

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



HIGH PLAN - FLEX PLAN		
Benefit Category ¹	In-Network ² Elite Plus	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams, Bitewing, X-rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100%	100%
Class II – Basic Services		
X-rays (Full Mouth, Panoramic, Periapical), Basic Restorative (Fillings), Palliative Treatment, Repairs of Crowns, Inlays, Onlays, Bridges, Dentures, Simple Extractions	80%	80%
Class III – Major Services		
Endodontics, Nonsurgical Periodontics, Surgical Periodontics, Oral Surgery, General Anesthesia, Inlays, Onlays, Crowns, Prosthetics (Bridges, Dentures)	50%	50%
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 Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke	<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	90th Percentile

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.

LOW PLAN - FLEX PLAN		
Benefit Category ¹	In-Network ² Elite Plus	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams, Bitewing, X-rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers	80%	80%
Class II – Basic Services		
X-rays (Full Mouth, Panoramic, Periapical), Basic Restorative (Fillings), Palliative Treatment, Repairs of Crowns, Inlays, Onlays, Bridges, Dentures, Simple Extractions	50%	50%
Class III – Major Services		
Endodontics, Nonsurgical Periodontics, Surgical Periodontics, Oral Surgery, General Anesthesia, Inlays, Onlays, Crowns, Prosthetics (Bridges, Dentures)	25%	25%
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 Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke	<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)	\$750 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$750	
Reimbursement	Elite Plus	90th Percentile

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.

Dental Monthly Premiums		
	High PPO	Low PPO
Employee	\$30.99	\$21.61
Employee and 1 Dependent	\$60.37	\$42.98
Employee and 2+ Dependents	\$109.02	\$84.43