



Chambersburg Area School District Dental Summary

United Concordia Advantage Plus Network

Dental Benefit Coverage	In-Network	Out-of-Network Reimbursement
<u>Diagnostic/Preventive</u>		
Routine Oral Examinations and Cleanings <i>-twice during the 12 month contract period</i>	Covered at 100% (100% of MAC*)	100% of MAC
Routine Bitewing X-rays <i>- twice during the 12 month contract period</i>		
Full Mouth X-rays <i>- once every 36 months</i>		
<u>Dental Services</u>		
Basic Restorations - Amalgams, synthetic porcelain & plastic fillings	Covered at 100% (100% of MAC*)	100% of MAC
Major Restorative - Inlays, onlays, single crowns (caps)	Covered at 50% (50% of MAC*)	50% of MAC
Oral Surgery - Extraction and oral surgery procedures	Covered at 100% (100% of MAC*)	100% of MAC
Endodontics - pulpal therapy and root canal filling	Covered at 100% (100% of MAC*)	100% of MAC
Periodontics - Surgical & non-surgical treatment of gum disease	Covered at 100% (100% of MAC*)	100% of MAC
Prosthodontics - Construction & repair of dentures, bridges and partials	Not Covered	Not Covered
Denture Repair	Covered at 100% (100% of MAC*)	100% of MAC
Denture Relining - Relining existing dentures	Covered at 100% (100% of MAC*)	100% of MAC
Orthodontics (Child Only)	Covered at 50% (50% of MAC*)	50% of MAC
<u>Program Deductibles & Maximums</u>		
Contract Year Deductible	N/A	
Contract Year Program Maximum Benefit Payments	\$1,000 Per Person	
Lifetime Orthodontic Maximum Benefit Payments	\$1,150 Per Person	

*MAC - Maximum Allowable Charge of United Concordia.