



## Dental Benefits Summary for Dickinson College

**Network: Advantage Plus**

**Representative listing of covered services—refer to your Certificate of Coverage for a detailed description of benefits. United Concordia's standard exclusions and limitations apply.**

Benefit Category <sup>2</sup>	Concordia Select (Low Option) Plan Pays <sup>1</sup>			Concordia Choice (High Option) Plan Pays <sup>1</sup>		
	Year 1	Year 2	Year 3+	0 to 6 Months	6 to 12 Months	12 Months+
Class I – Diagnostic/Preventive Services						
Exams	80%	100%	100%	100%	100%	100%
Bitewing X-rays						
All Other X-rays						
Cleanings & Fluoride Treatments						
Sealants						
Palliative Treatment (Emergency)						
Space Maintainers				80%	80%	80%
Class II – Basic Services						
Basic Restorative (Fillings) <sup>4</sup>	50%	65%	80%	80%	80%	80%
Simple Extractions						
Endodontics						
Nonsurgical Periodontics						
General Anesthesia						
Complex Oral Surgery						
Surgical Periodontics	25%	40%	50%			
Class III – Major Services						
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	25%	40%	50%	80%	80%	80%
Inlays, Onlays, Crowns				0%	50%	50%
Prosthetics (Bridges, Dentures)						
Orthodontics for dependent children to age 19						
Diagnostic, Active, Retention Treatment	0%	0%	0%	0%	0%	50%
Included Plan Features <sup>5</sup>						
Pregnancy Benefit	<ul style="list-style-type: none"><li>• Covers 1 additional cleaning during pregnancy</li><li>• Covers 1 additional periodontal maintenance</li></ul>					
Smile for Health®--Wellness <sup>3</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>					
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)						
Contract Year (July 1-June 30) Deductible (per person/per family)	\$50/\$150 for Class II & III Only			\$75/\$225 for Class II & III Only		
Contract Year (July 1-June 30) Maximum (per person)	\$1,000			\$1,500		
Lifetime Orthodontic Maximum (per person)	Benefit not available			\$1,000		

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

4. Composite fillings are covered when performed on posterior teeth.

5. Davis Vision Discount Program is also available.