United Concordia Dental

Protecting More Than Just Your Smile®

Dental Benefits Summary for WESTMORELAND COUNTY MEDICAL SOCIETY

Network: Elite Plus

Network: E CONCORDIA FLEX PLAN			
Benefit Category ¹	In-Network ²	Non-Network ²	
Class I – Diagnostic/Preventive Services			
Exams			
Bitewing X-rays			
All Other X-rays	1		
Cleanings & Fluoride Treatments	100%	100%	
Sealants			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings)			
Simple Extractions			
Space Maintainers			
Endodontics	100%	100%	
Nonsurgical Periodontics	10070	10070	
Complex Oral Surgery	-		
General Anesthesia	-		
Surgical Periodontics	70%	70%	
Class III – Major Services	1070	7 0 70	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Inlays, Onlays, Crowns	50%	50%	
Prosthetics (Bridges, Dentures)	50 %	30 %	
Orthodontics for any age			
Diagnostic, Active, Retention Treatment	50%	50%	
Included Plan Features	30 %	3078	
included Flam Features	Forn Tuition Dowardo® points roo	Jacobala for tuition diagounts	
	Earn Tuition Rewards® points redeemable for tuition discounts Receive 2,000 at signup, then 2,000 points/year		
	Each child enrolled receives a one-time bonus of 500 Tuition		
The College Tuition Benefit® – College Savings Program ⁴	Rewards points		
	One Tuition Rewards point = \$1 reduction in full tuition		
	Use Tuition Rewards points at participating private colleges and		
	universities		
D 0.3	Covers 1 additional cleaning during	oregnancy in addition to the benefits	
Pregnancy Benefit ³	listed for Smile for Health®Wellnes		
Smile for Health®Wellness ³	Covers 1 additional periodontal m	aintenance per year and all are	
Provides periodontal care for people with certain	covered at 100%	. ,	
chronic medical conditions: diabetes, heart disease,	Scaling and root planing are covered at 100%		
lupus, oral cancer, organ transplant, rheumatoid arthritis	4 periodontal surgery procedures are covered at 100%		
and stroke			
Maximums & Deductibles (applies to the combination of	services received from network a	and non-network dentists)	
Annual Program Deductible (per person/per family)	<u> </u>	ONE	
Annual Program Maximum (per person)	\$2,000		
		Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)		,500	
Reimbursement	Elite Plus	90th Percentile Outside of PA	

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

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

- 1. Dependents to age 26.
- 2. 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 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
- 3.. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.

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:	
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 (□TY: 711)。	