PLAN/SUMMARY PLAN DESCRIPTION

MARICOPA COUNTY GROUP DENTAL PLAN

Concordia FLEX

Administrative Information

Plan Name:	Maricopa County Group Dental Plan
Informal Plan Name:	Concordia FLEX
Employer/Plan Sponsor:	Maricopa County
Plan Sponsor Tax Identification No.:	86-6000472
Plan Number:	501
Type of Plan:	Group Dental
Type of Administration:	Dental Insurance
Plan Administrator:	Maricopa County
Claims Administrator:	United Concordia Companies, Inc. P.O. Box 69421 Harrisburg, PA 17106-9421 Telephone number: (800) 332-0366
Funding Medium:	Self-Insured
Plan Year:	January 1 to December 31

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Introduction

We all need regular dental care. Prevention through early, quality care helps to keep your family and you in good dental health. Being in good dental health may reduce your out-of-pocket expenses in the long term. This is why your employer chose Concordia FLEX. The goal is to help you avoid complex, costly dental procedures.

This Plan Summary Plan Description is written in an easy-to-understand way to explain the Maricopa County Group Dental Plan ("the Plan"), and to give you information concerning the Plan which you may need in the future. If you have any questions after reading this Plan/Summary Plan Description feel free to contact the Plan Administrator who will be glad to provide answers to you.

The Plan is intended to operate to provide dental benefits for eligible employees and their covered dependents.

Who is Eligible for Coverage

You are covered under this program:

a) While you are a regular status employee scheduled to work at least 40 hours per pay period; and
b) If employed on or after the date this program first became effective; or
c) On the day following completion of any eligibility waiting periods as specified by your employer; or
d) When the required enrollment form has been completed and forward with the required periodic premium payments to United Concordia Companies, Inc. by the group.

You are eligible for dependent coverage on the date you become eligible for employee coverage or on the date you acquire your first eligible dependent, whichever is later.

Your eligible dependents are:

- Your spouse, unless legally separated.
- Your unmarried children, including stepchildren, adopted children, children placed for adoption if you are legally required to provide support until the adoption is finalized, and foster children, who:
  - Qualify as your dependent under Internal Revenue Code Section 152, regardless of whether a divorced custodial parent has released the claim to the child's dependency exemptions under Internal Revenue Code Section 152(e).
  - Are under age 19 or who are 19 but less than age 25 and are a full-time student at an accredited school, college, or university.

You must let the Plan Administrator know when new dependents become eligible. You must also let the Plan Administrator know when you no longer have any eligible dependents. Your employer has forms that you can use to report.

Individuals eligible for coverage as employees may not also be covered as dependents, and if you and your spouse are both eligible for employee coverage under the Plan, only one of you can cover your eligible dependent children.

Enrollment

To enroll in the Plan, you must complete the election forms provided by the Plan Administrator. If you do not complete the proper election forms, you may not participate in the Plan.

Annual Enrollment. Before the Beginning of each Plan Year, the Employer will hold an enrollment period during which you may elect benefits under the Plan for the upcoming Play Year. The enrollment period will begin and end on dates determined by the Plan Administrator. These dates always will be prior to the beginning of the next Plan Year.

Enrollment for New Employees. New employees will be enrolled in the Plan upon becoming eligible to participate.

Change in Benefit Elections

Generally, your Plan elections must stay in effect for the entire Plan Year. These are certain limited circumstances under which you are permitted to revoke or change your annual election. The following events are changes that if consistent with the requested change in your benefit election will permit you to change your benefit election during a Plan Year.

- You get married or divorced
- You have a child or adopt a child
- Your spouse or a child dies
- Your spouse commences or terminates employment
- Your (or your spouse's employment status changes from full-time to part-time or from part-time to full-time
- You (or your spouse) take an unpaid leave of absence
- There is a significant change in the dental coverage that is provided by your spouse's employer
- At your or your spouse's open enrollment period

Cost

Your employer pays one-half the monthly premium.

How Concordia FLEX Works

Choice of Dentist

You may go to any dentist for services covered by the Plan. However, you will have a cost advantage if you choose to go to a participating Concordia FLEX dentist. You will pay only the coinsurance amount that your plan specifies. Concordia FLEX network dentists will also fill out and send claim forms for you.

