

Smile for Health

DENTAL BENEFITS SUMMARY – C60A70 Small Group (2-50)



Network: **Alliance**

	Age 0-19*	Age 19+
Contract Year Deductible per Member:	\$75	\$50
Annual Maximum Payable per Member:	Unlimited	\$1000
Out of Pocket (OOP) Maximum per Member: <i>Applies to In-Network Services Only</i>	\$700	Unlimited
Out of Pocket (OOP) Maximum per Policy: <i>Applies to In-Network Services Only</i>	\$1400	N/A

***This plan meets the minimum essential health benefit requirements for pediatric oral health as required under the federal Affordable Care Act. Child's age is determined by the effective date of the policy or as of the enrollment date, whichever is later. These benefits are available to children through the end of the contract year that they turn 19.**

Covered Services	Age 0-19			Age 19+		
	Waiting Period	Policy Pays	After Deductible	Waiting Period	Policy Pays	After Deductible
Oral Evaluations (Exams)	None	100%	N/A	None	100%	N/A
Radiographs (All X-Rays)	None	50%	N/A	None	100%	N/A
Prophylaxis (Cleanings)	None	100%	N/A	None	100%	N/A
Fluoride Treatments	None	80%	N/A	None	Not Covered	N/A
Palliative Treatment (Emergency)	None	80%	N/A	None	100%	N/A
Sealants	None	80%	N/A	None	Not Covered	N/A
Other Diagnostic & Preventive Services	None	Not Covered*	N/A	None	Not Covered	N/A
Space Maintainers	None	50%	Yes	None	Not Covered	N/A
Amalgam Restorations (Metal Fillings)	None	50%	Yes	6 Month	70%	Yes
Resin-based Composite Restorations (White Fillings)	None	50%	Yes	6 Month	70%	Yes
Crowns, Inlays, Onlays	None	50%	Yes	12 Month	50%	Yes
Crown Repair	None	50%	Yes	12 Month	50%	Yes
Endodontic Therapy (Root Canals, etc.) and Other Endodontic Services	None	50%	Yes	12 Month	50%	Yes
Surgical Periodontics, Non-Surgical Periodontics and Prosthetics (Complete or Fixed Partial Dentures)	None	50%	Yes	12 Month	50%	Yes
Periodontal Maintenance	None	50%	Yes	12 Month	50%	Yes
Adjustments and Repairs of Prosthetics	None	50%	Yes	12 Month	50%	Yes
Other Prosthetic Services	None	50%	Yes	12 Month	50%	Yes
Maxillofacial Prosthetics	None	50%	Yes	None	Not Covered	N/A
Implant Services	None	50%	Yes	None	Not Covered	N/A
Simple Extractions	None	50%	Yes	None	70%	Yes
Surgical Extractions	None	50%	Yes	12 Month	50%	Yes
Oral Surgery	None	50%	Yes	12 Month	50%	Yes
General Anesthesia, Nitrous Oxide and/or IV Sedation	None	50%	Yes	12 Month	50%	Yes
Consultations	None	100%	N/A	None	100%	N/A
Adjunctive General Services	None	50%	Yes	None	Not Covered	N/A
Medically Necessary Orthodontics	12 Month	50%	N/A	None	Not Covered	N/A

Exclusions and limitations apply. Please see plan details and documents.

*Discounts may apply. Network dentists may elect to discount non-covered services. Consult our online provider directory ([Find A Dentist](#)) to search for a dentist. Dentists with a black box (■) next to their name accept negotiated rates for non-covered services. Discounts vary by service and region with average savings of 30%.

A Medically Necessary orthodontic service is an orthodontic procedure that occurs as part of an approved orthodontic plan that is intended to treat a severe dentofacial abnormality.

Important Regulatory Disclosure: <https://www.unitedconcordia.com/dental-insurance/home/disclaimer/>

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