

## Dental Benefits Summary for West Greene School District

IU 1 Consortium

Network: Advantage

Groups: 150528-032,034,035

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		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative <sup>3</sup> (Fillings)	100%	100%
Simple Extractions		
Space Maintainers		
Endodontics		
General Anesthesia		
Complex Oral Surgery		
<b>Class III – Major Services</b>		
Nonsurgical Periodontics	50%	50%
Surgical Periodontics		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures <sup>5</sup>		
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<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 <sup>4</sup> (per person)	\$1,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$800	
<b>Reimbursement</b>	<b>Advantage</b>	<b>In PA: MAC All other states: 90<sup>th</sup> Percentile</b>

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 surgical services are excluded from annual program maximum. Please refer to your full Summary Plan Description for details.
5. Certain repair codes are covered under Class II Services. Please refer to your full Summary Plan description for specific details.

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