

2022 Adult Dental Preferred PPO



Our Adult Preferred PPO standalone dental plan is designed for members age 19 and older, providing all the protection and benefits of a full-service dental plan at an affordable price.

Expect more from your dental plan

- Members can save up to \$924 on dental services when using a Concordia Advantage participating provider!
- Visit any dentist without a referral.
- Easily access the national Concordia Advantage network of 59,617 unique providers and 253,233 access points nationwide.
- You have coverage from in-network providers for routine preventive exams, cleanings, and X-rays – pay \$0 at the time of your visit.¹
- Get discounts on non-covered services, even those that exceed your annual maximum benefit (from certain providers).



Find an in-network dental provider

Visit ibx.com/providerfinder.

Under *Your Plan*, click *Dental - Employer Plans*, and select *Concordia Advantage*.

Dentists with the **\$ave** symbol in the provider finder accept plan allowances for non-covered services, including services that go over your annual maximum.

Plan benefits	Adult Preferred PPO ¹
Dental deductible	\$50 Individual, \$150 Family
Annual maximum benefit (per member)	\$1,000
Preventive services	Member pays
Exams/Evaluations	\$0 ²
Cleanings	\$0 ²
X-rays	\$0 ²
Emergency/Palliative treatment	\$0 ²
Fluoride treatments	Not covered (discount may apply)
Sealants	Not covered (discount may apply)
Basic services	Member pays
Space maintainers	Not covered (discount may apply)
Fillings (Amalgam restorations – metal; Resin-based composite restorations – white)	50% ³
Simple and surgical extractions	50% ³
Crown and denture repair	50% ³
Root canals (Endodontic therapy and services)	50% ³
Surgical and non-surgical periodontics and maintenance	50% ³
Oral surgery	50% ³
General anesthesia, nitrous oxide, and/or IV sedation	50% ³
Major services	Member pays
Crowns, inlays, onlays	Not covered (discount may apply)
Complete or fixed partial dentures (prosthetics)	Not covered (discount may apply)
Implants	Not covered

See reverse side for plan limitations.

1. Coverage is based on the Maximum Allowable Charge (MAC) for the specific covered service. Participating dentists accept contracted MACs as payment in full. Non-participating dentists do not limit their charges and may bill you for the difference between their charge and the benefit paid by the plan.

2. No deductible.

3. Coinsurance after deductible.

Limitations

Please note: Only the following services are covered, and they are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age.

- Full mouth X-rays: Once every five years
- Bitewing X-rays (two, three, or four films): One set per 24 months, ages 19 through 29, and one set per three years for ages 30 and up
- Oral evaluations:
 - Comprehensive and periodic: One of these services per 12 months. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three or more years.
 - Limited problem-focused: Two per 12 months
 - Detailed problem-focused: One per dentist per patient per 12 months per eligible diagnosis
- Prophylaxis: One per 12 months. One additional for members under the care of a medical professional during pregnancy.
- An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure that is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
- Replacement of anterior resin-based composite restorations and posterior amalgam restorations: One of these restorations per tooth, per surface, per five years when they are not and cannot be made serviceable
- Pulpal debridement: One tooth per lifetime
- Root canal therapy: Limited to permanent teeth, one per tooth per lifetime
- Palliative treatment: One per 12 months
- Periapical X-rays: Four per 12 months only when taken with a problem-focused evaluation or palliative emergency treatment
- Tooth removal is limited to:
 - Coronal remnants of primary teeth
 - Erupted teeth or exposed roots, simple extraction
 - Surgical removal of erupted teeth
 - Surgical removal of residual roots, cutting procedures
- Recementation: One per 36 months. Recementation during the first 12 months following insertion of any preventive, restorative or prosthodontics service by the same Dentist is included in the preventive, restorative or prosthodontics service benefit.
- Denture relining, rebasing, or adjustments are considered part of the denture charges if provided within six months of insertion by the same Dentist. Subsequent denture relining or rebasing limited to one every three years thereafter.
- Replacement of restorative services only when they are not, and cannot be made, serviceable:
 - Buildups and post and cores – not within five years of previous placement of any procedures in this category.

- Pulpal therapy: One per eligible tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth and primary posterior molars.
- Periodontal Services:
 - Periodontal maintenance following active periodontal therapy - two per 12 months in addition to routine prophylaxis.
 - Surgical periodontal procedures — one per 36 months per area of the mouth.
 - Guided tissue regeneration — one per tooth per lifetime.
- General anesthesia and IV sedation limited to 60 minutes per session.

The benefit summary in this flyer represents only a partial listing of the benefits and limitations of the dental plan and may not cover all of your dental expenses. For a complete description of your dental covered services, limitations, and exclusions, please refer to your contract or benefit booklet. If you need additional information, please call customer service at the number printed on the back of your member ID card.

Independence Blue Cross dental plans are administered by United Concordia Companies, Inc., an independent company.

Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઈડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

French Creole: ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnerscht Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh. T'áá shqodí hódíílnih koji'Áká'anídaalwo'ji' éí binumber naaltsoos nitl'izgo nantinígíí bine'déé' bikáá'.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ کے پیچھے دئیے گئے صارف خدمات نمبر پر برائے کرم کال کریں۔

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.