

Dental Plans and Monthly Premiums

www.hr.pitt.edu/dental

Summary of Key Provisions

	Managed Care	Standard Care Plans	
	Concordia Plus DHMO	Concordia Flex I	Concordia Flex II
How the Plan Works	Requires selection of a primary dental office (PDO) in the Western PA DHMO network.* All services must be coordinated through the designated dentist listed on the insurance card presented at the time of service.+ PDO referrals required for specialty and pediatric care.* Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.*	May select any dentist* Plan payment accepted, or for certain services patient responsible for coinsurance as percent of maximum allowable charge (MAC). MAC accepted as payment in full by participating provider (Concordia Advantage dentist); non-participating provider may issue a balance bill.	May select any dentist* Plan payment accepted, or for certain services patient responsible for coinsurance as percent of maximum allowable charge (MAC). MAC accepted as payment in full by participating provider (Concordia Advantage dentist); non-participating provider may issue a balance bill.
Annual Deductible	None	\$50/individual; \$100/individual plus one adult or child; \$150/family. Deductible applies for all services.	Same as Flex I; waived for preventive, diagnostic, and orthodontics
Exam/Cleaning Frequency	One in any consecutive six months**	One in any consecutive six months	One in any consecutive six months
Preventive Services (e.g., x-rays)	Insurance pays 100%**	Insurance pays 100% of MAC	Insurance pays 100% of MAC
Basic Services (e.g., cavity fillings)	Insurance pays 100%	Insurance pays 50% of MAC	Insurance pays 80% of MAC
Major Services (e.g., crowns)	Covered based on specific member copayment schedule amounts ¹	Insurance pays 50% of MAC	Insurance pays 50% of MAC
Orthodontics (Eligible dependents to age 19)	Covered based on specific member copayment schedule amounts ¹	Not covered	Insurance pays approximately 50% up to scheduled allowance; \$1,500 lifetime maximum
Annual Plan Year Maximum Note: Orthodontics maximum is separate	None	\$500/covered person	\$1,000/covered person

* Locate participating providers in the United Concordia network with instructions on next page.

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

¹ To determine your copayment responsibility for the current plan year, visit www.hr.pitt.edu/dental and select "Schedule of Benefits."

United Concordia:

1-877-215-3616

www.unitedconcordia.com

Monthly Dental Plan Premiums

Coverage Level	Concordia Plus DHMO	Concordia Flex I	Concordia Flex II
Individual	\$21.58	\$18.20	\$27.30
Individual Plus One Dependent	\$43.68	\$34.58	\$52.78
Family	\$71.24	\$55.90	\$101.92

***Locate Participating Providers in the United Concordia network:**

1. Visit **www.unitedconcordia.com**
2. Select "Find a Dentist"
3. Enter a location or dentist name
4. For the Concordia Plus plan, select "DHMO Concordia Plus General Dentist in the "Select Network" search box

Use the Provider ID to designate the PDO(s) when enrolling⁺

5. For the Concordia Flex I and II plans, select "Advantage Plus" in the "Select Network" search box



⁺ Existing participants must contact United Concordia directly at 1-877-215-3616 to change your primary dental office prior to seeking services.

