

## Dental Benefits Summary for Penn Stainless Products Inc.

Updated 06/20/2019

Network: Advantage *Plus*

Benefit Category <sup>1</sup>		CONCORDIA FLEX PLAN	
		In-Network <sup>2</sup>	Non-Network <sup>2</sup>
Class I – Diagnostic/Preventive Services			
Exams	100%	100%	
Bitewing X-rays			
All Other X-rays			
Cleanings & Fluoride Treatments			
Sealants			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings) <sup>4</sup>	80%	80%	
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Endodontics			
Nonsurgical Periodontics			
Surgical Periodontics			
Complex Oral Surgery			
General Anesthesia			
Class III – Major Services			
Inlays, Onlays, Crowns	50%	50%	
Prosthetics (Bridges, Dentures)			
Orthodontics			
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered	
Included Plan Features			
Pregnancy Benefit	• Covers 1 additional cleaning during pregnancy		
Smile for Health®--Wellness <sup>3</sup> <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	• Covers 1 additional periodontal maintenance per year • Payment is made at 100% of the allowance for the following Periodontal services; Gingival Flap, Osseous Surgery, Scaling and Root Planing, Periodontal Scaling with Gingival Inflammation		
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)			
Contract Year Program Deductible (per person/per family) August 1 to July 31	\$50/\$150 Excludes Class I		
Contract Year Program Maximum (per person) August 1 to July 31	\$1,000		
Reimbursement	Advantage Plus	Advantage	

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

1. Dependent children 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. 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.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.
4. Composite fillings are covered when performed on posterior teeth.