If you go to a dentist who is not in the Concordia FLEX network, you may have to pay the dentist up-front. You may also have to send in your claim yourself, then wait for the Claims Administrator to reimburse you. You will have to pay the difference between the dentist's charge and the amount that the Claims Administrator allows. This is *in addition to* any coinsurance payment that is applicable.

Identification Cards

You will receive Concordia FLEX ID cards when you become a member. You may call the Claims Administrator at 1-800-332-0366 to request new cards if you lose your cards or if someone steals them. Show your Concordia FLEX ID card when you go to your dentist's office.

Coinsurance

You should visit the dentist regularly. This is why check-ups, cleanings and x-rays require either a small coinsurance payment or no payment at all. Your payment depends on your plan. Cleanings and x-rays are "preventative and diagnostic" services. You may have a payment for other services. (Please see the attached Schedule of Benefits.) You must pay this coinsurance amount once you receive a bill for it.

Predetermination of Benefits

Although you do not have to seek predetermination of benefits before you start treatment, you are encouraged to do so in the case of major dental procedures. A predetermination lets your dentist and you know exactly what your coverage is and how much you will have to pay.

Course of Treatment

A course of treatment is a planned program of one or more services or supplies for the treatment of a dental condition. The course of treatment starts as of the date that a dentist first does something to correct or treat the diagnosed dental condition.

Alternate Treatment

There are often several ways to treat a dental condition. For example, a filling of a crown can restore a tooth, or a fixed bridge or a partial denture can replace missing teeth. We will authorize treatment for the less expensive procedure; of course, the procedure selected must meet accepted standards of dental treatment. You do not have to accept the less expensive procedure. You must pay any additional charges if you choose the more expensive procedure.

Benefits

Concordia FLEX provides the dental services as specified on the attached Schedule of Benefits and subject to the provisions of the Plan.

Coordination of Benefits

A. Applicability

1. This Coordination of Benefits (COB) provision applies to This Plan when an employee or the employee's covered dependent has dental care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

2. If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another plan. The benefits of This Plan:

   a. Shall not be reduced when under the order of benefit determination rules. This Plan determines its benefits before another plan; but

   b. May be reduced when, under the order of benefits determination rules, another plan determines its benefits first. The above reduction is described in Section D, "Effects on the Benefits of This Plan."

B. Definitions

1. "Plan" is any of these which provides benefits or services for, or because of, medical or dental care treatment:

   a. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.

   b. Coverage under a governmental plan, or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time).

   Each contract or other arrangement for coverage under a. or b. is a separate plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate plan.

2. "This Plan" is the part of the group contract that provides benefits for dental care expenses.

3. "Primary Plan/Secondary Plan." The order of benefits determination rules state whether This Plan is a Primary Plan or Secondary Plan as to another plan covering the person.

When This Plan is a Primary Plan, its benefits are determined before those of the other plan, and without considering the other plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of the other plan and may be reduced because of the other plan's benefits.

When there are more than two plans covering the person, This Plan may be a Primary Plan as to one or more other plans, and may be a Secondary Plan as to a different plan or plans.

4. "Allowable Expense" means a necessary, reasonable and customary item of expense for health care; when the item of expense is covered at least in part by one or more plans covering the person for whom the claim is made.

   When a plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.

5. "Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.

C. Order Of Benefit Determination Rules

1. General. When there is a basis for a claim under This Plan and another plan This Plan is a Secondary Plan which has its benefits determined after those of the other plan, unless:

   a. The other plan has rules coordinating its benefits with those of This Plan; and

   b. Both those rules and This Plan's rules, in Subsection 2 below, require that This Plan's benefits be determined before those of the other plan.

2. Rules. This Plan determines its order of benefits using the first of the following rules which applies:

   a. Non-Dependent/Dependent. The benefits of the plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the plan which covers the person as a dependent.

   b. Dependent Child/Parents not Separated or Divorced. Except as stated in Paragraph 2 (c) below, when This Plan and another plan cover the same child as a dependent of different person, called "parents:"

      (1) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year; but

(2) If both parents have the same birthday, the benefits of the plan which covered one parent longer are determined before those of the plan which covered the other parent for a shorter period of time.

