

## Dental Benefits Summary for Pittsburg ISD

Effective Date: January 1, 2023

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>4</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Endodontics		
Nonsurgical & Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	50%	50%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Prosthetics (Bridges, Dentures)		
Implants		
<b>Orthodontics for all members</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Included Plan Features</b>		
Pregnancy Benefit <sup>3</sup>	Covers 1 additional cleaning during pregnancy <sup>3</sup>	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Calendar Year Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Calendar Year Maximum (per person)	\$2,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
<b>Reimbursement</b>	<b>Elite Plus</b>	<b>90<sup>th</sup> Percentile</b>

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

Tier	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rates	\$39.37	\$74.67	\$94.77	\$129.57

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 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**.

4. 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.