United Concordia dental

Dental Benefits Summary for Foxdale Village – Basic Plan

Effective Date: January 1st Each Year **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		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	90%	90%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	60%	60%
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health®--Wellness[3] *Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke* *Pregnancy is also a covered condition*	• 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%	
Pregnancy Benefit[3]	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness[3]	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per person/per family)	$25/$75 Excludes Class I & Orthodontics	
Calendar Year Maximum (per person)	$1,000 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	$1,500	
Reimbursement	**Elite Plus**	**90th Percentile**

Representative listing of covered services – your employer's Summary Plan Description provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366 or visit www.ucci.com for more information.

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. United Concordia Dental's standard exclusions and limitations may 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. United Concordia Dental's standard exclusions and limitations may apply.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。