# Hazleton Area School District (Employee) Dental Benefit Summary

| | Administered by the PSEA Health & Welfare Fund (United Concordia-Elite Plus Network) | |
|---|---|---|
| **Dental Benefit Coverage** | **In-Network** | Out-of-Network |
| Routine Oral Examinations, Cleanings and X-rays | **Covered at 100%** | 100% of MPA* |
| Basic Restorations –Fillings | **Covered at 100%** | 100% of MPA* |
| Endodontics – Root canals | **Covered at 100%** | 100% of MPA* |
| Periodontics – Gum Treatment | **Covered at 100%** | 100% of MPA* |
| Oral Surgery | **Covered at 100%** | 100% of MPA* |
| Major Restorative Services – Crowns, inlays, onlays and cast restorations | **Covered at 100%** | 100% of MPA* |
| Prosthodontics – Bridges and Dentures | **Covered at 100%** | 100% of MPA* |
| Orthodontics | **Not Covered** | Not Covered |
| Contract Year Deductible | **None** | |
| Contract Year Program Maximum | **$1,500 Per Person** | |
| Preventative & Diagnostic Claims Excluded from Program Maximum | **NO** | |
| Orthodontic Lifetime Maximum | **N/A** | |
| Dependent Removal Age | **To age 26 Regardless of Student Status** | |

*** MPA represents the maximum plan allowance for non-participating providers. For services performed by non-participating providers in the proposed plan, the fee basis for payment is based on 70th percentile of charges utilizing the FAIR Health data supplemented with United Concordia data as appropriate.**

# Hazleton Area School District (Spouse/Dependent) Dental Benefit Summary

| | Administered by the PSEA Health & Welfare Fund (United Concordia-Elite Plus Network) | |
|---|---|---|
| **Dental Benefit Coverage** | **In-Network** | Out-of-Network |
| Routine Oral Examinations, Cleanings and X-rays | **Covered at 80%** | 80% of MPA* |
| Basic Restorations –Fillings | **Covered at 50%** | 50% of MPA* |
| Endodontics – Root canals | **Covered at 50%** | 50% of MPA* |
| Periodontics – Gum Treatment | **Covered at 50%** | 50% of MPA* |
| Oral Surgery | **Covered at 50%** | 50% of MPA* |
| Major Restorative Services – Crowns, inlays, onlays and cast restorations | **Not Covered** | Not Covered |
| Prosthodontics – Bridges and Dentures | **Not Covered** | Not Covered |
| Orthodontics | **Not Covered** | Not Covered |
| Contract Year Deductible | **None** | |
| Contract Year Program Maximum | **$1,500 Per Person** | |
| Preventative & Diagnostic Claims Excluded from Program Maximum | **No** | |
| Orthodontic Lifetime Maximum | **N/A** | |
| Dependent Removal Age | **To age 26 Regardless of Student Status** | |

*** MPA represents the maximum plan allowance for non-participating providers. For services performed by non-participating providers in the proposed plan, the fee basis for payment is based on 70th percentile of charges utilizing the FAIR Health data supplemented with United Concordia data as appropriate.**

## ***BENEFITS ARE AVAILABLE TO:***

The Employee, spouse or domestic partner, and the unmarried child(ren) from date of birth to age 26 (regardless of student status) who is/are:

A blood descendant of the first degree, or

A legally adopted child (including a child living with the adopting parents during the probationary period), or

Unmarried children over 26 may also be eligible:

TO ANY AGE if disabled and incapable of self-support because of the disability, providing the disability occurred prior to age 19.

## ***COBRA ADMINISTRATION***

The Pennsylvania State Education Association Health & Welfare Fund ("Fund") and the Hazleton Area School District ("Employer") enter into this Agreement in order for certain of the Employer's employees to receive dental and/or vision benefits provided by the Fund. The Fund provides no other benefits for these employees at this time. Given the limited benefits provided by the Fund, the parties wish to have the administration of all benefits provided under the Consolidated Omnibus Budget Reconciliation Act of 1986 ("COBRA"), including the benefits provided by the Employer as well as the dental benefits provided by the Fund, undertaken by the Employer or the Employer's designee.

