Dental Benefits

for the below listed employee groups‡

July 1, 2026 - June 30, 2027

University of Pittsburgh

Updated May 2026

The information presented in this summary guide is for the following employees based on their role and union representation status:

- **Non-represented faculty and librarians**
- **Non-represented staff**
- **Postdoctoral Associates, Postdoctoral Scholars, Research Associates**
- **Trades union employees represented by the Building and Construction Trades Council**
- **Teamsters Local 249**
- **Operating Engineers, Local 95-95A**
- **SEIU Local 32BJ**
- **University of Pittsburgh Police Association**
- **University of Pittsburgh at Johnstown Security, Police and Fire Professionals of America**
- **The Carrillo Steam Production Association**

Disclosure

The information presented in this summary guide is intended to provide a general overview and discussion of the plans. Descriptive literature is available from the carriers and the Office of Human Resources. Additional details of the benefits presented may also be found at **hr.pitt.edu/benefits**.

The rights and obligations of employees and those of the University are governed by the terms of each benefit plan and, in some cases, by contracts with the insurance companies. The plans are based on current federal and state laws and are regulated by those laws. If there is a conflict between this summary guide and the plan/contracts, then the plan and contracts will control.

Benefits may be modified as required by applicable laws, and benefits may be modified or terminated as deemed necessary or appropriate by the University. Any such modifications or terminations will be communicated in writing, as appropriate.

Employees covered under collective bargaining agreements are governed by the terms of those agreements. No one speaking on behalf of the plans or purporting to speak on behalf of the plans can modify the terms of the plans in any way. The terms of the plans control in all instances.

Contact the Benefits Department

Call: 833-852-2210

Submit an inquiry: **hr.pitt.edu/contact-ohr**

Individuals are responsible for reviewing the benefit deductions and retirement plan contributions on their pay statement for each benefit plan every pay period. Contact the Benefits Department immediately if there are any discrepancies.

Dental Plans and Monthly Premiums

hr.pitt.edu/dental

2026-27 Plan Year‡

Summary of Key Provisions

	MANAGED CARE
	Concordia Plus Managed Care (PA only) DHMO
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.*
Network Name	DHMO Concordia Plus General Dentists
Annual Deductible	None
Exam/Cleaning Frequency	One in any consecutive six months**
Preventive Services *(e.g., x-rays)*	Insurance pays 100%**
Basic Services *(e.g., cavity fillings)*	Insurance pays 100%
Major Services (e.g., crowns)	Covered based on specific member copayment schedule amounts[1]
Orthodontics *(eligible dependents to age 19)*	Covered based on specific member copayment schedule amounts[1]
Annual Plan Year Maximum *Note: Orthodontics maximum is separate*	None

Monthly Dental Plan Premiums

Coverage Level	Concordia Plus Managed Care (PA only) DHMO	Concordia Flex I	Concordia Flex II
Individual	$23.31	$19.66	$29.48
Individual Plus One Dependent	$47.17	$37.35	$57.00
Family	$76.94	$60.37	$110.07

Note: If you live, or are planning to live, outside of the Western PA area, it is recommended that you **do not** select the Concordia Plus Managed Care (DHMO) plan. The coverage/in-network area for the Concordia Plus Managed Care (DHMO) plan is limited to the Western PA area.

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

& Electing the DHMO means having a limited network and would require a change in dentists/dental facilities if the currently selected dentist leaves the DHMO network.

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

^ When in-network; when services are performed by an out-of-network dentist, balance billing may occur up to the dentist charge.

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

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

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United Concordia:
1-877-215-3616
unitedconcordia.com

STANDARD CARE PLANS

Concordia Flex I	Concordia Flex II
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.
Advantage Plus	Advantage Plus
$50/individual; $150/family maximum deductible to be applied to ALL services, including preventive, diagnostic, and orthodontics and to be paid one time per plan year.	$50 individual; $150/family maximum deductible to be applied and paid one time per plan year and waived for preventive, diagnostic, and orthodontics.
One in any consecutive six months**	One in any consecutive six months**
Insurance pays 100% of Maximum Allowable Charge^	Insurance pays 100% of Maximum Allowable Charge^
Insurance pays 50% of Maximum Allowable Charge^	Insurance pays 80% of Maximum Allowable Charge^
Insurance pays 50% of Maximum Allowable Charge^	Insurance pays 50% of Maximum Allowable Charge^
Not covered	Insurance pays approximately 50% up to scheduled allowance; $1,500 lifetime maximum
$500/covered person	$1,000/covered person

*Locate Participating Providers in the United Concordia network:

1. Visit unitedconcordia.com
2. Select **"Find a Dentist"**
3. Enter a location or dentist name
4. For the Pennsylvania DHMO plan Primary Dental Office selection, select **"DHMO Concordia Plus General Dentist"** in the **"Select Network"** search box located in Western PA only

   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

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