

Dental Benefits Summary for School District of Philadelphia

Network: Advantage Plus

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Includes Posterior Composite Fillings)	100%	100%
Space Maintainers		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	80%	80%
Repairs of Crowns, Inlays, Onlays		
Prosthetics (Bridges, Dentures)	60%	60%
Most Repairs to Prosthetics		
Orthodontics (any age)		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (cumulative of network and non-network)		
Contract Year (Dec 1-Nov 30) Program Deductible (per person/per family)	\$25/\$75 Excludes Class I & Orthodontics	\$25/\$75 Excludes Class I & Orthodontics
Contract Year (Dec 1-Nov 30) Program Maximum (per person)	\$2,000	\$2,000
Lifetime Orthodontic Maximum (per person)	\$1,200	\$1,200
Reimbursement (in PA)	Advantage Plus	Advantage
Reimbursement (outside PA)	Advantage Plus	90th Percentile

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

1. Dependents 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. United Concordia Dental's standard exclusions and limitations apply.

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