

Dental Benefits Summary for Pittsburg ISD

Effective Date: January 1, 2025

Network: Elite Plus

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ⁴
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy ³)		
Sealants		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Palliative Treatment		
Space Maintainers		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%	50%
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics for all members		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (cumulative of network and non-network)		
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	
Reimbursement	Elite Plus	90th Percentile
Rates	COST PER MONTH	
Employee Only	\$39.37	
Employee + 1 Adult	\$74.67	
Employee + Child(ren)	\$94.77	
Employee + Family	\$129.57	

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. 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 allowance and their fee. 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 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.