

Dental Benefits Summary for Killeen ISD - Base Plan (Low Plan)

Effective Date: September 1, 2024 Network: Elite 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 & Fluoride Treatments | | |
| Sealants | | |
| Space Maintainers | | |
| Palliative Treatment | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) | 80% | 80% |
| Simple Extractions | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III – Major Services | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | 50% | 50% |
| Endodontics | | |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Inlays, Onlays, Crowns | | |
| Prosthetics (Bridges, Dentures) | | |
| Implants | | |
| Included Plan Features | | <u> </u> |
| Preventive Incentive® | Class I services do not count toward your annual program maximum | |
| Smile for Health®Wellness ³ | 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% | |
| 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 | | |
| Pregnancy Benefit ³ | Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®Wellness³ | |
| Maximums & Deductibles (applies to the combination of se | | |
| i i | \$100/\$200 | |
| Calendar Year Deductible (per person/per family) | Excludes Class I | |
| Calendar Year Maximum (per person) | \$1,000 | |
| | Excludes Class I | |
| Reimbursement | Elite <i>Plus</i> | Advantage MAC |

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

Dental plans are administered by United Concordia Companies, Inc., and 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 (1-800-332-0366).

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 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). 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.