

## Dental Benefits Summary for Henderson ISD

**Network: ElitePLUS**

Benefit Category <sup>1</sup>	LOW PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
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; including White Posterior)	70%	70%
Simple Extractions		
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	40%	40%
Complex Oral Surgery		
General Anesthesia		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$75/\$150 Excludes Class I	
Annual Program Maximum (per person)	\$700	
Reimbursement	ElitePLUS	80 <sup>th</sup> Percentile

*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. 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 80<sup>th</sup> Percentile and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.