

## Dental Benefits Summary for Community ISD (High Plan)

Effective Date: September 1, 2020

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>3</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
Cleanings		
Fluoride Treatments		
<b>Class II – Basic Services</b>		
All Other X-rays	80%	80%
Sealants		
Palliative Treatment (Emergency)		
Basic Restorative (Fillings)		
Simple Extractions		
<b>Class III – Major Services</b>		
Space Maintainers	50%	50%
Repairs of Crowns, Inlays, Onlays, Dentures and Bridges		
Endodontics		
Non-Surgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays and Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
<b>Class IV – Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment		
<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)	\$2,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
<b>Reimbursement</b>	<b>Elite Plus</b>	<b>90<sup>th</sup> Percentile</b>

Rates	Employee	Employee & Spouse	Employee & Child	Employee & Children/Family
	\$30.47	\$64.73	\$83.78	\$114.16

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

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 4401 Deer Path Road, Harrisburg, PA 17110 (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 90<sup>th</sup> Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.