



## Dental Benefits Summary for Asbury Communities

Network: Advantage Plus 2.0

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
<b>Class II – Basic Services</b>		
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		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Contract Year Deductible (per person/per family)	\$50/\$150 Excludes Class I	
Contract Year Maximum (per person)	\$1,500	
<b>Reimbursement</b>	<b>Advantage Plus</b>	<b>90<sup>th</sup> Percentile</b>

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

1. Unmarried dependent children covered to age 19. Unmarried dependent students 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.

## **SCHEDULE OF LIMITATIONS AND EXCLUSIONS**

### **Limitations**

Services covered by the Plan as indicated on the Schedule of Benefits are subject to limitations below:

1. Full mouth x-rays – one every five years.
2. One set(s) of bitewing x-rays per six months through age thirteen, and one set(s) of bitewing x-rays per twelve months for age fourteen and older.
3. Periodic oral evaluation – one per six months.
4. Limited oral evaluation (problem focused) – limited to one per dentist per twelve months.
5. Prophylaxis – one per six months.
6. Fluoride treatment – one per six months through age eighteen.
7. Space maintainers - only eligible for members through age eighteen when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not develop.
8. Prefabricated stainless steel crowns - one per tooth per lifetime for age fourteen years and younger.
9. Crown lengthening - one per tooth per lifetime.
10. Periodontal maintenance following active periodontal therapy – two per twelve months in addition to routine prophylaxis.
11. Periodontal scaling and root planing - one per two year period per area of the mouth.
12. Placement or replacement of single crowns, inlays, onlays, single and abutment buildups and post and cores, bridges, full and partial dentures – one within five years of their placement.
13. Denture relining, rebasing or adjustments - are included in the denture charges if provided within six months of insertion by the same dentist.
14. Subsequent denture relining or rebasing – limited to one every three year(s) thereafter.
15. Surgical periodontal procedures - one per two year period per area of the mouth.
16. Sealants - one per tooth per three year(s) through age fifteen on permanent first and second molars.
17. Pulpal therapy - through age five on primary anterior teeth and through age eleven on primary posterior molars.

### **Exclusions**

The Plan does not cover all dental services. No coverage will be provided for services, supplies or charges:

1. Not specifically listed as a covered service on the Schedule of Benefits, and those listed as not covered on the Schedule of Benefits.
2. Which are necessary due to patient neglect, lack of cooperation with the treating dentist or failure to comply with a professionally prescribed treatment plan.
3. Started prior to the member's effective date or after the termination date of coverage with the Plan, including, but not limited to multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures.
4. Services or supplies that are not deemed generally accepted standards of dental treatment.
5. For hospitalization costs.
6. That are the responsibility of Worker's Compensation or employer's liability insurance, or for treatment of any automobile related injury in which the member is entitled to payment under an automobile insurance policy. The Plan's benefits would be in excess to the third party benefits and therefore, the Plan would have right of recovery for any benefits paid in excess.
7. For prescription or non-prescription drugs, vitamins, or dietary supplements.
8. Administration of nitrous oxide, general anesthesia and IV sedation, unless specifically indicated on the Schedule of Benefits.
9. Which are cosmetic in nature as determined by the Claims Administrator, including, but not limited to bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures.
10. Elective procedures including but not limited to the prophylactic extraction of third molars.

11. For the following which are not included as orthodontic benefits - retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient neglect, or repair of an orthodontic appliance.
12. For congenital mouth malformations or skeletal imbalances, including, but not limited to treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment.
13. For dental implants including placement and restoration of implants unless specifically covered under a rider to the Schedule of Benefits.
14. For oral or maxillofacial services including but not limited to associated hospital, facility, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth.
15. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under a Rider to the Certificate. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
16. For treatment of fractures and dislocations of the jaw.
17. For treatment of malignancies or neoplasms.
18. Services and/or appliances that alter the vertical dimension, including but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
19. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances.
20. For broken appointments.
21. Arising from any intentionally self-inflicted injury or contusion when the injury is a consequence of the member's commission of or attempt to commit a felony or engagement in an illegal occupation or of the member's being intoxicated or under the influence of illicit narcotics.
22. For house or hospital calls for dental services.
23. Replacement of existing crowns, onlays, bridges and dentures that are or can be made serviceable.
24. Preventive restorations in the absence of dental disease.
25. Periodontal splinting of teeth by any method.
26. For duplicate dentures, prosthetic devices or any other duplicative device.
27. For services determined to be furnished as a result of a referral to an entity in which the referring dentist, or the dentist's immediate family; (a) owns a beneficial interest; or (b) has a compensation arrangement. The dentist's immediate family includes the spouse, child, child's spouse, parent, spouse's parent, sibling, or sibling's spouse of the dentist, or that dentist in combination.
28. For which in the absence of insurance the Member would incur no charge.
29. For plaque control programs, oral hygiene, and dietary instructions.
30. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the national guard or in the armed forces of any country or international authority.
31. For training and/or appliance to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy).
32. For any claims submitted to the Claims Administrator by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
33. Which are not dentally necessary as determined by the Claims Administrator.
34. For Orthodontic services.