

## Dental Benefits Summary for Dickinson College

Effective Date: July 1, 2020 - June 30, 2021

Network: *Elite Plus*

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	Low Option Plan Pays	High Option Plan Pays
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Space Maintainers		
<b>Class II – Basic Services</b>		
Basic Restorative (Includes Posterior Composite Fillings)	80%	80%
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Surgical Periodontics	50%	
<b>Class III – Major Services</b>		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%	80%
Inlays, Onlays, Crowns		50%
Prosthetics (Bridges, Dentures)		50%
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	Not Covered	50%
<b>Included Plan Features<sup>2</sup></b>		
Pregnancy Benefit <sup>4</sup>	<ul style="list-style-type: none"> <li>Covers 1 additional cleaning</li> <li>Covers 1 additional periodontal maintenance per year and all are covered at 100%</li> <li>Scaling and root planing are covered at 100%</li> <li>4 periodontal surgery procedures are covered at 100%</li> </ul>	
Smile for Health®--Wellness <sup>4</sup> <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none"> <li>Covers 1 additional periodontal maintenance per year and all are covered at 100%</li> <li>Scaling and root planing are covered at 100%</li> <li>4 periodontal surgery procedures are covered at 100%</li> </ul>	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Contract Year Program Deductible (per person/per family) (July 1 - June 30)	\$50/\$150 Excludes Class I	\$75/\$225 Excludes Class I & Orthodontics
Contract Year Program Maximum (per person) (July 1 - June 30)	\$1,000	\$1,500 Excludes Orthodontics
Lifetime Orthodontic Maximum (per person)	N/A	\$1,000
<b>In-Network Reimbursement<sup>5</sup></b>	<b>Elite Plus</b>	<b>Elite Plus</b>
<b>Non-Network Reimbursement<sup>5</sup></b>	<b>Advantage/90<sup>th</sup> Percentile<sup>6</sup></b>	<b>90<sup>th</sup> Percentile</b>

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

1. Dependent children covered to age 26.

2. Davis Vision Discount Program is also available.

3. Space Maintainers are Class II service on High Plan and are not excluded from the deductible.

4. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits on UnitedConcordia.com**.

5. 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).

6. Non-network providers in Pennsylvania are reimbursed at the MACs of the Advantage network. Non-network providers in all other states are reimbursed at the 90<sup>th</sup> Percentile.