

**Dental Benefits Summary for ACSHIC with All Riders**

**Effective Date: July 1, 2024**

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100% UCR*
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Two per July 1-June 30 contract year)		
Sealants		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings, Including Posterior Resins)	100%	100% UCR*
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	80%	80% UCR*
Complex Oral Surgery		
Surgical Periodontics		
Prosthetics (Bridges, Dentures)	50%	50% UCR*
Implants	\$1,000 Allowance per implant/3 per lifetime	
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	50%	50% UCR*
<b>Included Plan Features</b>		
Pregnancy Benefit <sup>3</sup>	<ul style="list-style-type: none"> <li>Covers 1 additional cleaning during pregnancy</li> <li>Covers 1 additional periodontal maintenance</li> <li>Scaling and root planing</li> <li>4 periodontal surgery procedures</li> </ul>	
Smile for Health®--Wellness <sup>3</sup> <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"> <li>Covers 1 additional periodontal maintenance per year and all are covered at 100%</li> <li>Scaling and root planing are covered at 100%</li> <li>4 periodontal surgery procedures are covered at 100%</li> </ul>	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	Unlimited	
Lifetime Orthodontic Maximum (per person)	\$1,500	
<b>Reimbursement Inside Pennsylvania</b>	<b>Elite Prime</b>	<b>Concordia Advantage</b>
<b>Reimbursement Outside Pennsylvania</b>	<b>Elite Prime</b>	<b>90<sup>th</sup> Percentile</b>

*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](http://UnitedConcordia.com).

EEM-0142-0921

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