# Dental Benefits Summary for Frazier School District

## IU 1 Consortium                                                                 **Network: Advantage**

Groups: 111782046,047 111783-050 112169-001 141942-006 147740-009 150023-000,002 112178-085 086

| Benefit Category[1] | CONCORDIA FLEX PLAN | |
|---|---|---|
| | **In-Network[2]** | **Non-Network[2]** |
| **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[3] (Fillings) | 100% | 100% |
| Simple Extractions | | |
| Space Maintainers | | |
| General Anesthesia | | |
| Endodontics | | |
| Nonsurgical Periodontics | Not Covered | Not Covered |
| Surgical Periodontics | | |
| **Class III – Major Services** | | |
| Inlays, Onlays, Crowns | Not Covered | Not Covered |
| Complex Oral Surgery | | |
| Prosthetics (Bridges, Dentures) | | |
| Repairs of Crowns, Inlays, Onlays, & Bridges[4] | | |
| **Orthodontics for dependents to age 19** | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| **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) | $1,000 Excludes Orthodontics | |
| Lifetime Orthodontix Maximum (per dependent) | $800 | |
| **Reimbursement** | **Advantage** | **In PA: MAC All other states: 90th Percentile** |

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

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).
3. Includes coverage for composite (tooth colored) resin fillings performed on posterior teeth.
4. Certain repair codes are covered under Class II Services. Please refer to your full Summary Plan description for specific details.

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