However, if the other plan does not have the rule described in (1) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.

c. Dependent Child/Separated or Divorced. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:

(1) First, the plan of the parent with custody of the child;

(2) Then, the plan of the spouse of the parent with the custody of the child; and

(3) Finally, the plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the dental care expense of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. The plan of the other parent shall be the Secondary Plan. This paragraph does not apply with respect to any Claim Determination Period or Plan Year during which any benefits are actually paid or provided before the entity has that actual knowledge.

d. Active/Inactive Employee. The benefits of a plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this Rule (4) is ignored.

e. Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the plan which covered an employee, member or subscriber longer are determined before those of the Plan which covered that per-son for the shorter term.

D. Effect On The Benefits Of This Plan

1. When This Section Applies. This Section D applies when, in accordance with Section C. "Order of Benefit Determination Rules," This Plan is a Secondary Plan as to one or more other plans. In that event the benefits of This Plan may be reduced under this section. Such other plan or plans are referred to as " the other plans" in 2. immediately below.

2. Reduction in this Plan's Benefits. The benefits of This Plan will be reduced when the sum of:

a. The benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and

b. The benefits that would be payable for the Allowable Expense under the other plans in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made, exceeds those Allowable Expenses in a Claim Determination Period. In that case, the benefits of This Plan will be reduced so that they and the benefits payable under the other plans do not total more than those Allowable Expenses.

When the benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

E. Right To Receive And Release Needed Information

Certain facts are needed to apply these COB rules. The Claims Administrator has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person. The Claims Administrator need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give The Claims Administrator any facts it needs to pay the claim.

F. Facility Of Payment

A payment made under another plan may include an amount which should have been paid under This Plan. If it does The Claims Administrator may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Claims Administrator will not have to pay that amount again. The term "payment made" includes providing benefits I the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

G. Right Of Recovery

If the amount of the payments made by The Claims Administrator is more than it should have paid under this COB provision, it may recover the excess from one or more of:

1. The persons it has paid or for whom it has paid;

2. Insurance companies; or

3. Other organizations.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

Subrogation of Benefits

In the event any payment is made under the Plan, the Plan shall be subrogated and shall succeed to the rights of any Participant against any other plan, person or entity for recovery of dental care expenses for which such other plan, person or entity is liable. All amounts so recovered, by settlement, judgment or otherwise, shall be paid to the Plan, for ultimate disposition thereunder, which may include payment to the Employer. Participants shall furnish such information, execute and deliver such assignment documents and other instruments, and take whatever steps are necessary to secure the rights of the Plan and the Employer. Participants shall take no action to prejudice the rights and interests of the Plan or the Employer hereunder.

Non-alienation of Benefits

No right or benefit provided for under the Plan shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge, and any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, or charge the same shall be void. However, this Section shall not be construed to prevent a Participant from directing the Plan to pay expenses directly to a provider of services or products if those expenses are otherwise reimbursable to the Participant under Plan. In such event, the Plan shall be relieved of all further responsibility with respect to that particular expense.

Termination

Your coverage will end at the end of the pay period in which any of the following events occur.

- Your termination of employment with the Plan Sponsor.
- Your failure to satisfy the Plan's eligibility requirements.
- Your disenrollment from the Plan.
- Your failure to immediately return to work after an approved leave of absence with the Plan Sponsor during which you were entitled to receive coverage under the Plan.
- Your fraudulent use of dental services or facilities.
- Your failure to timely pay required contributions under this Plan.

For dependent children, coverage will end in which any of the following events occur.

- On their 19th birthday, if not a full-time student at an accredited school, college or university;
- The date in which they are no longer a full-time student at an accredited school, college or university; or
- On the date the full-time student reaches the age of 25.

If the Plan is terminated, your coverage will end on the date of the Plan's termination.

Extension of Benefits

If the Concordia FLEX program for you or a dependent is terminated (unless the termination is due to nonpayment of premiums or co-payments, or fraud on your part), coverage for completion of a

dental procedure that requires two or more visits on separate days to a dental office will extend for ninety (90) days after termination.

