

**Dental Benefits Summary for
L.A. DEPARTMENT OF WATER AND POWER-Retirees**

Network: Concordia Alliance

| Benefit Category ¹ | CONCORDIA PREFERRED PLAN | |
|--|-------------------------------|---------------------------------|
| | In-Network ² | Non-Network ² |
| Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum) | | |
| Exams | 100% | 100% |
| Bitewing X-rays | | |
| All Other X-rays | | |
| Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy) | | |
| Sealants | | |
| Palliative Treatment | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) | 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 | 70% | 50% |
| Prosthetics (Bridges, Dentures) | | |
| Maximums & Deductibles (cumulative of network and non-network) | | |
| Annual Program Deductible (per person/per family) | \$25/\$75 Excludes Class I | \$25/\$75 Excludes Class I |
| Annual Program Maximum (per person) | \$1,500 Excludes Class I | \$1,500 Excludes Class I |
| Reimbursement | Alliance | National Fee For Service |

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

1. Eligible dependent children 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. United Concordia Dental's standard exclusions and limitations apply.

UnitedConcordia.com • 1-800-332-0366