

Dental Benefits Summary for **WASHINGTON COUNTY PUBLIC SCHOOLS**

Effective: July 1, 2019

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 (1 additional cleaning during pregnancy)		
Fluoride Treatments		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Sealants		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	80%	80%
Prosthetics (Bridges, Dentures)		
Orthodontics for members to any age (children & adults)		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Policy Year (July – June) Program Deductible (per person/per family)	\$100/\$200 Excludes Class I & Orthodontics	
Policy Year (July – June) Program Maximum (per person)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Claim Reimbursement	MAC²	MAC²

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

1. Dependent children covered to end of month in which they attain 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. Coverage for **posterior** (back) **resin** (white) **fillings** is included.

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