

## Dental Benefits Summary for School District of Philadelphia

Effective Date: 01/01/2019

Network: Advantage Plus

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%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative (Includes Posterior Composite Fillings)	100%	100%
Space Maintainers		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	80%	80%
Repairs of Crowns, Inlays, Onlays		
Prosthetics (Bridges, Dentures)	60%	60%
Most Repairs to Prosthetics		
<b>Orthodontics (any age)</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Included Plan Features</b>		
Smile for Health <sup>®</sup> --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 (cumulative of network and non-network)</b>		
Calendar Year (Jan 1 – Dec 31) Program Deductible (per person/per family)	\$25/\$75 Excludes Class I & Orthodontics	\$25/\$75 Excludes Class I & Orthodontics
Calendar Year (Jan 1 – Dec 31) Program Maximum (per person)	\$2,000	\$2,000
Lifetime Orthodontic Maximum (per person)	\$1,200	\$1,200
<b>Reimbursement (in PA)</b>	<b>Advantage Plus</b>	<b>Advantage</b>
<b>Reimbursement (outside PA)</b>	<b>Advantage Plus</b>	<b>90<sup>th</sup> Percentile</b>

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 (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).