

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

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

Network: Advantage *Plus***

Benefit Category ¹	In-Network Plan Pays ²	Non-Network Plan Pays ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
All X-Rays		
Cleanings – 1 additional during pregnancy		
Sealants & Fluoride Treatments		
Palliative Treatment (Emergency)		
Space Maintainers		
Class II – Basic Services		
Basic Restorative (Fillings, etc.) – includes posterior composites	80%	80%
Endodontics		
Nonsurgical Periodontics		
Simple Extractions		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Surgical Periodontics		
Complex Oral Surgery		
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)		
Contract Year Deductible (per member/per family July - June)	\$50/\$150 (Excludes Class I & Orthodontics)	
Contract Year Program Maximum (per member July - June)	\$1,000 Excludes Orthodontia	
Lifetime Orthodontic Maximum (per dependent child)	\$1,500	
Reimbursement	AdvantagePlus MAC	Advantage MAC

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 4401 Deer Path Road, Harrisburg, PA 17110 (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. 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).
***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)。