



*Explanation  
of your  
Group Dental  
Program*

MONITEAU SCHOOL  
DISTRICT

Group Number: 919984-005

## **PSEA-HWF Group Dental Program**

### ***About Your Administrator***

United Concordia Companies, Inc. (UCCI) is the administrator of your plan and, as an innovative leader in claims administration, has designed this dental program with your convenience in mind. Its staff is composed of qualified professional administrative personnel who are available to assist you if needed. Participants can access personal dental plan and claim information by logging into "My Dental Benefits" at [www.ucci.com](http://www.ucci.com).

### ***Identification Cards***

An identification card will be issued to individuals enrolled in the program. This card will contain all information necessary to complete the employee portion of the dental claim form. The identification card is **NOT** an eligibility card; it is for identification only.

## **Payment for Services**

### ***Participating Dentists***

Services performed by participating dentists are paid on the Maximum Allowable Charge basis (MAC). Participating dentists submit claims for services to UCCI and payment is made to participating dentists for contractual benefits covered. The administrator will advise patients/employees of any charges not payable by the Fund and, therefore, the responsibility of the patient/employee. Those are generally co-payments, deductibles, charges after annual maximums have been exceeded, or charges for services not covered by the contract. To inquire about **Concordia Advantage Plus Network** participating providers, call UCCI at (800) 332-0366 or visit UCCI's website at [www.ucci.com](http://www.ucci.com).

### ***Non-Participating Dentists***

For services performed by non-participating dentists, the fee basis for payment is made according to the provider charge and the coinsurance coverage level. Any American Dental Association (ADA) claim form may be used and the dentist or participant can submit the form to UCCI at Dental Claims, PO Box 69421, Harrisburg, PA 17106-9421. Payment is sent by UCCI to the employee. The employee is also advised of his/her responsibility for co-payments, deductibles, or charges above the maximum, in accordance with the terms of the group master contract. The patient is responsible for payment to the dentist.

### ***Maximum Allowable Charge***

PSEA Health and Welfare Fund dental program provides for reimbursement of covered services based on "Maximum Allowable Charge" (MAC) established by its third party administrator. MAC is based on data received from national resources, the third party administrator's own experience, and competitive information.

### ***Predetermination***

Currently, the administrator requests a predetermination for all treatment plans where total fees exceed \$300. The dentist submits the treatment plan for a patient to UCCI. It is reviewed to determine patient eligibility, contract benefits, and the specific amount of the benefit. Notification is sent to the patient and dentist of the predetermination decisions. Predetermination decisions do not guarantee payment. Payment is also subject to eligibility and coverage at the time services are rendered and must be verified at such time by UCCI.

### ***Coordination of Benefits***

If separate dental benefits are available to employees, spouses, or dependents under other programs, there are specific conditions applicable to determination of payment. The ratio of each carrier's liability to total costs incurred is reviewed. Payment is made according to "primary-secondary" rules adopted by most insurance carriers, but in no case does this plan pay in excess of its total contractual obligation.

### ***Claims and Appeal Procedures***

UCCI attempts to process all claims within a reasonable processing time. Routine claims questions can be sent to UCCI or call toll free (800) 332-0366.

Any dissatisfaction with adjustments made or denials of payment should be brought to the attention of the Pennsylvania State Education Association Health and Welfare Fund. The PSEA-HWF will advise you of your rights of appeal or other recourse.

### ***Eligible Subscribers***

Eligible subscribers include the employee/subscriber, the employee's spouse, dependent children to age 19, and dependent children to age 25 if certified as a full time student, and unmarried dependent children physically or mentally unable to be self-supporting, regardless of age, providing the disability occurred prior to age 19.

***Dental Benefit Area Descriptions (Actual Plan may or may not include the following- see attached schedule)***

DIAGNOSTIC – Procedures to assist dentists to evaluate existing conditions and dental care required to include visits, exams, diagnosis, and X-rays

PREVENTIVE – Prophylaxis (cleaning), fluoride treatments, and space maintainers.

BASIC RESTORATIVE – Amalgam, synthetic porcelain and plastic fillings.

MAJOR RESTORATIVE – Inlays, onlays, and single crowns where basic restorative materials are not adequate.

ORAL SURGERY– Extraction and oral surgery procedures, including pre- and post-operative care.

ENDODONTICS – Procedures for pulpal therapy and root canal filling.

PERIODONTICS – Surgical and Non-Surgical procedures for treatment of gums and supporting structures of teeth.

SIMPLE EXTRACTIONS – Routine removal of teeth.

PROSTHODONTICS – Procedures for construction or repair of bridges and partial or complete dentures. Denture repair and relining under prosthodontics are available as separate benefits if prosthodontics coverage is not included in program choice.

ORTHODONTICS – Procedures for straightening teeth (limited to age 19, with procedures beginning prior to age 17).

DENTURE REPAIR AND RELINING – Repair and relining of existing dentures.

