |                             |
| Class II – Basic Services  |                         |                             |
| All Other X-rays   | 80%                     | 80%                         |
| Basic Restorative (Fillings)   |                         |                             |
| Simple Extractions   |                         |                             |
| Endodontics  |                         |                             |
| Nonsurgical Periodontics   |                         |                             |
| Surgical Periodontics  |                         |                             |
| Complex Oral Surgery   |                         |                             |
| General Anesthesia   |                         |                             |
| Class III – Major Services   |                         |                             |
| Inlays, Onlays, Crowns   | 50%                     | 50%                         |
| Prosthetics (Bridges, Dentures)  |                         |                             |
| Repairs of Crowns, Inlays, Onlays  |                         |                             |
| Repairs of Bridges   |                         |                             |
| Denture Repair   |                         |                             |
| Orthodontics for dependent children to age 19  |                         |                             |
| Diagnostic, Active, Retention Treatment  | No Coverage             |                             |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) |                         |                             |
| Annual Program Deductible (per person/per family)  | \$0/\$0                 |                             |
| Annual Program Maximum (per person)  | \$1,500                 |                             |
| Reimbursement  | Advantage <i>Plus</i>   | 90 <sup>th</sup> Percentile |

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

1. Dependents 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.

5. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90<sup>th</sup> Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.