

Dental Benefits Summary for Mount St. Mary's University

2019 Plan Year: January 1 – December 31

Network: Alliance

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment (Emergency)		
Class II – Basic Services		
Basic Restorative (Fillings ³)	100%	100%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Implants		
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health® Maternity Benefit	Covers 1 additional routine cleaning during pregnancy	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	
Calendar Year Program Maximum (per person)	\$1,200 Excludes Class I	
Reimbursement	Alliance	Advantage

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.
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). United Concordia Dental's standard exclusions and limitations apply.
3. Composite fillings are covered when performed on posterior teeth.