



Dental Benefits Summary for Alvarado Independent School District

Group Nos. 908165-000/099

Network: Advantage *Plus* 2.0

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Class II – Basic Services		
Palliative Treatment	80%	80%
Basic Restorative (Fillings)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Endodontics	50%	50%
Nonsurgical Periodontics		
Surgical Periodontics		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Included Plan Features		
Pregnancy Benefit	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy Covers 1 additional periodontal maintenance Scaling and root planing 4 periodontal surgery procedures 	
Smile for Health®--Wellness ³ <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"> 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)	\$2,000	
Reimbursement	Advantage <i>Plus</i> 2.0	90th Percentile

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

1. 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). 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.

Effective: 9/1/2017	24 month rates
Employee Only	\$38.84
Employee + Spouse	\$77.31
Employee + Child(ren)	\$82.91
Employee + Family	\$121.34