

Dental Benefits Summary for Red Oak ISD – High Plan

Effective Date: September 1, 2022

Network: *Elite Plus*

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
Cleanings		
Fluoride Treatments		
Sealants		
Space Maintainers		
Class II – Basic Services		
X-rays (Full Mouth, Panoramic, Periapical)	80%	80%
Basic Restorative (Fillings)		
Palliative Treatment		
Repairs of Crowns, Inlays, Onlays, Bridges, Dentures		
Simple Extractions		
Class III – Major Services		
Endodontics	50%	50%
Nonsurgical Periodontics		
Surgical Periodontics		
Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
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)		
Calendar Year Deductible (per person)	\$50 per person/Unlimited per family Excludes Class I & Orthodontics	
Calendar Year Maximum (per person)	\$1,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	90 th Percentile

Rates	Employee Only	Employee + 1	Employee + 2 or more
Monthly	\$30.99	\$60.37	\$109.02

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. Dependent children 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**.

4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.