



Dental Benefits Summary for DVEC Neshaminy School District

Group Numbers: 039373-000/001,060172-000,060173-000
061960-000,075961-000

Network: Advantage

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 & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	100%	100%
Posterior Resins (White Fillings)		
Simple Extractions		
Endodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Nonsurgical Periodontics	75%	75%
Surgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	60%	60%
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement (In PA)	Advantage	Advantage
Reimbursement (Outside PA)	90 th Percentile	90 th Percentile

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

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
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.