In the case of orthodontic treatment (which services must be included in the attached Schedule of Benefits), your coverage will extend for sixty (60) days if the orthodontist has agreed to or is receiving monthly payments. Coverage extends either to the end of the quarter in progress or for sixty (60) days, whichever period is greater, if the orthodontist has agreed to or is receiving quarterly payments.

COBRA Continuation Coverage

Notwithstanding the termination provisions of the Plan described above, if the Employer normally employed 20 or more employees on a typical business day during the preceding calendar year, continuation coverage shall be provided under the Plan in accordance with Title XXII of the Public Health Services Act ("COBRA continuation coverage"). The terms of such COBRA continuation coverage are described below:

a. COBRA continuation coverage shall be offered under the following circumstances ("qualifying events") if participation under the Plan ordinarily would terminate as a result of such circumstances: (1) the Participant's termination of employment (other than by reason of such Participant's groll misconduct) or reduction of work hours to a level that would exclude him and his family from the Plan; (2) the Participant's divorce or legal separation; (3) death of the Participant; (4) the Participant's entitlement of Medicare benefits; (5) a dependent child ceasing to qualify as a "dependent" eligible for coverage under the terms of the Plan; or (6) the commencement by the Employer on or after July 1, 1986 of a Title 11 bankruptcy proceeding. (Item (6) affects only retired Participants, their Spouses and Dependents.

b. COBRA continuation coverage shall be offered only to the Participant and/or his Spouse and his Dependents who were covered under the Plan on the day before the qualifying event occurred and who lose coverage under the Plan on account of the qualifying event ("qualified beneficiaries"). The qualified beneficiary shall be entitled to elect only the type of coverage he was receiving under the Plan at the time of the qualifying event. The right to elect core coverage, i.e., basic hospitalization and major medical coverage, shall be offered separately. Non-care coverage will not be offered separately from core coverage under the Contract.

c. In the case of qualifying event described in (a)(2) or (5) above, the Participant or his family must notify the Employer of the qualifying event within 60 days of the date of the event. In all other cases, the Employer shall be deemed to be notified of the qualifying event. Within 14 days of such notification, the Employer shall provide the Participant and/or his family with a notice of the right to elect COBRA continuation coverage.

d. The Participant, his Spouse, or his Dependent may elect COBRA continuation coverage within 60 days of the later of the date of the qualifying event, or the date to the notice form the Employer to qualified beneficiary. Each qualified beneficiary may make a separate election for COBRA continuation coverage. If an election is made within the 60-day period, the Plan shall permit payment for COBRA continuation coverage during the period preceding such election to be made not less than 45 days after the date of the election. If the election to continue coverage is not made the

above 60-day period, then no further opportunity to continue coverage will be extended to the Participant, his Spouse or his Dependents.

e. In the case of (a) (1) above, COBRA continuation coverage may continue for up to 18 months. If, within the first sixty (60) days of continuation coverage, it is determined that the qualified beneficiary was disabled (under Title II or XV of the Social Security Act), continuation coverage may continue an additional 11 months, or a total of 29 months. To qualify for the additional 11months, the Employer must be notified of the disability within 60 days after the date of determination. Such additional coverage will cease if the disability terminates. Therefore, the Employer must be notified within 30 days of the date of any final determination that the disability no longer exists. In the case of (a)(2) through (5), coverage may continue for up to 36 months. In this case of (a)(6), coverage may continue (1) until the death of the retired Participant or of any qualified beneficiary who, on the day before the qualifying event, was a surviving spouse or dependent child of the Participant, for up to 36 months after the death of the Participant. Notwithstanding the continuation periods specified above, COBRA continuation coverage shall terminate with respect to a qualified beneficiary upon the earlier of:

   i. The date on which the Employer ceases to provide any group dental plan to any employee;

   ii. The date upon which coverage under the plan ceases as a result of failure to make timely premium payments as required by (f) below; premium payments shall be considered timely if made within 30 days of the due date; however, coverage shall be terminated retroactively as of the due date if payments are not received within 30 days; non-sufficient fund checks are not payment;

   iii. The date upon which the qualified beneficiary becomes covered under any other group dental plan (as an employee or otherwise) if such plan does not contain an exclusion or limitation with respect to any preexisting condition of such qualified beneficiary; or

   iv. The date upon which the qualified beneficiary (other than a qualified beneficiary described in (a) (6) above) becomes entitle to Medicare benefits. In the event of multiple qualifying events, the maximum required continuation period is 36 months.

