



State System Dental Benefits Program

SCHEDULE OF BENEFITS (Dental Network: Advantage Plus)		
BENEFIT CATEGORY	COVERAGE % OF MAXIMUM ALLOWABLE CHARGE	LIMITATIONS
Class I - Diagnostic and Preventive		
Routine oral examinations	100%	Twice per 12 month period
Full mouth x-rays	100%	Once every 36 months
Bitewing x-rays	100%	Once every 6 months
Periapical x-rays	100%	No limitation
Prophylaxis (teeth cleaning)	100%	Twice per 12 month period
Topical fluoride application	100%	Once every 6 months; for dependent children under age 19
Sealants	100%	Once every 36 months on same tooth; for dependent children through age 13
Space Maintainers	100%	Eligible for dependent children under age 19 when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars
Class II - Basic Services		
Minor restorations – amalgam, silicate, acrylic, synthetic porcelain and composite filling restorations	100%	
Endodontics - including root canal therapy, pulpotomy, and direct pulp capping	100%	Incomplete endodontic therapy is not covered Pulp therapy is limited to once per tooth per lifetime
Non-surgical periodontics <ul style="list-style-type: none"> ○ Diagnosis and treatment planning including periodontal examination ○ Periodontal scaling and root planning and special periodontal appliances ○ Maintenance – post treatment preventive periodontal procedures (periodontal prophylaxis) 	100%	Post treatment preventive periodontal procedures are limited to 4 in any period of 12 consecutive months. This maximum will be reduced by the number of routine prophylaxis received during that 12-month period so that the total number of prophylaxis for a given 12-month period, including both routine and periodontal prophylaxis will not exceed 4
Surgical periodontics	100%	
Simple extractions	100%	
Oral surgery <ul style="list-style-type: none"> ○ Surgical removal of teeth ○ Surgical removal of maxillary or mandibular intrabony cysts ○ Procedures performed for the preparation of the mouth for dentures ○ Apicoectomy (surgical removal of the end of a root) ○ Complete bony impactions ○ Services of a dentist who actively assists the operating surgeon in the performance of covered surgery when the condition of the patient or the type of surgery performed requires assistance 	100%	If more than one surgical procedure is performed by the same dentist during the same operative session, United Concordia will pay 100% UCR for the highest paying procedure and no allowance will be made for additional procedures except where United Concordia deems that an additional allowance is warranted

BENEFIT	COVERAGE % OF MAXIMUM ALLOWABLE CHARGE	LIMITATIONS
Class II - Basic Services (cont'd)		
Anesthesia	100%	In connection with covered services when rendered by or under the direct supervision of a dentist other than the surgeon, assistant surgeon or attending dentist. The administration of a local infiltration, block anesthetic or use of nitrous oxide as a local anesthetic is not covered
Repair of broken partial or full removable dentures	80%	
Repair of broken crowns, inlays, onlays or bridges	80%	
Relining or rebasing of dentures	70%	More than 6 months after the insertion of an initial or replacement denture, but not more than one relining or rebasing in any period of 36 consecutive months
Palliative emergency treatment of an acute condition requiring immediate care	100%	
Inpatient consultations , if condition requires it and the dentist in charge of the case requests the consultation	100%	Limited to one consultation per consultant during any one inpatient stay.
Class III - Major Restorative		
Initial insertion of bridges including pontics and abutment crowns, inlays and onlays	70%	
Initial insertion of partial or full dentures including any adjustments during the 6-month period following insertion	70%	
Replacement of an existing partial or full denture or bridge by a new denture or by a new bridge	70%	Only if satisfactory evidence is presented that: <ul style="list-style-type: none"> ○ The existing denture or bridge was inserted at least 5 years prior to the replacement, and ○ The existing denture or bridge is unserviceable and cannot be made serviceable
Single unconnected crowns, inlays and onlays , none of which is part of a bridge or splinted together	70%	
Replacement of crowns, inlays and onlays	70%	Only if satisfactory evidence is presented that: <ul style="list-style-type: none"> ○ At least 5 years have elapsed since the date of the insertion of the existing crown, inlay or onlay, and ○ Only if the existing crown, inlay or onlay is unserviceable and cannot be serviceable
Addition of teeth to an existing partial denture or bridge	70%	Only if satisfactory evidence is presented that the addition of teeth is required to replace one or more teeth extracted after the existing denture or bridge was inserted

BENEFIT	COVERAGE % OF MAXIMUM ALLOWABLE CHARGE	LIMITATIONS
Orthodontics		
Diagnosis, including radiographs Active treatment, including necessary appliances Retention treatment following active treatment	60%	Available to employees and dependents
<p>A treatment plan must be submitted to United Concordia by a dentist with the diagnosis indicating that the orthodontic condition consists of a handicapping malocclusion which is abnormal and is correctable.</p> <p>Any charges for the replacement and/or repair of any appliance furnished under the treatment plan or for any duplicate device or appliance will not be paid by United Concordia.</p> <p>Functional/myofunctional therapy is covered only when provided by a dentist in conjunction with appliance therapy.</p>		
Deductibles and Maximums		
No Deductible \$1,250 maximum benefit per calendar year per person \$3,000 Orthodontic lifetime maximum benefit per person		
Dentist Reimbursement		
Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs). Network dentists agree to the allowances as payment in full for coverage services. Non-network dentists may bill the member for any difference between the allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.		

Predetermination
Predetermination is used by United Concordia to determine eligibility of the patient and to review the treatment plan to determine the extent of coverage. This assures the patient and the dentist that the particular service that will be performed is a covered service.
<i>Predetermination is requested for:</i>
<ul style="list-style-type: none"> • The extraction of 6 or more teeth; • Prosthetics; • Crown, Inlay or Onlay restorations; • Periodontics; and • All treatment plans of \$150 or more
<i>Predetermination is required for:</i>
<ul style="list-style-type: none"> • Orthodontics

For more information on your dental benefits, visit www.unitedconcordia.com or call 800.332.0366.

This exhibit provides only general information. More detailed information about benefits and eligibility are contained in the Plan Document. If there is a difference between this summary and the Plan Document, the Plan Document will govern.