

## Dental Benefits Summary for University of Pittsburgh Faculty & Staff Flex I Dental Plan

**Effective Date: July 1, 2024 – June 30, 2025**

**Network: Advantage Plus\*\***

Benefit Category <sup>1</sup>	CONCORDIA FLEX I PLAN	
	In-Network Plan Pays <sup>2</sup>	Non-Network Plan Pays <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
All X-Rays		
Cleanings – 1 additional during pregnancy		
Sealants & Fluoride Treatments		
Palliative Treatment (Emergency)		
Space Maintainers		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings, etc.) – includes posterior composites	50%	50%
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Contract Year Deductible (per member/per family and July - June)	\$50/\$150 Applies to Class I, II & III Services	
Contract Year Program Maximum (per member and July – June)	\$500	
Lifetime Orthodontic Maximum (per dependent child)	Not Applicable	
<b>Reimbursement</b>	<b>AdvantagePlus MAC</b>	<b>Advantage MAC</b>

*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](http://www.UnitedConcordia.com). Administrative and claims offices located at 1800 Center Street, Suite 2B220, Camp Hill, PA 17011 (1-800-332-0366).

This policy has exclusions and limitations which may affect any benefits payable. See the actual policy or contact Member Services for specific provisions and details of availability.

1. Unmarried dependent children covered to age 19. Unmarried dependent students 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).  
*\*\*If you visit University Dental Health Services, you will be charged a \$5 facility fee.*

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: 711).
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 (TTY: 711)。