

Dental Benefits Summary for Susquehanna University

Effective Date: 1/1/2020

Network: Advantage Plus

Group Number: 834161000, 834161099

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) ⁴	80%	80%
Space Maintainers		
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	0%	0%
Included Plan Features		
Preventive Incentive [®]	Class I services do not count toward your annual program maximum	
Pregnancy Benefit ³	<ul style="list-style-type: none"> • Covers 1 additional cleaning during pregnancy • Covers 1 additional periodontal maintenance • Scaling and root planing • 4 periodontal surgery procedures 	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	
Annual Program Maximum (per person)	\$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 (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.

4. Composite fillings are covered when performed on posterior teeth.