

Dental Benefits Summary for ACSHIC with All Riders

Effective Date: July 1, 2024

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
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		
Class II – Basic Services		
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		
Class III – Major Services		
Inlays, Onlays, Crowns	80%	80% UCR*
Complex Oral Surgery		
Surgical Periodontics	50%	50% UCR*
Prosthetics (Bridges, Dentures)		
Implants		
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	Elite Prime	Concordia Advantage
Reimbursement Outside Pennsylvania	Elite Prime	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**.

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