## UNITED CONCORDIA DENTAL

Protecting More Than Just Your Smile®

## Dental Benefits Summary for Castleberry ISD – High PPO

Effective Date: September 1, 2023 Network: Elite Plus CONCORDIA FLEX PLAN Benefit Category<sup>1</sup> In-Network<sup>2</sup> Non-Network<sup>2</sup> **Class I – Diagnostic/Preventive Services** Exams **Bitewing X-rays** 100% 100% **Cleanings & Fluoride Treatments Space Maintainers** Class II – Basic Services Basic Restorative (Fillings; including White Posterior) Simple Extractions Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 70% 70% All Other X-rays Sealants Palliative Treatment Class III – Maior Services Endodontics Nonsurgical Periodontics Surgical Periodontics **Complex Oral Surgery** 40% 40% Anesthesia Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures) Orthodontics for dependent children to age 26 Diagnostic, Active, Retention Treatment 50% 50% **Included Plan Features** Pregnancy Benefit<sup>3</sup> · Covers 1 additional cleaning during pregnancy • Covers 1 additional periodontal maintenance per year and all Smile for Health®--Wellness<sup>3</sup> are covered at 100% Provides periodontal care for people with certain chronic medical • Scaling and root planing are covered at 100% conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke • 4 periodontal surgery procedures are covered at 100% Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) \$50/\$150 Annual Program Deductible (per person/per family) Excludes Class I & Orthodontics \$1,300 Annual Program Maximum (per person) **Excludes Orthodontics** \$1,000 Lifetime Orthodontic Maximum (per person) 90<sup>th</sup> Percentile Reimbursement Elite Plus

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

Tier	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rates	\$38.45	\$80.12	\$87.16	\$129.77

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 <u>www.UnitedConcordia.com</u>. 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. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.

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