

Smile for Health Family

DENTAL BENEFITS SUMMARY

Small Group (2-50)



Network: **Alliance**

	Age 0-19*	Age 19+
Contract Year Deductible per Member:	\$75	\$0
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	50%	N/A	None		N/A
Palliative Treatment (Emergency)	None	50%	N/A	None		N/A
Sealants	None	50%	N/A	None		N/A
Other Diagnostic & Preventive Services	None	Not Covered*	N/A	None		N/A
Space Maintainers	None	50%	Yes	None		N/A
Amalgam Restorations (Metal Fillings)	None	50%	Yes	None		N/A
Resin-based Composite Restorations (White Fillings)	None	50%	Yes	None		N/A
Crowns, Inlays, Onlays	None	50%	Yes	None		N/A
Crown Repair	None	50%	Yes	None		N/A
Endodontic Therapy (Root Canals, etc.) and Other Endodontic Services	None	50%	Yes	None	Services are not Covered. Discounts apply at most provider offices*	N/A
Surgical Periodontics, Non-Surgical Periodontics and Prosthetics (Complete or Fixed Partial Dentures)	None	50%	Yes	None		N/A
Periodontal Maintenance	None	50%	Yes	None		N/A
Adjustments and Repairs of Prosthetics	None	50%	Yes	None		N/A
Other Prosthetic Services	None	50%	Yes	None		N/A
Maxillofacial Prosthetics	None	50%	N/A	None		N/A
Implant Services	None	50%	Yes	None		N/A
Simple Extractions	None	50%	Yes	None		N/A
Surgical Extractions	None	50%	Yes	None		N/A
Oral Surgery	None	50%	Yes	None		N/A
General Anesthesia, Nitrous Oxide and/or IV Sedation	None	50%	Yes	None	N/A	
Consultations	None	100%	N/A	None	N/A	
Adjunctive General Services	None	Not Covered*	N/A	None	N/A	
Medically Necessary Orthodontics	12 Month	50%	N/A	None	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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