LOUISIANA SHERIFFS' ASSOCIATION

DENTAL SCHEDULE OF BENEFITS

PLAN NAME		GROUP NUMBER
Louisiana Sheriffs' Association Dental Benefit Plan		722XXFF4
DENTAL NETWORK		**PLAN DESIGNATION**
United Concordia Advantage Plus 2.0		Employee Plan 1
PLAN'S ORIGINAL BENEFIT PLAN DATE	**PLAN'S AMENDED BENEFIT PLAN DATE**	**PLAN'S ANNIVERSARY DATE**
June 1, 1983	July 1, 2024	July 1

MAXIMUM BENEFITS	
Benefit Period Maximum Includes Basic, and Major Dental Services.	$1,000 per Plan Participant
Orthodontia Maximum • No age limits apply.	$1,000 per Plan Participant, per lifetime

DEDUCTIBLE	
Individual Deductible Amount	$50

COINSURANCE		
	COMPANY	**PLAN PARTICIPANT**
Oral Surgery	100%	0%
Diagnostic and Preventive Dental Services ** Deductible waived.*	100%	0%*
Basic Dental Services	80%	20%
Major Dental Services	80%	20%
Orthodontic Services, Treatment and Appliances	50%	50%

ELIGIBILITY WAITING PERIOD

The Plan Administrator will determine the Eligibility Waiting Period and Effective Date of coverage for all eligible Employees and their Dependents.

There is no Dental Waiting Period.