

**Dental Benefits Summary for Okaloosa County Board of County Commissioners**  
**Effective Date: October 1** **Network: Concordia Advantage Plus**

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Sealants		
Palliative Treatment		
Space Maintainers		
<b>Class II Basic Services</b>		
Basic Restorative (Fillings, including Posterior Resins)	80%	80%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III Major Services</b>		
Inlays, Onlays, Crowns ( Permanent and Temporary )	50%	50%
Prosthetics (Bridges, Dentures)		
Occlusal Guards		
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Maximums &amp; Deductibles (cumulative of network and non-network)</b>		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	\$50/\$150 Excludes Class I & Orthodontics
Annual Program Maximum (per person)	\$1,200	\$1,200
Lifetime Orthodontic Maximum (per person)	\$1,000	\$1,000
<b>Reimbursement</b>	<b>Advantage Plus</b>	<b>Advantage</b>

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

1. United Concordia is matching current benefits, pending approval from various internal departments.
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.