United Concordia dental®

Dental Benefits Summary for St. Moritz Security Services, Inc.

Effective: January 1, 2027 **Network: Elite Plus**

Benefit Category[1]	In-Network[2]	Non-Network[2]
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings and Fluoride Treatments		
Sealants		
Space Maintainers		
Class II – Basic Services		
Palliative Treatment	90%	90%
Basic Restorative (Fillings)		
Simple Extractions		
Class III – Major Services		
Endodontics	60%	60%
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures		
Inlays, Onlays and Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Annual Maximum Rollover[3]	Members can roll over $300 of unused benefit dollars to the following plan year.	
Maximums and Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	$50/$150 Excludes Class I and Orthodontics	
Annual Program Maximum (per person)	$1,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	$1,000	
Reimbursement[2]	**Elite Plus**	**90th Percentile**

Representative listing of covered services. For underwritten plans, your certificate of insurance/coverage provides complete details on covered services and exclusions and limitations which may affect benefits payable. For self-funded plans, see your employer's Summary Plan Description for a detailed description of benefits.

This material is for informational purposes only and is not an offer of coverage. It provides only a partial general description of your plan or benefits and is not a contract. Plan designs may vary or be unavailable in some states. Policies have exclusions and limitations which may affect any benefits payable. The Group Policy or Contract and Certificate of Insurance ("Plan Documents") include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. "United Concordia Dental" refers to the United Concordia group of companies. Stand-alone fee-for-service dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company and United Concordia Insurance Company of New York. United Concordia policies cover dental benefits only. For information about which companies are licensed in your state, visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices are located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (888-884-8224).

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). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. United Concordia Dental's standard exclusions and limitations apply.
3. A member is eligible to roll over $300 of unused benefit dollars to the next plan year if he/she received an exam, used less than 50% of annual program maximum during plan year, and was enrolled in the dental plan a minimum of 100 days prior to end of plan year. Each covered member can roll over $300 per year, up to $1,200 per person.