

Dental Benefits Summary for Bensalem Township School District (Cafeteria & ESPA)

Group Numbers: 075312-000, 075314-000

Network: Advantage *Plus*

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	80%	80%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings) ³	80%	80%
Simple Extractions		
Space Maintainers		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	100%	100%
Surgical Service – Only the following services are eligible: - Surgical Splint, Unspecified Maxillofacial Prosthesis, Oroantral Closure, Primary closure of Sinus Perforation, Biopsy of Oral Tissue, Cytology Sample Collection, Excision Lesion, Malignant Tumor, Destruction of Lesion, Radical Resection of mandible, Surgical Excisions, Sinusotomy, Fractures and Dislocations		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Included Plan Features		
Annual Maximum Rollover ⁴	Members can roll over \$300 of unused benefit dollars to the following plan year	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible	\$50/\$150 Excludes Class I	
Annual Program Maximum (per person)	\$1,000	
Reimbursement	Advantage <i>Plus</i>	In PA: 80% of charge Other States: 90 th Percentile

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

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1. Dependent children covered to age 26.
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. Composite Fillings (D2391, D2392, D2393, D2394) are covered when performed on Posterior Teeth.
4. A member is eligible to roll over \$300 of unused benefit dollars to the next plan year if he/she received an exam, used less than 50% of annual program maximum during plan year, and was enrolled in the dental plan a minimum of 100 days prior to end of plan year. Each covered member can roll over \$300 per year, up to \$1,200 per person.