

## Dental Benefits Summary for Castleberry ISD- High PPO

Effective Date: September 1, 2026

Network: ElitePlus

| Benefit Category <sup>1</sup>   |  |                                   |
|---|--|-----------------------------------|
|   | In-Network <sup>2</sup>  | Non-Network <sup>2</sup>          |
| <b>Class I - Diagnostic/Preventive Services</b>   |  |                                   |
| Exams   | 100%   | 100%                              |
| Bitewing X-rays   |  |                                   |
| Cleanings & Fluoride Treatments   |  |                                   |
| Space Maintainers   |  |                                   |
| <b>Class II - Basic Services</b>  |  |                                   |
| Basic Restorative (Fillings)  | 70%  | 70%                               |
| Simple Extractions  |  |                                   |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures   |  |                                   |
| All Other X-rays  |  |                                   |
| Sealants  |  |                                   |
| Palliative Treatment  |  |                                   |
| <b>Class III - Major Services</b>   |  |                                   |
| Endodontics   | 40%  | 40%                               |
| Nonsurgical Periodontics  |  |                                   |
| Surgical Periodontics   |  |                                   |
| Complex Oral Surgery  |  |                                   |
| General Anesthesia  |  |                                   |
| Inlays, Onlays, Crowns  |  |                                   |
| Prosthetics (Bridges, Dentures)   |  |                                   |
| <b>Orthodontics for dependent children to age 26</b>  |  |                                   |
| Diagnostic, Active, Retention Treatment   | 50%  | 50%                               |
| <b>Included Plan Features</b>   |  |                                   |
| Smile for Health®--Wellness <sup>3</sup><br><i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke<br/>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>  |                                   |
| <b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>   |  |                                   |
| Calendar Year Deductible (per person/per family)  | \$50/\$150<br>Excludes Class I & Orthodontics  |                                   |
| Calendar Year Maximum (per person)  | \$1,300<br>Excludes Orthodontics   |                                   |
| Lifetime Orthodontic Maximum (per person)   | \$1,000  |                                   |
| <b>Reimbursement</b>  | <b>ElitePlus</b>   | <b>90<sup>th</sup> Percentile</b> |

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.

Dental plans are administered by United Concordia Companies, Inc. Fully insured plans are underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at [www.UnitedConcordia.com](http://www.UnitedConcordia.com). Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366. For additional plan details or questions, contact your account representative or visit [www.ucci.com](http://www.ucci.com) for more information.

1. Unmarried 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. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on [UnitedConcordia.com](http://UnitedConcordia.com).