

ACSHIC Retiree Voluntary Dental Plan Benefits Summary

Network: Concordia Advantage

Benefit Category ¹	CONCORDIA CHOICE PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Fluoride Treatments for children under age 19)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person) (January 1 st - December 31 st)	\$1,500 Excludes Class I	
Waiting Periods³		
Class I	None	None
Class II	None	None
Class III	6 months	6 months
Reimbursement	Concordia Advantage	Concordia Advantage MAC

Representative listing of covered services – certificate of coverage 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. United Concordia Dental's standard exclusions and limitations apply.

3. Waiting periods only apply to new entrants.

*PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.