

Proposed Plan Summary for DVEC BENSLEM SCHOOL DISTRICT Effective 07/01/2026

Concordia Flex is a passive PPO program that allows members to receive care from any licensed dentist; however, members receive the greatest value and convenience when they receive care from a participating dentist. This means that members who receive care from a participating dentist are responsible only for those deductibles and coinsurance amounts that are part of the program design.

	F-Plan3W	
	In-Network ¹	Non-Network ²
	ElitePLUS	80% submitted charge
Class I	80%	80%
Class II	80%	80%
Class III	50%	50%
Class IV	Not Applicable	Not Applicable
Annual Program Maximum	\$1000	\$1000
Annual Program Deductible	\$50/\$150(excludes Class I)	\$50/\$150(excludes Class I)
Lifetime Orthodontic Maximum	Not Applicable	Not Applicable

<i>Selected Plan Features</i>	<i>Rollover - Standard</i>	
ASO Fee	Rating Tier	12 Month Budget Rates
\$2.00	Employee Only	\$30.85
Prefund Requirements	Employee and Spouse	\$88.43
Daily	Employee + Child	\$88.43
Weekly	Employee + Children	\$88.43
Monthly \$46200	Employee + Family	\$88.43

BID QUALIFICATIONS:

- Rates and benefits after the effective date must be approved by Underwriting. See General Proposal Terms for additional Underwriting guidelines.
- Rates assume 786 eligible employees, with 786 participating. Upon sale, quoted rates and benefits may be adjusted or coverage denied, based on achieved participation levels. Required participation must be met and maintained throughout the policy period.
- Commissions included: \$0.00 Per Contract Per Month.
- Rates are based upon Standard Industry Classification Code: 8211
- United Concordia's standard exclusions and limitations apply.
- Class IV Services are excluded from Annual Program Deductible and Annual Program Maximum.
- This plan can be offered in conjunction with another dental plan.
- UCD is paid a network access fee, which is a percentage of the difference between the amount billed by a participating dentist for a covered service and the allowed amount negotiated by UCD with the participating dentist for the covered service.
- Current CPC 533UH; Moving to Hillendale arrangement with Elite Plus Network and 3rd annual cleaning covered; Group number 075314000

1. 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, less applicable deductibles and coinsurance percentages.