

Dental Benefits Summary for Bensalem Township School District (Administrators)

Group Number: 075310-000

Network: Advantage *Plus*

| 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 (Fillings) ³ | 100% | 100% |
| Simple Extractions | | |
| Space Maintainers | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | | |
| Endodontics | | |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III – Major Services | | |
| Inlays, Onlays, Crowns | 100% | 100% |
| Prosthetics (Bridges, Dentures) | | |
| 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 for dependent children to age 19, dependent students to age 24 | | |
| Diagnostic, Active, Retention Treatment | 80% | 80% |
| Included Plan Features | | |
| Annual Maximum Rollover ⁴ | Members can roll over \$300 of unused benefit dollars to the following plan year | |
| Annual Program Deductible | None | |
| Annual Program Maximum (per person) | \$2,000 Excludes Orthodontics | |
| Annual Program Orthodontic Deductible (per person/per family) | \$50/\$150 | |
| Lifetime Orthodontic 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.



Dental Benefits Summary for Bensalem Township School District (Administrators)

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.