

Dental Benefits Summary for White Settlement ISD – Low Plan

Effective Date: September 1, 2018

Network: ElitePLUS

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		
Space Maintainers		
Class II – Basic Services		
Palliative Treatment (Emergency)	80%	80%
Basic Restorative (Fillings; including White Posterior)		
Simple Extractions		
Class III – Major Services		
Complex Oral Surgery	Not Covered	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	
Annual Program Maximum (per person)	\$1,000	
Reimbursement	ElitePLUS	90th Percentile
Tier	Monthly Rate	
Employee Only	\$22.68	
Employee + Spouse	\$47.69	
Employee + Child(ren)	\$45.28	
Family	\$70.37	

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. 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 90th Percentile and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.