



Dental Benefits Summary for City of El Paso

Concordia Flex Plan 2 – With Child & Adult Orthodontics

Network: Advantage Plus

Benefit Category	CONCORDIA FLEX – PLAN 2		
	Plan Pays*	You Pay In-Network	You Pay Out-of-Network
Class I – Diagnostic/Preventive Services			
Routine Oral Exams & Routine Cleanings (2 in 12 months)	100% of allowed amount	0%	Any charges in excess of allowed amount
X-rays (complete mouth once every 5 years; bitewings once every 6 months through age 13, once every 12 months thereafter)			
Sealants (through age 15; permanent molars only)			
Emergency treatment for relief of pain			
Fluoride treatments (once every 6 months through age 18)			
Class II – Basic Services			
Amalgam & composite resin fillings (Amalgam fillings on posterior teeth only. If you choose a composite resin filling, you pay the difference.)	80% of allowed amount	20% of allowed amount plus deductible	20% of allowed amount plus any charges in excess of allowed amount
Stainless Steel Crowns			
Simple Extractions			
Complex Oral Surgery			
Endodontics			
Nonsurgical Periodontics			
Surgical Periodontics			
Repairs of Dentures and Bridgework			
Class III – Major Services (12-month waiting period for new hires only)			
Inlays, Onlays, Crowns	50% of allowed amount	50% of allowed amount plus deductible	50% of allowed amount plus any charges in excess of allowed amount
Removable partial or complete dentures & fixed bridges			
Orthodontics for Children & Adults			
Diagnostic, Active, Retention Treatment	50%	50%	50%
	Maximum	Deductible	
Calendar-Year Maximums & Deductibles (cumulative of in- and out-of-network)	\$1,000	\$50/\$150 Excludes Class I & Orthodontics	\$50/\$150 Excludes Class I & Orthodontics

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

*United Concordia's Advantage Plus Network participating providers agree to accept United Concordia's allowed amount for covered services and also agree to file claims for you. You pay only the deductible, coinsurance, and any charges for non-covered services. Out-of-network providers may charge you more than the maximum benefit allowance. You are responsible for any amounts over the maximum benefit allowance.

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