

Dental Benefits Summary for ACSHIC with All Riders

Effective: July 1, 2026

Network: Elite Prime

Benefit Category ¹		
	In-Network ²	Non-Network ²
Class I - Diagnostic/Preventive Services		
Exams	100%	100% UCR*
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Two per July 1-June 30 contract year)		
Sealants		
Palliative Treatment		
Class II - Basic Services		
Basic Restorative (Fillings, including Posterior Resins)	100%	100% UCR*
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
Class III - Major Services		
Inlays, Onlays, Crowns	80%	80% UCR*
Complex Oral Surgery		
Surgical Periodontics		
Prosthetics (Bridges, Dentures)	50%	50% UCR*
Implants	\$1,000 Allowance per implant/3 per lifetime	
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50% UCR*
Included Plan Features		
Smile for Health [®] --Wellness ³ <i>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</i>	<ul style="list-style-type: none"> 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% 	
Pregnancy Benefit ³	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health [®] --Wellness ³	
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)	Unlimited	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Reimbursement Inside Pennsylvania	Elite Prime	Concordia Advantage
Reimbursement Outside Pennsylvania	Elite Prime	90th Percentile

Representative listing of covered services - Summary Plan Description provides a detailed description of benefits.

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). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. 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**.

Dental plans are administered by United Concordia Companies, Inc. Fully insured plans are 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. Call 1-800-332-0366. For additional plan details or questions, contact your account representative or visit www.ucci.com for more information.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。