

## Dental Benefits Summary for SEYMOUR INDEPENDENT SCHOOL DISTRICT

Effective 10/1/2022

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA CHOICE PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
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)	80%	80%
Space Maintainers		
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Pregnancy Benefit <sup>3</sup>	Covers 1 additional cleaning during pregnancy	
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)	\$1,000 (Excludes Class I & Orthodontics)	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Waiting Periods <sup>3</sup>		
Class I	None	None
Class II	None	None
Class III	6 months	6 months
Orthodontics for dependents to age 19	12 months	12 months
Reimbursement	Elite Plus	90 <sup>th</sup> Percentile

Rates	COST PER MONTH
Employee Only	\$31.61
Employee + 1 Adult	\$62.35
Employee + Child(ren)	\$68.24
Employee + Family	\$109.63

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.

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

- 1. Unmarried dependent children covered to age 25.
- 2. 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.
- 3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。