

# Dental Plans and Monthly Premiums

United Concordia: 1-877-215-3616 or [www.ucci.com](http://www.ucci.com)

## Summary of Key Provisions

	Managed Care	Standard Care Plans	
	Concordia PLUS DHMO	Concordia FLEX I	Concordia FLEX II
<b>How the Plan Works</b>	Requires selection of a primary dental office (PDO) in the Western PA DHMO network.* All services <u>must</u> 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); nonparticipating 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); nonparticipating provider may issue a balance bill.
<b>Annual Deductible</b>	None	\$50/individual, \$100/individual plus one adult or child, \$150/family. Deductible applies for all services.	Same—Waived for preventive, diagnostic, and orthodontics
<b>Exam/Cleaning Frequency</b>	One in any consecutive six months**	One in any consecutive six months	One in any consecutive six months
<b>Preventive Services</b> (e.g., x-rays)	Insurance pays 100%**	Insurance pays 100% of MAC	Insurance pays 100% of MAC
<b>Basic Services</b> (e.g., cavity fillings)	Insurance pays 100%	Insurance pays 50% of MAC	Insurance pays 80% of MAC
<b>Major Services</b> (e.g., crowns)	Covered based on specific member copayment schedule amounts <sup>1</sup>	Insurance pays 50% of MAC	Insurance pays 50% of MAC
<b>Orthodontics</b> (Eligible dependents to age 19)	Covered based on specific member copayment schedule amounts <sup>1</sup>	Not covered	Insurance pays approximately 50% up to scheduled allowance; \$1,500 lifetime maximum
<b>Annual Plan Year Maximum</b>	None	\$500/covered person	\$1,000/covered person

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

<sup>1</sup> To determine your copayment responsibility for the current plan year, refer to [www.hr.pitt.edu/benefits/health-and-welfare/dental-plans](http://www.hr.pitt.edu/benefits/health-and-welfare/dental-plans) and select “Schedule of Benefits.”

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

## Monthly Dental Plan Premiums

Coverage Level	Concordia PLUS DHMO	Concordia FLEX I	Concordia FLEX II
Individual	\$19.83	\$18.18	\$26.89
Individual Plus One Dependent	\$40.24	\$34.37	\$52.71
Family	\$65.64	\$56.14	\$102.45

\*To locate participating providers in the United Concordia network:

1. Go to [www.ucci.com](http://www.ucci.com)
2. Select "Find a Dentist"
3. For the Concordia PLUS plan, select "DHMO Concordia Plus General Dentist" from the "My Network Is" drop down menu

Use the last 6 digits of the Provider ID to designate the PDO(s) when enrolling.+

4. For the Concordia FLEX I and II plans, select "Advantage Plus" from the "My Network Is" drop down menu

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

