## United Concordia Dental

Protecting More Than Just Your Smile®

## Dental Benefits Summary for Killeen ISD Buy-Up Plan (High Plan)

Effective Date: January 1, 2023

Effective Date: January 1, 2023	Network: Elite <i>Plu</i>	
Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>4</sup>
Class I – Diagnostic/Preventive Services		
Exams		
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments	100%	100%
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)		
Endodontics		
Simple Extractions		
General Anesthesia	80%	80%
Nonsurgical Periodontics		
Surgical Periodontics		
Oral Surgery		
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges, Dentures		
Implants	500/	500/
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for Adults to age 30 and CH to age 26		
Diagnostic, Active, Retention Treatment	50%	50%
ncluded Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Pregnancy Benefit <sup>3</sup>	Covers 1 additional cleaning during pregnancy	
	Covers 1 additional periodontal maintenance	
	Scaling and root planing	
	4 periodontal surgery procedures	
Smile for Health®Wellness <sup>3</sup>	Covers 1 additional periodontal maintenance per year and all are	
Provides periodontal care for people with certain chronic medical	covered at 100%	
conditions: diabetes, heart disease, lupus, oral cancer, organ	Scaling and root planing are covered at 100%	
transplant, rheumatoid arthritis and stroke	4 periodontal surgery procedures are covered at 100%	
laximums & Deductibles (applies to the combination of s	ervices received from network and	d non-network dentists)
Annual Program Deductible (per person/per family)	\$100/\$200	
	Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$2,500	
,	Excludes Class I	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	Advantage MAC

Network: Flite Plus

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

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at <a href="www.UnitedConcordia.com">www.UnitedConcordia.com</a>. Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (1-866-851-7568). These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

- 1. Dependent children 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.
- 3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.
- 4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the maximum allowable charge of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.