

SCHEDULE OF BENEFITS

Concordia FlexSM

PLAN PAYS

Class I Services

- | | |
|------------------------|------|
| • Exams | 100% |
| • All X-Rays | 100% |
| • Cleanings | 100% |
| • Fluoride Treatments | 100% |
| • Sealants | 100% |
| • Palliative Treatment | 100% |

Class II Services

- | | |
|-----------------------------------------------------------|------|
| • Space Maintainers | 100% |
| • Basic Restorative | 100% |
| • Endodontics | 100% |
| • Non-Surgical Periodontics | 100% |
| • Repairs of Crowns, Inlays, Onlays, Bridges and Dentures | 100% |
| • Simple Extractions | 100% |
| • Surgical Periodontics | 100% |
| • Complex Oral Surgery | 100% |
| • General Anesthesia | 100% |

Class III Services

- | | |
|--------------------------|-----|
| • Inlays, Onlays, Crowns | 80% |
| • Prosthetics | 80% |

Orthodontics

- | | |
|-----------------------------------------------------|-----|
| • Diagnostic, Active, Retention Treatment | 50% |
| • Limited to Dependent Children Under the Age of 19 | |

Deductibles & Maximums

- \$25 per Calendar Year Deductible (excludes Class I and Orthodontic services) per Member not to exceed \$75 per family
- \$2500 per Calendar Year Maximum per Member
- \$1500 Orthodontic Lifetime Maximum per Member

**All services listed on this Schedule of Benefits are subject to the
Schedule of Exclusions and Limitations.
Participating Dentists accept the Maximum Allowable Charge as payment in full.**

Please visit United Concordia Website for a list of participating dentists
in your area at www.ucci.com or call Customer Service at 800-332-0366.