

Summary of Coverage



Concordia Flex sm

Group Name: DVEC William Penn School District

Group Number: 060876000 Effective Date: July 1, 2017

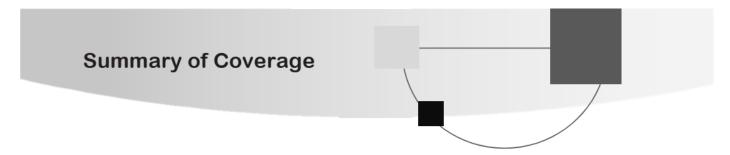
		<u>Plan Pays</u>
Clas	ss I Services	
•	Exams	100%
•	All X-Rays	100%
•	Cleanings & Fluoride Treatments	100%
•	Palliative Treatment (Emergency)	100%
•	Space Maintainers	100%
•	Sealants	0%
Cla	ss II Services	
•	Basic Restorative (Fillings, etc.)	100%
•	Endodontics	100%
•	Simple Extractions	100%
•	Complex Oral Surgery	100%
•	General Anesthesia and/or Nitrous Oxide and/or IV Sedation	100%
Cla	ss III Services	
•	Non-surgical Periodontics	50%
•	Surgical Periodontics	50%
•	Repairs of Crowns, Inlays, Onlays	50%
•	Repairs of Bridges	50%
•	Denture Repair	50%
•	Inlays, Onlays, Crowns	50%
•	Prosthetics (Bridges, Dentures)	50%
Orti	hodontics	
•	Diagnostic, Active, Retention Treatment	50%
•	Limited to Dependent children under the age of 19	

Deductibles & Maximums

- \$0 Program Dollar Deductible
- \$0 Program Dollar Maximum
- \$800 Lifetime Maximum per Member for Orthodontics

All services on this Schedule of Benefits are subject to the Schedule of Exclusions and Limitations.





Participating Dentists accept the Maximum Allowable Charge as payment in full.

Contact United Concordia

Phone 1-866-851-7564 Customer service representatives are available from 8 a.m. - 6 p.m. ET.

Assistance can also be received outside normal customer service hours through our Interactive Voice Recognition (IVR) system. Use the system 24/7 to access claim status, benefits and coverage information in 150 languages.

Web www.UnitedConcordia.com

Once enrolled, register to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more.