

## Dental Benefits Summary for Ollie's Bargain Outlet – Low Option

Group Numbers – 843767-000/-099

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA CHOICE PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
Cleanings & Fluoride Treatments		
Class II – Basic Services		
All Other X-rays	80%	80%
Basic Restorative (Includes Posterior Resin Fillings)		
Simple Extractions		
Sealants		
Space Maintainers		
Palliative Treatment		
Class III – Major Services		
Endodontics	50%	50%
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health®--Wellness <sup>3</sup> <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke Pregnancy is also a covered condition</i>	<ul style="list-style-type: none"><li>• Covers 1 additional periodontal maintenance per year and all are covered at 100%</li><li>• Scaling and root planing are covered at 100%</li><li>• 4 periodontal surgery procedures are covered at 100%</li></ul>	
Pregnancy Benefit <sup>3</sup>	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness <sup>3</sup>	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Contract Year Deductible (July-June, per person/per family)	\$50/\$150 Excludes Class I	
Contract Year Maximum (July-June, per person)	\$1,000 Excludes Class I	
Lifetime Orthodontic Maximum (per person)	N/A	
Reimbursement	Elite Plus	Advantage

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

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. Dependent children covered 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 (also known as balance billing).
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。