



## Dental Benefits Summary for Coatesville Area School District

Group Numbers: 880098-373/374/375  
Federation

Network: Alliance

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings) <sup>3</sup>	100%	100%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	100%	100%
Prosthetics (Bridges, Dentures)		
<b>Orthodontics (under age 25)</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Maximums &amp; Deductibles (cumulative of network and non-network)</b>		
Annual Program Deductible (per person/per family)	N/A	N/A
Annual Program Maximum (per person)*	\$1,000	\$1,000
TMJ Lifetime Service Dollar Maximum (per person)	\$1,000	\$1,000
Lifetime Orthodontic Maximum (per person)	\$1,000	\$1,000
<b>Reimbursement</b>	<b>Alliance</b>	<b>Provider's Charge</b>

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

\*Annual Program Maximum excludes orthodontic and TMJ services.

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.

3. Composite fillings are covered when performed on posterior teeth.

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