



UNITED CONCORDIA DENTAL
Protecting More Than Just Your Smile

Dental Benefits Summary for ACSHC with All Riders

Effective Date: July 1, 2019		Network: Advantage	
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 & Fluoride Treatments (Two per July 1-June 30 contract year)	100%		100% UCR*
Sealants			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings, Including Posterior Resins)			
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	100%		100% UCR*
Endodontics			
Nonsurgical Periodontics			
General Anesthesia			
Class III – Major Services			
Inlays, Onlays, Crowns			
Complex Oral Surgery	80%		80% UCR*
Surgical Periodontics			
Prosthetics (Bridges, Dentures)	50%		50% UCR*
Implants	\$1,000 Allowance per implant/3 per lifetime		
Orthodontics for dependent children to age 19			
Diagnostic, Active, Retention Treatment	50%		50% UCR*
Included Plan Features			
Pregnancy Benefit ³	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy Covers 1 additional periodontal maintenance Scaling and root planing 4 periodontal surgery procedures 		
Smile for Health®-Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none"> Covers 1 additional periodontal maintenance per year and all are covered at 100% Scaling and root planing are covered at 100% 4 periodontal surgery procedures are covered at 100% 		
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)			
Annual Program Deductible (per person/per family)	None		
Annual Program Maximum (per person)	Unlimited		
Lifetime Orthodontic Maximum (per person)	\$1,500		
Reimbursement Inside Pennsylvania	Advantage		Advantage
Reimbursement Outside Pennsylvania	Advantage		90 th 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. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.