



UNITED CONCORDIA[®] DENTAL
Protecting More Than Just Your Smile[®]

Dental Benefits Summary for ACSHC with All Riders

Effective July 1, 2022

Network: Concordia 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 | Concordia Advantage | Concordia Advantage |
| Reimbursement Outside Pennsylvania | Concordia Advantage | 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. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.

EEM-0142-0514

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