

Concordia Health Plan 2019
Dental B At-A-Glance
(Reflects Member's Responsibility)

Dental Benefits – Administered by Cigna Dental		
Annual Deductible		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	Individual: \$50	Individual: \$50
Family Deductible Maximum	Family: \$150	Family: \$150
Annual Maximum per Person	\$1,000	\$1,000
Progressive Maximum Benefit <i>Obtain 1 Preventive Exam in prior year \$300 added to Annual Maximum up to 3 times</i>	Year 2: \$1,300 Year 3: \$1,600 Year 4: \$1,900	Year 2: \$1,300 Year 3: \$1,600 Year 4: \$1,900
Benefit Waiting Period/Late Entrant Penalties		
	Network Cost	Non-Network Cost
BWP/LEP	BWP	LEP
Preventive Care	None	6 Months
Basic Care	None	12 Months
Basic, Major and Orthodontics		
	Network Cost	Non-Network Cost
Preventive Care <i>X-rays, Exams, Cleanings, Sealants</i>	0%	0%
Basic Care <i>Extractions, Amalgams, Restorations, Endodontics, Periodontics, Anesthetics</i>	20%	20%
Major Care <i>Crowns, Bridges, Implants, Dentures, Oral Surgery</i>	50%	50%
Orthodontic Care	50% (\$1,000 lifetime maximum/individual)	50% (\$1,000 lifetime maximum/individual)
Out-of-Network Overview		
	Network Cost	Non-Network Cost
Out-of-Network Overview	N/A	Maximum Allowable Charge

Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan (CHP) option referenced above. While every effort has been made to provide accurate information, please refer to the CHP official plan document and the appropriate CHP Schedule for more detailed information. Those documents and additional plan information can be found online at ConcordiaPlans.org.