



Dental Benefits Summary for Susquehanna University
Network: Concordia Advantage Plus

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams (2 per 12-month period)	100%	100%
Bitewing X-rays (under 14, one in 6 months; 14 and over, one in 12 months)		
All Other X-rays (full mouth x-rays, one per 5-year period)		
Cleanings & Fluoride Treatments (2 per 12 month period; fluoride to age 19)		
Sealants (to age 16; 1 st & 2 nd molars; 1 per tooth in 3 years)		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	50%	50%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
General Anesthesia		
Complex Oral Surgery		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Crowns over Implants		
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150 Excludes Class I
Annual Program Maximum (per person)	\$1,000 Excludes Class I	\$1,000 Excludes Class I
Reimbursement	Advantage Plus	Advantage

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. United Concordia Dental's standard exclusions and limitations apply.

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