

Dental Benefits Summary for Intermediate Unit 1

IU 1 Consortium

Network: Advantage

Groups: 111782-050,061 111783-054,062,069 112178-067,089 147868-070

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		
Endodontics		
General Anesthesia		
Nonsurgical Periodontics		
Surgical Periodontics	Not Covered	Not Covered
Complex Oral Surgery		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Repairs to Crowns, Inlays, Onlays, Bridges & Dentures 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 Orthodontic Maximum (per person)	\$800	
Reimbursement	Advantage	PA: MAC All other states: 90 th Percentile

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

1. Dependents covered to age 26. Disabled dependents covered to any age.
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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