

**PPO Dental Benefits Summary for Los Angeles Unified School District - Retiree**  
Effective Date: January 1, 2021 Network: **LAUSD PPO NETWORK**

Benefit Category <sup>1</sup>	UNITED CONCORDIA PPO PLAN	
	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100% <sup>4</sup>	80%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
<b>Class II – Basic Services</b>		
Palliative Treatment	80%	60%
Basic Restorative (Fillings)		
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Occlusal Guards	50%	50%
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
<b>Orthodontics for children and adults</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Maximums &amp; Deductibles (applies to the combination of services received from Network and Out-of-Network dentists)</b>		
Annual Program Deductible (per person)	\$100 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$2,000 Excludes In-Network Class I Services & Orthodontics (Most In-Network Diagnostic and Preventive Services do not count toward the annual program maximum.)	
Lifetime Orthodontic Maximum (per person)	\$750	
<b>Reimbursement</b>	<b>MAC</b>	<b>90<sup>th</sup> Percentile</b>

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

1. Dependent children covered to age 19/25.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. United Concordia Dental's standard exclusions and limitations apply.
3. United Concordia creates Out-of-Network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the Out-of-Network charge at the 90<sup>th</sup> Percentile of such data. Out-of-Network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
4. Most In-Network Class 1 Services do not count toward your annual program maximum.
5. In certain states outside of California, State Regulations mandate that the benefit levels be the same In and Out-of-Network. Please contact UCD for more information.

**Mail** United Concordia Dental, PO Box 69425, Harrisburg, PA 17106-9425  
**Web** [www.unitedconcordia.com](http://www.unitedconcordia.com)

Once enrolled, register online to use My Dental Benefits for 24/7, secure access to benefit information including eligibility, claim status, procedure history, ID card requests and more!

To find a dentist on our website, select 'LAUSD PPO Network.' The Find a Dentist feature allows you to search by county, zip code, street address or dentist name. You can even narrow your search by dental specialty.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。