

BENEFIT CATEGORY	ConcordiaPLUS DHMO**
Deductibles	None
Diagnostic and Preventive Services	
Dental Examinations	100% without limitation, as required
Oral Prophylaxis (teeth cleaning)	100% without limitation, as required
Fluoride Application (to age 19)	100%
Oral hygiene counseling	100%
Nutritional counseling	100%
Full Mouth X-rays	100% without limitation, as required
Bitewing X-rays	100% without limitation, as required
Sealants (to age 15; posterior teeth)	100%
Restorative Services (under local anesthesia)	
Basic Restorative Services (silver and tooth-colored fillings) Single unconnected inlays, onlays, and crowns	100%
	80%
Oral Surgery (under local anesthesia) Simple Extractions Most Other Oral Surgery	100%
	80%
Endodontics (under local anesthesia)	
Root Canal Treatment	100%
Apicoectomy	100%
Periodontics – Gum Treatment (under local anesthesia)	
Non-Surgical	80%
Surgical	80%
Fixed Prosthetics	
Fixed Bridgework, including abutment inlays, onlays, crowns and pontics Replacement	80%
Repairs to Fixed Bridges	80% without limitation, as required
Removable Prosthetics	
Full or Partial Dentures Replacement	80%
	80%, without limitation, as required
Relining or Rebasings	80%, without limitation, as required
Repairs to Removable Prosthetics	80%
Orthodontics (all members)	60%
	No Lifetime Program Maximum
Out-of-Area Emergency Services	Up to \$30 reimbursement for each occurrence
CONTRACT YEAR MAXIMUM	None
Maximum applies to	N/A

*All services under the Concordia PLUS program must be received in or coordinated through a Concordia PLUS Primary Dental Office. Any services not received in or coordinated through the Primary Dental Office will be the patient's financial responsibility. Please refer to your **Concordia PLUS** Co-pay Schedule to determine which procedures are covered and your specific copayment responsibility. The percentages reflected above for this plan are approximate figures. **Concordia PLUS Dental Network-Concordia PLUS**