

Dental Benefits Summary for Kilgore ISD

Effective Date: September 1, 2022

Network: Elite Plus

| Benefit Category ¹ | CONCORDIA FLEX PLAN | |
|---|--|-----------------------------------|
| | In-Network ² | Non-Network ³ |
| Class I – Diagnostic/Preventive Services | | |
| Exams | 100% | 100% |
| Bitewing X-rays | | |
| All Other X-rays | | |
| Cleanings & Fluoride Treatments | | |
| Sealants | | |
| Space Maintainers | | |
| Palliative Treatment | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) | 80% | 80% |
| Simple Extractions | | |
| Complex Oral Surgery | | |
| Class III – Major Services | | |
| Endodontics | 50% | 50% |
| Anesthesia | | |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | | |
| Inlays, Onlays, Crowns | | |
| Prosthetics (Bridges, Dentures) | | |
| Implants | | |
| Orthodontics for adult and children to age 26 | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| Included Plan Features | | |
| Preventive Incentive [®] | Class I services do not count toward your annual program maximum | |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) | | |
| Calendar Year Deductible (per person/per family) | \$50/\$150 Excludes Class I & Orthodontics | |
| Calendar Year Maximum (per person) | \$2,500 Excludes Class I & Orthodontics | |
| Lifetime Orthodontic Maximum (per person) | \$1,500 | |
| Reimbursement | Elite Plus | 90th Percentile |

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

| Tier | Rates |
|-----------------------|----------|
| Employee Only | \$33.78 |
| Employee + 1 Adult | \$78.20 |
| Employee + Child(ren) | \$74.33 |
| Employee + Family | \$112.78 |

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. 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 (1-800-332-0366). 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 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). United Concordia Dental's standard exclusions and limitations apply.

3. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee

