United Concordia dental

Dental Benefits Summary for WILLIAMSPORT AREA SCHOOL DISTRICT

Group # 925850 000 /001/002/099/199/299

Network: Elite *Plus*

Benefit Category[1]	In-Network[2]	Non-Network[2]
Class I - Diagnostic/Preventive Services		
Exams Bitewing X-rays All Other X-rays Cleanings & Fluoride Treatments Sealants Space Maintainers Palliative Treatment	100%	100%
Class II - Basic Services		
Basic Restorative (Fillings) Simple Extractions Repairs of Crowns, Inlays, Onlays, Bridges & Dentures Endodontics Nonsurgical Periodontics Surgical Periodontics Complex Oral Surgery General Anesthesia	85%	85%
Class III - Major Services		
Inlays, Onlays, Crowns	50%	50%
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
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)		
Contract Year Deductible (per person/per family)	$0/$0	
Contract Year Maximum (per person)	$1,000 PER CONTRACT YEAR (JULY 1 - JUNE 30)	
Lifetime Orthodontic Maximum (per person)	$800	
Reimbursement	**Elite *Plus***	**90th Percentile**

Representative listing of covered services. For underwritten plans, your certificate of insurance/coverage provides complete details on covered services and exclusions and limitations which may affect benefits payable. For self-funded plans, see your employer's Summary Plan Description for a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. Fully insured plans are underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366). For additional plan details or questions, contact your account representative 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. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. 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**.

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)。