

Dental Benefits Summary for University of Scranton

Network: Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings) ³	100%	100%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays		
Endodontics		
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns	80%	80%
Nonsurgical Periodontics		
Surgical Periodontics		
Class III – Major Services		
Prosthetics (Bridges, Dentures)	50%	50%
Implanted Related Crowns		
Repairs to Bridges & Dentures		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$0	
Annual Program Maximum (per person)	\$2,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,200	
Reimbursement ⁴	Advantage	Advantage PA/90 Percentile outside of PA

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

1. Dependent children covered to age 26.
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. Non-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.
3. Includes coverage for composite (tooth colored) resin fillings performed on posterior teeth.
4. Reimbursement is Advantage for PA and 90th Percentile for all other states.

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