

## Dental Benefits Summary for Castleberry ISD – High PPO

Effective Date: September 1, 2022

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	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; including White Posterior)	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		
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>		
Pregnancy Benefit <sup>3</sup>	<ul style="list-style-type: none"> <li>Covers 1 additional cleaning during pregnancy</li> </ul>	
Smile for Health <sup>®</sup> --Wellness <sup>3</sup> <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</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>	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$1,300 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
<b>Reimbursement</b>	<b>Elite Plus</b>	<b>90<sup>th</sup> Percentile</b>

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 [www.UnitedConcordia.com](http://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. 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).