



Dental Benefits Summary for Allegheny College

Effective Date: July 1, 2012

Network: Concordia Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Class II – Basic Services		
All Other X-rays	80%	80%
Sealants		
Palliative Treatment		
Basic Restorative (Fillings)		
Simple Extractions		
Space Maintainers		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150 Excludes Class I
Annual Program Maximum (per person)	\$1,000 Excludes Class I	\$1,000 Excludes Class I

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. United Concordia Dental's standard exclusions and limitations apply.

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