UNITED CONCORDIA® DENTAL

# Summary of Dental Coverage

Plan Name: Upper Merion Area School District
Print Date: February 27, 2025

# Schedule of Benefits

***Concordia Flex sm***

***Group Name: Upper Merion Area School District***
***Group Number: 911624001, 911624002, 911624003***
***Effective Date: July 1, 2015***

| | ***Plan Pays*** |
|---|---|
| ***Class I Services*** | |
| • *Exams* | ***100%*** |
| • *All X-Rays* | ***100%*** |
| • *Cleanings & Fluoride Treatments* | ***100%*** |
| • *Sealants* | ***100%*** |
| • *Palliative Treatment (Emergency)* | ***100%*** |
| | |
| ***Class II Services*** | |
| • *Space Maintainers* | ***100%*** |
| • *Basic Restorative (Fillings, etc.)* | ***100%*** |
| • *Direct Labial Veneers (Not covered for Dependents)* | ***80%*** |
| • *Non-surgical Periodontics* | ***100%*** |
| • *Denture Repairs Minor* | ***100%*** |
| • *Repairs of Crowns* | ***100%*** |
| • *Repairs of Bridges* | ***100%*** |
| • *Simple Extractions* | ***100%*** |
| • *Surgical Periodontics* | |
| • *Osseous Surgery (Not covered for Dependents)* | ***80%*** |
| • *Remaining Surgical Periodontics* | ***100%*** |
| • *General Anesthesia and/or Nitrous Oxide and/or IV Sedation* | ***0%*** |
| | |
| ***Class III Services*** | |
| • *Complex Oral Surgery* | |
| • *Soft Tissue Extraction (Not covered for Dependents)* | ***80%*** |
| • *Partial Bony Impactions (Not covered for Dependents)* | ***80%*** |
| • *Complete Bony Impactions (Not covered for Dependents)* | ***80%*** |
| • *Surgical Removal of Residual Tooth Roots (Not covered for Dependents)* | ***80%*** |
| • *Remaining Complex Oral Surgery Services* | ***100%*** |
| • *Endodontics* | |
| • *Molar Root Canal Therapy (Not covered for Dependents)* | ***80%*** |
| • *Remaining Endodontic Services* | ***100%*** |
| • *Recementation (Not covered for Dependents)* | ***80%*** |
| • *Denture Repair Major (Not covered for Dependents)* | ***80%*** |
| • *Inlays, Onlays, Crowns (Not covered for Dependents)* | ***80%*** |
| • *Prosthetics (Bridges, Dentures) (Not covered for Dependents)* | ***80%*** |

| | |
|---|---|
| ***Orthodontics*** | |
| • *Diagnostic, Active, Retention Treatment* | ***0%*** |

***Deductibles & Maximums***

- *$0 per Calendar Year Deductible per Member*
- *$1500 per Calendar Year Maximum per Member*

***All services on this Schedule of Benefits are subject to the Schedule of Exclusions and Limitations.***

***Participating Dentists accept the Maximum Allowable Charge as payment in full.***

***Contact United Concordia***

***Phone*** *1-800-332-0366 Customer service representatives are available from 8 a.m. - 6 p.m. ET. Assistance can also be received outside normal customer service hours through our Interactive Voice Recognition (IVR) system. Use the system 24/7 to access claim status, benefits and coverage information in 150 languages.*

***Web*** ***www.UnitedConcordia.com***
*Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more.*

## SCHEDULE OF EXCLUSIONS AND LIMITATIONS

Only American Dental Association procedure codes are covered.

**EXCLUSIONS – The following services, supplies or charges are excluded:**

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Plan (for example, but not limited to, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Plan's benefits would be in excess to the third-party benefits and therefore, the Plan would have right of recovery for any benefits paid in excess.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are Cosmetic in nature as determined by the Plan Administrator (for example, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
7. Elective procedures (for example, but not limited to, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example, but not limited to, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
15. Preventive restorations.
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices or any other duplicative device.
18. For which in the absence of dental benefits under a plan the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (night grinding of teeth).
22. For any claims submitted to the Plan Administrator by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (for example, but not limited to, patient does not return to complete treatment) and temporary services (for example, but not limited to, temporary restorations).

24. Procedures that are:
    - part of a service but are reported as separate services; or
    - reported in a treatment sequence that is not appropriate; or
    - misreported or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (for example, but not limited to, precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Plan Administrator will apply.
28. Orthodontic services, supplies and appliances.

**LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:**

1. Full mouth x-rays – one (1) every 5 year(s).
2. Bitewing x-rays – one (1) set(s) per 6 months under age fourteen (14) and one (1) set(s) per 12 months age fourteen (14) and older.
3. Oral Evaluations:
    - Any oral examinations, comprehensive, periodic, limited problem focused, detailed problem focused – one (1) of these services per (6) months.
4. Prophylaxis – one (1) per 6 months.
5. Fluoride treatment – one (1) per 6 months under age eighteen (18).
6. Space maintainers – for Members under age nineteen (19).
7. Sealants – one (1) per tooth per 3 year(s) under age sixteen (16) on permanent first and second molars.
8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fourteen (14).
9. Periodontal Services:
    - Full mouth debridement – one (1) per lifetime.
    - Periodontal maintenance following active periodontal therapy – two (2) per calendar year in addition to routine prophylaxis.
    - Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
    - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
    - Basic restorations – not within 12 months of previous placement of any basic restoration.
    - Single crowns, inlays, onlays – not within 5 year(s) of previous placement of any of the procedures in this category.
    - Buildups and post and cores – not within 5 year(s) of previous placement of any of the procedures in this category.
    - Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 36 months thereafter.
12. Pulpal therapy – one (1) per primary tooth per lifetime. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior teeth under age twelve (12).
13. Recementation – one (1) per 12 months. Recementation during the first 12 months following insertion of any preventive, restorative or prosthodontics service by the same dentist is included in the preventive, restorative or prosthodontics service benefit.
14. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the Member to the less costly treatment. However, if the Member and the dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed under this ABP.

# Summary of Coverage

***Choice of Dentist***

You may choose any licensed dentist for services to be covered by the Plan. However, you will limit your out-of-pocket cost if you choose a United Concordia participating dentist. Participating dentists accept the Plan's allowance as payment in full for covered benefits. Your out-of-pocket cost will be limited to any applicable coinsurance, deductibles or amounts exceeding the program maximum.

Participating dentists will also complete and send claims directly to United Concordia. If you go to a dentist who is not a United Concordia participating dentist, you may have to pay the dentist at the time of service. You will also have to pay the difference between the dentist's charge and the amount that the Plan allows, in addition to any coinsurance or deductible. You may have to submit the claim and wait for United Concordia to reimburse you.

To find a participating dentist, visit Find a Dentist on United Concordia's website at www.UnitedConcordia.com or telephone United Concordia's Interactive Voice Response System at 1-800-332-0366.

When you visit the dental office, let your dentist know that you are covered under a United Concordia dental program. If your dentist has questions about your eligibility or benefits, instruct the office to call United Concordia's Interactive Voice Response System at 1-800-332-0366 or visit Dental Inquiry at www.UnitedConcordia.com/dental-insurance/dentist.

***Claims Submission and Payment***

Upon completion of treatment, a claim form needs to be filed with United Concordia. If you visit a United Concordia participating dentist, the dental office will submit claims forms for you and your dependents. United Concordia will pay covered benefits directly to the participating dentist. Both you and the dentist will receive an explanation of benefits.

Most dental offices submit claim forms for patients. However, if you do not receive treatment from a participating dentist, you may have to complete and send a claim form to United Concordia in the event the dental office will not do this for you. Send the claim form to the address on the claim form.

***Coordination of Benefits***

If you or your dependents are covered by any other dental benefits plan and receive a service covered by this Plan and the other, benefits will be coordinated. This means that one plan will be primary and determine its benefits before those of the other plan and without considering the other plan's benefits.

The other plan will be secondary and determine its benefits after the other plan. The secondary plan's benefits may be reduced because of the primary plan's payment. Each plan will provide only that portion of its benefit that is required to cover expenses. This prevents duplicate payments and overpayments. Upon determination of primary or secondary liability, this Plan will determine payment.

***Changes to the Plan***

The Plan Sponsor reserves the right, at any time, to amend or terminate the Plan or amend or eliminate benefits under the Plan for any reason. All changes will be communicated in writing. If the Plan is discontinued, benefits, if any, will be paid for all charges incurred for covered services prior to the termination date.

***Predetermination***

A predetermination confirms services you are about to receive are covered under your dental plan. It helps you estimate any out-of-pocket expenses you may incur by calculating the total amount you owe and what your plan will cover based on your coinsurance amounts. It also notifies you of alternate treatment options covered by your dental plan. We encourage you to ask your dentist to submit a pre-determination to United Concordia for any procedure that exceeds $500. A predetermination is not a guarantee of payment—it is only an estimate of what you can expect to owe.

***My Dental Benefits and Online Tools***

Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more at www.UnitedConcordia.com. Additionally, you can Find a Dentist, access valuable member resources and download member apps from the website.