

Dental Benefits Summary for Werner Enterprises Inc – Enhanced

Effective Date: January 1, 2026

Network: Elite Plus

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams and Cleanings	100%	80%
Complete Bitewing X-rays		
Intraoral-complete series of radiographic images		
Panoramic Radiographic image		
Fluoride Treatments ³ (under age 19; one per calendar year)		
Sealants		
Space Maintainers		
Class II – Basic Services		
Composite Fillings (Includes Posterior Resins)	80%	60%
Filling (amalgam or composite)		
Root Planing per quadrant		
Oral Surgery/Surgery Extractions		
Endodontics		
Periodontics NonSurgical		
Retreatment of previous root canal therapy		
Adjust complete/partial denture		
Rebase complete/partial denture		
Class III – Major Services		
Full & Partial dentures	50%	30%
Osseous Surgery (Includes Surgical Periodontics)		
Crowns, Inlays, Onlays		
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	30%
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your calendar year program maximum	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Program Deductible (per member/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Calendar Year Program Maximum (per member)	\$2,000 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per dependent child)	\$1,500	
Reimbursement	Elite Plus	80 th Percentile

Representative listing of covered services – your employer's Summary Plan Description provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366 or visit www.ucci.com for more information.

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. Topical application of fluoride (D1206, D1208) is covered for eligible members under age 19; one application in a calendar year.

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)。