f. The Plan shall require payment of a premium for any period of COBRA continuation coverage in an amount that shall not exceed 102 percent of the cost to the Plan for such period of coverage for active Participants with respect to who a qualifying event has not occurred. The Cost to the Plan for coverage shall be determined for a period of 12 months selected by the Plan and shall be determined before the beginning of such period. The qualified beneficiary may elect to make any required premium payments in monthly installments. If the COBRA continuation period is extended from 18 months to 29 months due to disability as provided in (e) above, the premium for the additional 11 months of coverage shall be an amount not to exceed 150% of the cost to the Plan for such coverage, rather that 102% of such cost.

g. COBRA continuation coverage is not conditioned upon evidence of insurability.

Plan Amendment

The employer intends to continue the Plan indefinitely but reserves the right, by action by its board of directors, to amend, modify or terminate the Plan at any time.

All changes will be communicated in writing and if the Plan is discontinued, benefits, if any, will be paid for all charges incurred for covered services prior to that date.

Claims Procedure

No claims forms will be required from you or your dependents for services covered under the Concordia FLEX program if you visit a dentist in the Concordia FLEX network. If you do not receive treatment from a Concordia FLEX network dentist, you may have to send a claim form to the Claims Administrator in the event the dentist will not send it in for you. You will have (one year), 365 days to submit claims for dental expenses that you incurred from the date of service.

Should you have any questions concerning your Concordia FLEX coverage, you should contact the Claims Administrator at:

Customer Service – Concordia FLEX
United Concordia Companies, Inc.
P.O. Box 69421
Harrisburg, PA 17106-9421

Telephone number: (800) 332-0366

Coordination with Other Laws

Family & Medical Leave Act. A Participant on an Employer approved leave of absence under the Family & Medical leave Act shall continue to participate in the Plan in accordance with the requirements of such act.

Qualified Medical Child Support Order. The Plan shall comply with the terms of any medical child support order determined by the Plan Administrator to constitute a Qualified Medical Child Support Order.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Except as specifically provided in this Certificate, no coverage will be provided for services, supplies or charges:

1. Not specifically listed as a covered benefit.
2. Which in the opinion of the dentist are not clinically necessary for the member's health.
3. Which are necessitated by lack of patient cooperation or failure to follow a professionally prescribed Treatment Plan.
4. Started by any dentist prior to the member's eligibility under UCCI, including, but not limited to, endodontics, crowns, bridges, inlays, onlays, and dentures.
5. Incurred prior to the Member's Effective Date or after the Termination Date of coverage with the Claims Administrator, except those services as provided for in the Extension and Continuation of Benefits sections of this Certificate.
6. That do not meet accepted standards of dental treatment, which are Experimental or Investigational in nature or are considered enhancements to standard dental treatment as determined by the Claims Administrator.
7. For hospitalization costs.
8. Determined by the Claims Administrator to be the responsibility of Worker's Compensation or Employer's Liability, services for which benefits are covered under any Federal Government or state program, excluding Medical Assistance, or for services for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy. The Claims Administrator's benefits would be in excess to the third party benefits and therefore, the Claims Administrator would have right of recovery for any benefits paid in excess.
9. For prescription drugs.
10. Administration of nitrous oxide, general anesthesia and i.v. sedation, in conjunction with covered dental surgery, unless specifically described on the Schedule of Benefits.
11. Which are Cosmetic in nature as determined by the Claims Administrator. Including, but not limited to implants, posterior composite fillings, bleaching.
12. Elective procedures including the prophylactic extraction of third molars.
13. For the following which are not included as orthodontic benefits - retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient neglect.
14. For any dental or medical services performed by a physician and/or services which benefits are otherwise provided under a medical-surgical plan of the Member.
15. For congenital mouth malformations or skeletal imbalances, including, but not limited to treatment related to cleft palate therapy, treatment related to disharmony of facial bone, treatment related to or required as the result of orthognathic surgery including orthodontic treatment, dental implant services including placement and restoration of implants, and oral and maxillofacial and temporomandibular joint services including associated hospital, facility, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth, all treatment of temporomandibular disorders (TMD, TMJ, CMD, MFPD etc.), both surgical and nonsurgical treatment, arthroscopy of the joint and orthognathic surgery, and treatment of any malocclusion involving joints or muscles by orthodontic repositioning of the teeth. This exclusion shall not apply to newly born children of Members if such services are not covered under the employer's group health coverage.
16. For dental treatment of fractures and dislocations of the jaw.
17. For treatment of malignancies or neoplasms.

