

CCPOA Benefit Trust Fund

Piggyback HIGHLIGHTS FOR SUPPLEMENTAL DENTAL BENEFITS

EFFECTIVE:
01/01/2026

Calendar Year Maximum: \$2000.00 per family (a shared benefit)

Orthodontic Lifetime Maximum: \$1000.00 per family (a shared benefit)

Amounts that exceed your primary dental coverage's calendar year maximum or frequency limitations are not a benefit on the Piggyback Program

Non-covered services under your primary dental coverage are not covered on the Piggyback Program.

All claims have a 1-year filing limitation

Payor ID 89070 | Group Name: CCPOA Piggyback Program

Active: Group# 927451000 | Retired: Group# 927451001

This is not a guarantee of payment but a summary of benefits available through the CCPOA Piggyback Program for Dental Services. Benefits are subject to eligibility, terms, conditions, and limitations of the participant's Piggyback Program in force at the time the services are actually rendered.

Preventive/Diagnostic Services:

Up to 10% - depending on how paid by primary coverage

Prophy | Fluoride | Sealants
Bitewing / Panographic/FMX | Consultations
Space Maintainers
Emergency Palliative Treatment

Basic Services: Up to 10%

Restorative Services | Endodontic Services
Periodontal Services
Root Planing & Scaling | Periodontal cleanings
Oral Surgery | General Anesthesia

Singles Crowns, Inlays, Onlays & Build-ups:

Up to 20%

Prosthodontic (Major) Services: Up to 50%

Implants | Partial or Complete Dentures | Bridges

Orthodontic Services: No Age Limit Up to 50%

50% to lifetime benefit - family maximum

Services Not Covered

Any service not covered by the primary coverage are not covered by Piggyback

- Deductibles required by your primary dental coverage are not reimbursable on the Piggyback Program.
- All participants enrolled in the Piggyback Program are required to have a primary dental plan in order to receive dental benefits from the Piggyback Program.
- A copy of the primary dental plan's itemized explanation of payment should accompany the itemized claim. Assignment of Benefits will be honored if indicated on the claim.

**For Vision or Hearing Aid benefits, contact the Benefit Trust Fund
916.779.6300**

Mail Claims To:

United Concordia Dental
Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421
Customer Service: 1-844-789-1713

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Benefit Trust Fund

