



## Dental Benefits Summary for Healthway of San Diego Health & Welfare Trust

Effective Date: 03/01/2010

Network: Advantage Plus

| Benefit Category <sup>1</sup>  | CONCORDIA PREFERRED           |                                   |            |             |
|--|-------------------------------|-----------------------------------|------------|-------------|
|  | In-Network <sup>2</sup>       | Non-Network <sup>2</sup>          | Deductible |             |
|  |                               |                                   | In-Network | Non-Network |
| <b>Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)</b> |                               |                                   |            |             |
| Exams  | 100%                          | 100%                              | None       | None        |
| Bitewing X-rays  |                               |                                   |            |             |
| All Other X-rays   |                               |                                   |            |             |
| Cleanings & Fluoride Treatments<br>(includes 1 additional cleaning during pregnancy)   |                               |                                   |            |             |
| Sealants   |                               |                                   |            |             |
| Palliative Treatment   |                               |                                   |            |             |
| <b>Class II – Basic Services</b>   |                               |                                   |            |             |
| Basic Restorative (Fillings)   | 90%                           | 80%                               | \$25       | \$50        |
| Simple Extractions   |                               |                                   |            |             |
| Space Maintainers  |                               |                                   |            |             |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures                                  |                               |                                   |            |             |
| <b>Class III – Major Services</b>  |                               |                                   |            |             |
| Inlays, Onlays, Crowns   | 60%                           | 50%                               | \$25       | \$50        |
| Prosthetics (Bridges, Dentures)  |                               |                                   |            |             |
| Endodontics  |                               |                                   |            |             |
| Nonsurgical Periodontics   |                               |                                   |            |             |
| Surgical Periodontics  |                               |                                   |            |             |
| Complex Oral Surgery   |                               |                                   |            |             |
| General Anesthesia   |                               |                                   |            |             |
| Implants Prosthetics   |                               |                                   |            |             |
| Implants Surgery   |                               |                                   |            |             |
| <b>Maximums &amp; Deductibles (cumulative of network and non-network)</b>              |                               |                                   |            |             |
| Annual Program Maximum (per person)  | \$1,000<br>Excludes Class I   | \$1,000<br>Excludes Class I       |            |             |
| Annual Program Deductible (per person/per family)                                      | \$25/\$75<br>Excludes Class I | \$50/\$150<br>Excludes Class I    |            |             |
| <b>Reimbursement</b>   | <b>Advantage Plus</b>         | <b>90<sup>th</sup> Percentile</b> |            |             |

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

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 25.

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. United Concordia Dental's standard exclusions and limitations apply.

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