18. Procedures requiring appliances or restorations (except when involving full or partial dentures) that are necessary for adult or pediatric full mouth rehabilitation, including precision attachments or stress breakers, restoration of occlusion, to alter vertical dimension of occlusion, restorative equilibration and kinesiology.
19. For the cost to replace lost, stolen or damaged prosthetic or orthodontic appliances.
20. Deemed by the Claims Administrator to be of questionable efficacy.
21. For broken appointments.
22. Which are not Dentally Necessary as determined by the Claims Administrator.
23. For any service for which the Member failed to follow the guidelines of the Claims Administrator.
24. Full Mouth Debridement.

LIMITATIONS

The following services will be subject to limitations as set forth below:

1. Full mouth x-rays - one every five years.
2. Two sets of bitewing x-rays per calendar year through age thirteen, and one set of bitewing x-rays per calendar year for age fourteen and older.
3. Periodic oral evaluation – twice per calendar year.
4. Limited oral evaluation (problem focused) – limited to one per Member per dentist per twelve months.
5. Prophylaxis – twice per calendar year.
6. Fluoride treatment – twice per calendar year through age eighteen.
7. Space maintainers - only eligible for Dependent children through age eighteen when used to maintain space as a result of prematurely lost deciduous teeth and permanent first molars, or deciduous teeth and permanent first molars that have not, or will not develop.
8. Prefabricated stainless steel crowns - one per tooth per lifetime for age fourteen years and younger.
9. Crown lengthening - one per tooth per lifetime.
10. Periodontal maintenance following active periodontal therapy - two per year per member in addition to routine prophylaxis.
11. Periodontal scaling and root planing - one per twenty-four month period per area of the mouth.
12. Placement or replacement of single crowns, inlays, onlays, single and abutment buildups and post and cores, bridges, full and partial dentures - one within five years of their placement.
13. Denture relining or rebasing - integral if provided within six months of insertion by the same dentist.
14. Subsequent denture relining or rebasing - limited to one every thirty-six months thereafter.
15. Surgical periodontal procedures - one per twenty-four month period per area of the mouth.
16. Sealants - one per tooth per three years on permanent first and second molars through age fifteen.
17. Pulpal therapy - through age five on primary anterior teeth and through age eleven on primary posterior teeth.
18. An Alternate Benefit Provision (ABP) will be applied if a dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed for the less costly treatment.
19. Root canal therapy – limited to one per tooth per lifetime.
20. Orthodontic therapy – limited to eligible adults and dependent children. Treatment for dependent children is limited to age 19 (or to age 25 if a full-time student) and not before the eighth (8) birthday.

Schedule of Benefits

ConcordiaFLEXsm

	Plan Pays*
Diagnostic & Preventive ***(Deductible Does Not Apply)***	
• *Exams*	**100%**
• *X-Rays*	
• *Cleanings*	
• *Fluoride Treatments*	
• *Sealants*	
• *Palliative Treatment*	
Basic Services	
• *Basic Restorative*	**80%**
• *Endodontics*	
• *Non-surgical Periodontics*	
• *Repairs*	
• *Simple Extractions*	
• *Surgical Periodontics*	
• *Complex Oral Surgery*	
• *General Anesthesia*	
Major Restorative	
• *Inlays, Onlays, Crowns*	**50%**
• *Prosthetics*	
Orthodontics	
• *Diagnostic, Active, Retention Treatment*	**50%**

Deductibles & Maximums

- *$50.00 per Calendar Year Deductible ($100.00 amount equal to two times the Member deductible) per family.*
- *$2,000 per Calendar Year Maximum per Member*
- *$1,500.00 Orthodontic Lifetime Maximum per Member*

****Coinsurances and Deductibles are based on the Maximum Allowable Charge.***
Participating Dentists accept the Maximum Allowable Charge as payment in full.