The parties acknowledge that the Fund, under Section 606(a) of the Employee Retirement Income Security Act ("Act"), has responsibility to provide certain notices to Employer's employees. The Employer agrees to assume all responsibility for the notice requirements set forth in this Section and applicable regulations, as they may be hereafter amended. The required notices include, but may not be limited to:

The initial General Notice of Continuation Coverage;

A Notice of Right to Elect Continuation of Coverage to Qualified Beneficiaries;

A Notice of Unavailability of Continuation Coverage; and

A Notice of Early Termination of Continuation Coverage.

The parties further acknowledge that the Employer may delegate these responsibilities to a third-party administrator ("TPA") of its choosing, provided that the TPA has an established record of competence in COBRA administration. Moreover, the Employer shall ensure that the TPA is contractually bound to provide the Fund with simultaneous notice of all COBRA notices issued to all Fund Participants who are employees of the Employer. In addition, the Employer agrees to indemnify the Fund for costs and fees incurred by the Fund on account of any failure to provide the notices required by applicable federal law, regardless of whether the failure is on the part of the Employer or the Employer's designee. Should the Employer or its designee be unable to fulfill the duties described in this section, the Fund may assume these responsibilities upon appropriate notice to the Employer.

## ***BILLING***

The district will pay a one-time “reserve” equal to one month of budget rates during the first week of January 2026. This allows the Fund to bill the district in the month following the month of coverage. The reserve is not applied to invoices but is kept as an account credit and can be applied to the final month’s invoice in the event of contract termination with any unused portion being paid back to the district.

The Fund will invoice the district monthly via email notification for claims incurred and for administrative fees. The invoiced amount is due upon receipt via a pushed monthly ACH. Late fees will apply to unpaid balances starting on the 15th day of the month following receipt of the invoice. For example, an unpaid invoice received on July 5 will start incurring late fees on August 15. The late fee will be the greater of 1.5% of the unpaid balance or $100. Each monthly late fee will be added to the unpaid balance.

The late fees described above are cumulative and shall continue to accrue monthly until the total outstanding balance is paid in full.

If the Agreement is terminated, for a period of one year from the date of contract cancellation, the Fund will pay claims incurred before the date of contract cancellation. The Prefund will be used to satisfy outstanding dental claims incurred before the date of contract cancellation plus Administrative Fees related to only those individuals that incurred claims. Should the Prefund be inadequate to pay remaining claims in the runout period, the Fund will bill the district monthly for those claims and Administrative Fees related only to those individuals with claims incurred. The Fund will not be responsible for paying any claims first incurred after the date of contract cancellation. If, however, the Fund does pay such a claim or claims, the district will reimburse the Fund for such claim or claims, plus Administrative Fees related to only those individuals with incurred claims.

For purposes of this section, the term "date of contract cancellation" means the earliest of (1) the date established by mutual consent of the parties; (2) the date on which the dental program is terminated.

## ***ELIGIBILITY AND ENROLLMENT***

The district is responsible for establishing and applying rules for enrollment eligibility for dental benefits. The Fund shall not have responsibility for making enrollment eligibility determinations and shall be entitled to rely on the eligibility information provided to it by the district.

The district will process enrollment changes either through United Concordia’s online enrollment system or by sending enrollment files directly to United Concordia.

# ***ADMINSTRATIVE FEES***

## Dental Program

$2.20 per employee per month

The Hazleton Area School District will be responsible for all dental claims incurred by employees and their dependents. The district will also pay a dental administrative fee of $2.20 Per Employee Per Month (PEPM) (the “Administrative Fee”). This fee does not include COBRA administration services.

United Concordia Dental will retain a network access fee of 7.5% on the in-network savings for calendar year 2026 and a network access fee of 8.5% on the in-network savings for calendar year 2027.