## United Concordia® Dental

## The University of Pittsburgh Faculty & Staff DHMO Dental Plan Summary

<sup>4</sup>Primary Dental Office (PDO) Selection <u>located in PA</u> REQUIRED Network: Concordia Plus\*\*

Benefit Category <sup>1</sup>	CONCORDIA PLUS DHMO Plan Pays <sup>2</sup>
Class I – Diagnostic/Preventive Services <sup>1</sup>	
Exams	Covered based on specific member copay schedule amounts <sup>2</sup>
All X-Rays	
Cleanings & Fluoride Treatments	
Sealants	
Space Maintainers	
Palliative Treatment (Emergency)	
Class II – Basic Services <sup>1</sup>	
Basic Restorative (Fillings)	Covered based on specific member copay schedule amounts <sup>2</sup>
Simple Extractions	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	
Endodontics	
Nonsurgical Periodontics	
Surgical Periodontics	
Complex Oral Surgery	
General Anesthesia	
Class III – Major Services <sup>1</sup>	
Inlays, Onlays, Crowns	Covered based on specific member copay schedule amounts <sup>2</sup>
Prosthetics (Bridges, Dentures)	
Orthodontics for dependent children to age 19 <sup>1</sup>	
Diagnostic, Active, Retention Treatment	Covered based on specific member copay schedule amounts <sup>2</sup> (Treatment <u>must</u> be initiated under the ConcordiaPLUS program and completed in the service area of Western PA. Please refer to the specific member copay schedule amounts for your member liability.)
Maximums & Deductibles (cumulative of network and non-ne	etwork)
Contract Year Deductible (per member/per family)	None
Contract Year Program Maximum (per member)	None
Lifetime Orthodontic Maximum (per child dependent)	None

- 1. Representative listing of covered services certificate of coverage and Schedule of Benefits provides a detailed description of your benefits.
- 2. Reimbursement is based on a specific Schedule of Benefits, member copayment amounts. United Concordia's standard Concordia Plus DHMO exclusions and limitations apply. In network coverage only, using the Concordia Plus DHMO network of providers **available in PA**.

3. Dependent children covered to age 26.

- 4. Primary Dental Office (PDO) Selection located in PA REQUIRED. PDO Referrals REQUIRED for specialty care.
- \*\*A \$5 office visit copayment applies for services only at University Dental Health Services.