



## Dental Benefits Summary for Southeastern Greene School District

### IU 1 Consortium

Network: Advantage

Groups: 180913-070, -071 (Retirees Plan)

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative <sup>3</sup> (Fillings)	100%	100%
Simple Extractions		
General Anesthesia		
Endodontics		
<b>Class III – Major Services</b>		
Nonsurgical Periodontics	Not Covered	Not Covered
Surgical Periodontics		
Complex Oral Surgery		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures <sup>4</sup>		
<b>Orthodontics</b>		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,000	
Reimbursement	Advantage	In PA: MAC All other states: 90 <sup>th</sup> 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). United Concordia Dental's standard exclusions and limitations apply.
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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