Dental Benefits Summary for Castleberry ISD – MAC PPO

Effective Date: September 1, 2022   **Network: Elite *Plus***

Benefit Category[1]	CONCORDIA FLEX PLAN	
	In-Network[2]	**Non-Network[4]**
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
Cleanings & Fluoride Treatments		
Space Maintainers		
Class II – Basic Services		
Basic Restorative (Fillings; including White Posterior)	80%	80%
Simple Extractions		
All Other X-rays		
Sealants		
Palliative Treatment		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%	50%
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Included Plan Features		
Pregnancy Benefit[3]	• Covers 1 additional cleaning during pregnancy	
Smile for Health®--Wellness[3] *Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke*	• Covers 1 additional periodontal maintenance per year and all are covered at 100% • Scaling and root planing are covered at 100% • 4 periodontal surgery procedures are covered at 100%	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	$50/$150 Excludes Class I	
Annual Program Maximum (per person)	$1,300 Excludes Class I & Orthodontics	
Reimbursement	**Elite *Plus***	**90th Percentile**

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	$29.26	$58.55	$61.47	$94.07

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. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.
4. 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.

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