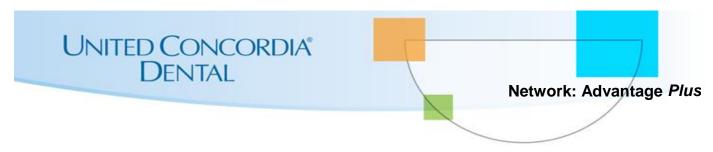
## Dental Benefits Summary for Pennsylvania Automotive Association - Full



Effective Date: 07/01/2021

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
Class I – Diagnostic/Preventive Services		1
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	100%	100%
Simple Extractions		
Space Maintainers		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	80%	80%
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Pregnancy Benefit	Covers 1 additional cleaning during pregnancy	
	services received from network and non-network dentists)	
Annual Program Deductible per calendar year	\$25/\$50 <sup>3</sup>	
(per person/per family)		
Annual Program Maximum per calendar year	\$1,500	
(per person)	Excludes Orthodontics <sup>3</sup>	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Advantage Plus	In PA: Advantage Outside PA: 90 <sup>th</sup> Percentile

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

<sup>1.</sup> Dependent children covered to age 26.

<sup>2.</sup> 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.

<sup>3.</sup> Annual Deductible and Annual Maximum exclude certain Surgical Procedures