

# CCPOA Benefit Trust Fund

## Dental Program Highlights

**EFFECTIVE:**  
01/01/2026

Non-Contracted Provider:	UCCI Elite Plus In-Network Providers:
<b>Calendar year maximum: \$2000/ per person</b> <b>Combined Dental &amp; Orthodontic Deductible:</b> <i>Per calendar year</i> Individual: \$50 / Family: \$150 Deductible is waived on Preventive/Diagnostic Services Reimbursement is based on the schedule of maximum allowable charges (MACs).	<b>Calendar year maximum: \$2000/per person</b> <b>Deductible: None</b> Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs).

**PAYOR ID 89070 | Group # 927450000 | Group Name: CCPOA DENTAL PROGRAM**  
**All claims have a 1 year filing limitation**

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

### Preventive/Diagnostic Services: 100%

**Prophy:** Three times in the calendar year

**Fluoride:** Unlimited for dependents 14 and under.

**Sealants:** No age limit, on permanent unrestored posterior molars only - Once every 36 months

**Bitewing:** Unlimited.

**Panographic/FMX:** Once every 36 months

**Exams:** Unlimited. First exam of the calendar year is payable at 100%, ALL exams after will be at 90% with no deductible. *(Including D9310 & D9430)*

**Consultations:** One per provider per 12 months

**Space Maintainers:** Unlimited for dependents 18 and under.

**Emergency Palliative Treatment:** Two per 12 months.

### Basic Services: 90%

**Restorative Services:** Posterior Composite & Amalgam Fillings Covered - Once every 6 months per tooth

**Endodontic Services:** Root canal Therapy

**Periodontal Services:** Root Planing & Scaling: Once every 24 months-Periodontal cleanings: Two per Calendar Year

**Oral Surgery:** Extraction of teeth & minor oral surgery. (Medical does not have to be billed first)

**General Anesthesia:** With a qualified covered procedure not to exceed 60 minutes per session.

### Single Crowns, Inlays, Onlays & Build-ups: 80%

One per tooth per 5 years

### Prosthodontic (Major) Services: 50%

**Implants:** One per tooth per lifetime over age 18

**Partial or Complete Dentures:** One per 5 years. Missing tooth penalty does not apply.

### Orthodontic Services: No Age Limit

50% to lifetime benefit \$1,000 including adjustments & retainers

### Services Not Covered

TMJ

Occlusal guards/Night guards

Analgesia/Nitrous oxide

Arestin

### Coordination of Benefits: Standard

### Additional Information

Pre-determination is suggested over \$300, but not required.

Dependant children may be covered up to age 26 regardless of student status.

### 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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