

## Dental Benefits Summary for Royse City ISD

Effective Date: September 1, 2023

Network: *Elite Plus*

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
<b>Class II – Basic Services</b>		
Space Maintainers	80%	80%
Palliative Treatment		
Basic Restorative (Fillings)		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
<b>Class III – Major Services</b>		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%	50%
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
<b>Orthodontics for Adult &amp; Children</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Maximums &amp; Deductibles (cumulative of network and non-network)</b>		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$5,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
<b>Reimbursement</b>	<i>Elite Plus</i>	90 <sup>th</sup> Percentile
<b>Rates</b>		
<b>Employee Only</b>	<b>\$39.77</b>	
<b>Employee + 1 Adult</b>	<b>\$77.55</b>	
<b>Employee + Child(ren)</b>	<b>\$95.45</b>	
<b>Employee + Family</b>	<b>\$129.25</b>	

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 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 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 90<sup>th</sup> Percentile and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

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)。