## Limitations

The items listed below are standard limitations:

- (a) Routine oral examinations - twice in a twelve-month period.
- (b) Bitewing x-rays
- (c) Full mouth x-rays and panorex x-rays - once in a thirty-six month period.
- (d) Prophylaxis (cleaning, scaling and polishing of teeth) - twice in a twelve-month period.
- (e) Topical application of fluoride for dependent children under 19 years of age - twice in a twelve-month period.
- (f) Space maintainers for dependent children to age 19.
- (g) If more than one dentist provides one dental procedure, the Fund shall be liable for not more than the amount it would have been liable for had but one dentist performed the dental service.
- (h) If the dentist and covered person select a more expensive course of treatment than is customarily provided, the Fund will pay only the allowance for the lesser procedure.
- (i) The Patient shall be responsible for any difference between the Fund's liability and the doctor's charge if the dentist and the patient had a contract to that effect prior to the effective date of the group's contract with the Fund.
- (j) If the covered person does not cooperate with the dentist and, as a result, additional treatment is required, any additional liability would be the patient's responsibility.
- (k) In all cases in which there are optional plans of treatment, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner.
- (l) If a tooth can be restored with amalgam or composite fillings, but the covered person and the dentist select another type of restoration, the obligation of the Fund shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure.
- (m) Replacement of crowns, inlays and onlays will be covered services only if at least five (5) years have elapsed since the date of the insertion of the existing crown, inlay or onlay, and only if the existing crown, inlay or onlay is unserviceable and cannot be made serviceable. This limitation applies only when the group has Major Restorative coverage.
- (n) Replacement of an existing denture or bridgework will be covered only if at least five (5) years have elapsed since the date of the insertion of the denture or bridgework, and only if the existing denture or bridgework is unserviceable and cannot be made serviceable. This limitation applies only when the group has Prosthodontics coverage.
- (o) Payment for a precious metal denture is limited to the allowance for a non-precious metal denture. This limitation applies only when the group has Prosthodontics coverage.
- (p) Periodontal prophylaxis is limited to four (4) per twelve-month period. This maximum shall be reduced by the number of routine prophylaxis received during a twelve-month period so that the total number of prophylaxes for a given twelve-month period, including both routine and periodontal prophylaxis shall not exceed four (4).

### Exclusions

No payment will be made for the following:

- (a) Services or supplies which are provided to patient by any federal or state government agency or by any municipality, county, or other political subdivision.
- (b) Charges for which benefits or services are provided the patient by any hospital, medical or dental service corporation, any group insurance, franchise or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions, unless the coordination of benefit provisions provide otherwise.
- (c) Services or supplies with respect to congenital malformations.
- (d) Services or devices when teeth are present that increase the vertical dimension of an occlusion to normal or otherwise.
- (e) Services or supplies for cosmetic purposes.
- (f) General anesthesia and analgesia, except when administered with oral surgical procedures.
- (g) Services or supplies for which the subscriber would have no legal obligation to pay in the absence of this or any other similar coverage.
- (h) Services rendered or supplies furnished or devices started prior to the effective eligibility date of a patient under this Agreement.
- (i) Preventive plaque control programs, including oral hygiene instructions.
- (j) Periodontal splinting, equilibration and gnathological recordings.
- (k) Myofunctional therapy.
- (l) Temporal mandibular joint dysfunction.
- (m) Dental implants and all related procedures, including placement and restoration of implants with other than single crowns
- (n) Prescription drugs incident to covered dental services.
- (o) Services rendered or supplies furnished or devices finished after the termination date of a participant and/or dependent.
- (p) Charges for hospitalization, including hospital visits.
- (q) Replacing tooth structure lost by attrition.
- (r) Services, supplies or charges that are not prescribed by or performed by or under the direct supervision of a dentist.
- (s) Services, supplies or charges that are submitted by a dentist and another professional provider which are the same services performed on the same date for the same patient.
- (t) Services, supplies or charges that are not medically or dentally necessary as determined by the Fund.



- (u) Services, supplies or charges that are experimental or investigative in nature.
- (v) Services, supplies or charges that are not necessary according to accepted standards of dental practice, or which are not recommended or approved by the attending dentist.
- (w) Services, supplies or charges that do not meet accepted standards of dental practice.
- (x) Services, supplies or charges that are for unusual procedures and techniques.
- (y) Services, supplies or charges that are not billed by the dentist or for which the covered person incurs no charge.
- (z) Services, supplies or charges that are performed by a dentist or other professional provider who in any case is compensated by the facility for similar covered services performed for patients.
- (aa) Telephone consultations, charges for failure to keep a scheduled appointment, or charges for completion of a claim form.
- (bb) Duplicate and temporary devices, appliances and services.
- (cc) Services for which the cost has been or is later recovered in any action at law or in compromise or settlement of any claim except where prohibited by law.
- (dd) Local anesthesia when billed for separately by a dentist.
- (ee) Routine post-operative visits.
- (ff) Any denture or bridge replacement made necessary by reason of loss or theft or participant's alternation or a denture or bridge.
- (gg) Services of assistant surgeons.
- (hh) Services and charges necessitated by lack of covered person's cooperation with the dentist or non-compliance with prescribed dental care that result in additional liability.
- (ii) Charges for the replacement and/or repair of any orthodontic appliance furnished under the treatment plan or for any duplicate orthodontic device or appliance.
- (jj) Gold foil restorations.
- (kk) Local infiltration or block anesthetic.
- (ll) Any other dental service or treatment except as provided in the Dental Benefit Program document.
- (mm) Sealants

## Moniteau School District Payment Schedule

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





### **Participating Providers**

To inquire about Concordia Advantage Plus Network participating providers, call UCCI at **(800) 332-0366** or visit UCCI's website at [www.ucci.com](http://www.ucci.com).

### **IMPORTANT**

The benefit explanations contained herein are subject to all provisions of the PSEA Health and Welfare Plan and Trust documents. This descriptive brochure does not modify such documents in any way nor shall the subscriber accrue any rights because of any statement in or omission from this Explanation. This Explanation is for informational use only.