

**Dental Benefits Summary for University of Pittsburgh Faculty & Staff
Dental Health Maintenance Organization (DHMO) Dental Plan**
**Primary Dental Office selection required within the
Pennsylvania service area required³**

Effective July 1, 2024 through June 30, 2025

Network: Concordia Plus**

Benefit Category ¹	CONCORDIA PLUS DHMO In-Network Only Plan Pays ^{2 & 3}
Class I – Diagnostic/Preventive Services¹	
Exams	Covered based on specific member copay schedule amounts ² included within the Certificate of Coverage and include applicable exclusions and limitations
All X-Rays	
Cleanings & Fluoride Treatments	
Sealants	
Space Maintainers	
Palliative Treatment (Emergency)	
Class II – Basic Services¹	
Basic Restorative (Fillings)	Covered based on specific member copay schedule amounts ² included within the Certificate of Coverage and include applicable exclusions and limitations
Simple Extractions	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	
Endodontics	
Nonsurgical Periodontics	
Surgical Periodontics	
Complex Oral Surgery	
General Anesthesia	
Class III – Major Services¹	
Inlays, Onlays, Crowns	Covered based on specific member copay schedule amounts ² included within the Certificate of Coverage and include applicable exclusions and limitations
Prosthetics (Bridges, Dentures)	
Orthodontics for dependent children to age 19	
Diagnostic, Active, Retention Treatment	Covered based on specific member copay schedule amounts ² included within the Certificate of Coverage and include applicable exclusions and limitations <i>Treatment <u>must</u> be initiated through your Primary Dental Office (PDO). PDO selection is limited to the Company's service area, which is comprised of select PA counties. Please refer to the specific member copay schedule amounts for your member liability.</i>
Maximums & Deductibles (cumulative of network and non-network)	
Contract Year Deductible (per member/per family)	None
Contract Year Program Maximum (per member)	None
Lifetime Orthodontic Maximum (per child dependent)	None – Certificate of Coverage include orthodontic treatment member copayment and applicable exclusions and limitations

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 (PPO) and United Concordia Dental Plans of Pennsylvania, Inc. (DHMO). 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).

This policy includes 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 a specific Schedule of Benefits, member copayment amounts. In network coverage only, using the Concordia Plus DHMO network of providers available in **select PA counties**. Certificate of Coverage includes member copay schedule amounts applicable exclusions and limitations.
3. United Concordia Dental Plans of Pennsylvania, Inc. is only licensed in the state of Pennsylvania, and the service area is comprised of select Pennsylvania counties. Please note that in the event of an emergency, you may see any licensed dentists but, should contact your Primary Dental Office. All other dental care must be coordinated through the Primary Dental Office that is printed on your ID card letter.

***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)。