United Concordia dental®

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

Group Numbers: 075312-000, 075314-000 **Network: Elite *Plus***

Benefit Category[1]	CONCORDIA FLEX PLAN	
	In-Network[2]	Non-Network[2]
Class I – Diagnostic/Preventive Services		
Exams Bitewing X-rays All Other X-rays Cleanings (3 in a calendar year) & Fluoride Treatments Sealants Palliative Treatment	80%	80%
Class II – Basic Services		
Basic Restorative (Fillings)[3] Simple Extractions Space Maintainers Endodontics Nonsurgical Periodontics Surgical Periodontics Complex Oral Surgery General Anesthesia	80%	80%
Class III – Major Services		
Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures) Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%	50%
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	100%	100%
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	**Elite *Plus***	**In PA: 80% of charge Other States: 90th Percentile**

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

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.