



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

Network: Advantage *Plus*\*\*

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

*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.

\*\*A \$5 office visit copayment applies for services only at University Dental Health Services.

**Dental Customer Service 1-877-215-3616**

**UnitedConcordia.com**