

Dental Benefits Summary for Crosby ISD – LOW PLAN Group 821433-000

Effective Date: November 1, 2021 Network: Advantage Plus

D. C. C. 1	LOW PLAN		
Benefit Category ¹	In-Network ²	Non-Network ²	
Class I – Diagnostic/Preventive Services			
Exams			
Bitewing X-rays			
All Other X-rays	100%	100%	
Cleanings & Fluoride Treatments	100%		
Sealants			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings)			
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		80%	
Endodontics	80%		
Nonsurgical Periodontics			
Surgical Periodontics			
Complex Oral Surgery			
Anesthesia			
Class III – Major Services			
Inlays, Onlays, Crowns	Not Covered		
Prosthetics (Bridges, Dentures)			
ncluded Plan Features			
	 Covers 1 additional cleaning during pregnancy 		
Pregnancy Benefit	 Covers 1 additional periodontal maintenance 		
	 Scaling and root planing 		
	 4 periodontal surgery procedures 		
Maximums & Deductibles (applies to the combination of ser	vices received from network an	nd non-network dentist <u>s)</u>	
Annual Program Deductible (per person/per family) \$50/\$150			
Ailitual i Tograffi Deductible (per person/per laffilly)	Excludes Class I		
Annual Program Maximum (per person)	\$1,0	000	
Reimbursement	Advantage Plus	NFFS	

Rates	Employee	Employee & One Adult	Employee & Child(ren)	Family
	\$18.95	\$37.74	\$40.86	\$66.16

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

EEM-0142-0514

^{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.