

Dental Benefits Summary for University of Pittsburgh – Post 65 Retirees

Effective: January 1, 2026 Network: Elite *Prime*

Benefit Category ¹		
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Routine Preventive Exams & Cleanings		
Bitewing X-rays	100%²	100% ²
Sealants & Fluoride Treatments		
Class II – Basic Services		
Periodontal Maintenance Cleanings	80% ² 80% ²	
Basic Restorative (Fillings)		
All Other X-rays		
Simple Extractions		80% ²
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Palliative (Emergency) Treatment		
Class III - Major Services		
Nonsurgical Periodontics	50% ²	50% ²
Endodontics		
Surgical Periodontics	Member pays reduced discounted fee ³	Not Covered
Complex Oral Surgery		
General Anesthesia		Not Covered
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for all members to any age		
Diagnostic, Active, Retention Treatment	Member pays reduced	Not Covered
	discounted fee ³	
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program	
	maximum	
Maximums & Deductibles (applies to the combination of se		
Annual Program Deductible	\$50/\$150	
(per person/per family; January - December)	Applies to Class I & Class II Services	
Annual Program Maximum \$1,000		
(per person; January - December)	Excludes Class I; Applicable to Class II Services & Non-Surgical	
Lifetime Orthodontic Maximum (per person)	Periodontic Services in Class III	
Reimbursement	N/A Maximum Allowable Maximum Allowable	
Kelmbursement		Charge
	Charge	Charge

Representative listing of covered services. For underwritten plans, your certificate of insurance/coverage provides complete details on covered services and exclusions and limitations which may affect benefits payable.

Dental plans are administered by United Concordia Companies, Inc. Fully insured plans are underwritten by United Concordia Insurance Company. 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. Call 1-800-332-0366. For additional plan details or questions, contact your account representative or visit www.ucci.com for more information.

- 1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 25.
- 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). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. United Concordia Dental's standard exclusions and limitations apply.

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)。	