

## Dental Benefits Summary for Upper Merion School District

Group: 256000-001, 003

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>3</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)	100%	100%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Nonsurgical Periodontics		
Surgical Periodontics		
General Anesthesia		
Class III – Major Services		
Complex Oral Surgery <sup>4</sup>	80%	80%
Endodontics <sup>4</sup>		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,500	
Reimbursement	Elite Plus	90 <sup>th</sup> Percentile

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. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
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. 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.
4. Partial and complete boney impactions are covered at 80%. Other complex oral surgery covered at 100%; for endodontics – codes D3330, D3348 are covered at 80%. Other endodontics covered at 100%.

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)。