

Dental Benefits Summary for California Area School District

IU 1 Consortium

Network: Advantage

Groups: 111782-020,089 111783-023

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		
Class III – Major Services		
Inlays, Onlays, Crowns	80%	80%
Repairs to Inlays, Onlays, Crowns & Dentures ⁴		
Nonsurgical Periodontics		
Surgical Periodontics	Not Covered	Not Covered
Complex Oral Surgery		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	80%	80%
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)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic 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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