UNITED CONCORDIA® DENTAL

Proposed Dental Benefits for North Metro First Baptist Church

Effective Date: 06/01/2018

Benefit Category	F-Plan3W
Class I	United Concordia's Standard Frequency Limitations
Exams	2 every 12 months
X-Rays (Bitewings Only)	1 set every 12 months under age 19 and 1 set every 18 months age 19 and over
X-Rays (All Others)	1 every 5 years for Full Mouth and Panoramic X-Rays Limitations may apply to other types of X-rays.
Cleanings; Fluoride Treatment	2 every 12 months; 1 every 12 months under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Palliative Treatment (Emergency)	2 per 12 months in combination with pulpal debridement
Space Maintainers	1 every 5 years under age 14
Class II null	
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins.
Simple Extractions	Any frequency (no limitations)
Repairs of Crowns, Inlays, Onlays, Dentures and Bridges	1 per 36 months
Endodontics	 Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: one per tooth per lifetime
Non-Surgical Periodontics	 Full mouth debridement: 1 per lifetime Scaling and root planing: 1 per 36 months (per area of mouth) Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy)
Surgical Periodontics	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Complex Oral Surgery	May vary by procedure
General Anesthesia	Limited to 60 minutes per session
Class III	
Inlays, Onlays and Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Implants	Covered at 50% for both in- and out-of-network reimbursement
Class IV	
Diagnostic, Active, Retention Treatment for dependents	to age 19
Dependent Eligibility	
Dependent children covered to age 26.	
Due to state and federal mandates applying to other sta	ates, dependent eligibility may differ from that quoted.
7.7.2	Selected Plan Features
Preventive Incentive®	Class I services do not count toward your annual program maximum
Smile for Health – Wellness	Covers 1 additional periodontal maintenance per year and all are covered
Provides periodontal care for people with certain chronic	at 100%
medical conditions. Eligible conditions: diabetes, heart	Scaling and root planing are covered at 100%
disease, stroke, rheumatoid arthritis, lupus, organ transplant and head & neck radiation.	4 periodontal surgery procedures are covered at 100%