



Dental Benefits Summary for Ballinger ISD

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		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings, Posterior resins)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
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 & Orthodontics	
Annual Program Maximum (per person)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Advantage Plus 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. The listed percentages represent the portion of United Concordia's maximum allowable charge (MAC) for which the plan will be responsible. Network providers agree to accept United Concordia's MAC for covered services as payment in full and also agree to file claims for you. If you or your family members receive services from a non-network provider, United Concordia will apply the percentage shown to the 90th Percentile for covered services and you will be responsible for the difference, up to the provider's charge. United Concordia'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.