

## Dental Benefits Summary for State System of Higher Education

Network: Advantage Plus

Benefit Category <sup>1</sup>	Coverage % of MAC <sup>2</sup>	Limitations
<b>Class I - Diagnostic/Preventive Services</b>		
<b>Exams</b>	100%	Two per twelve months.
<b>Emergency Exams</b>		One per dentist per twelve months.
<b>Bitewing X-rays</b>		One set per six months.
<b>Full-mouth X-rays</b>		One set every 3 years
<b>Periapical X-rays</b>		No frequency
<b>Fluoride Treatments</b>		Two per twelve months through age eighteen.
<b>Cleanings</b>		Two per twelve months.
<b>Sealants</b>		One per tooth per three years through age thirteen on permanent first and second molars.
<b>Space Maintainers</b>		Only eligible for members through age eighteen when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not develop.
<b>Class II - Basic Services</b>		
<b>Basic Restorative</b> (amalgam, silicate, acrylic, synthetic porcelain and composite restorations)	100%	Replacement restorations - limited to one per twelve months. Contiguous surface posterior restorations not involving the occlusal surface will be payable as one surface restoration.
<b>Endodontics</b> (including root canal therapy, pulpotomy, and direct pulp capping)		Pulpal therapy - once per tooth per lifetime. Root canal treatment and retreatment - one per tooth per lifetime.
<b>Nonsurgical Periodontics</b> (Diagnosis and treatment planning including periodontal examination, scaling and root planning and special periodontal appliances, post treatment periodontal maintenance procedures)		Periodontal maintenance following active periodontal therapy - four in any twelve consecutive months per member reduced by the number of routine prophylaxis received during that twelve-month period so that the total prophylaxes for the period does not exceed four. Periodontal scaling and root planing - one per two year period per area of the mouth.
<b>Surgical Periodontics</b>		Surgical periodontal procedures - one per two year period per area of the mouth.
<b>Simple Extractions</b>		One per tooth per lifetime
<b>Complex Oral Surgery</b> (Surgical removal of teeth, removal of maxillary or mandibular intrabony cysts, procedures performed for the preparation of the mouth for dentures, apicoectomies, complete bony impactions)		If more than one surgical procedure is performed by the same dentist during the same operative session, United Concordia will pay 100% UCR for the highest paying procedure and no allowance will be made for additional procedures except where United Concordia deems that an additional allowance is warranted
<b>General Anesthesia</b>		In connection with covered services when rendered by or under the direct supervision of a dentist other than the surgeon, assistant surgeon or attending dentist. The administration of a local infiltration, block anesthetic or use of nitrous oxide as a local anesthetic is not covered
<b>Palliative Treatment</b>		2 Per 12 Months, in combination with pulpal debridement and palliative treatment

<b>Inpatient Consultations</b>	100%	Consultations are eligible only when performed by a professional provider at the request of the attending professional provider. Consultations are limited to one per consultant during any one period of hospitalization when the member's dental requires such consultation.
<b>Class III - Major Services</b>		
<b>Repairs of Crowns, Inlays, Onlays, Bridges &amp; Dentures</b>	70%	Denture relining, rebasing or adjustments - are included in the denture charges if provided within six months of insertion by the same dentist. Subsequent denture relining or rebasing - limited to one every three year(s) thereafter. Recementations by the same dentist who initially inserted the crown or bridge during the first twelve months are included in the crown or bridge benefit, then one per twelve months thereafter; one per twelve months for other than the dentist who initially inserted the crown or bridge.
<b>Crowns, Inlays &amp; Onlays</b>		Placement or replacement of single crowns, inlays, onlays, single and abutment buildups and post and cores, bridges, full and partial dentures - one within five years of their placement. Prefabricated stainless steel crowns - one per tooth per lifetime for age fourteen years and younger. Posts are only covered as part of a post buildup.
<b>Prosthetics (Bridges, Dentures)</b>		Placement or replacement bridges, full and partial dentures - one within five years of their placement.
<b>Orthodontics to members of any age</b>		
<b>Diagnostic, Active, Retention Treatment</b>	60%	Payment for orthodontic services shall cease at the end of the month after termination of employment.
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
<b>Annual Program Deductible (per person/per family)</b>		\$0
<b>Annual Program Maximum (per person)</b>		\$1,250
<b>Lifetime Orthodontic Maximum (per person)</b>		\$3,000
<b>In-Network Reimbursement<sup>2</sup></b>		<b>Advantage Plus</b>
<b>Non-Network Reimbursement in Pennsylvania<sup>2</sup></b>		<b>Advantage</b>
<b>Non-Network Reimbursement in All Other States<sup>2</sup></b>		<b>90<sup>th</sup> Percentile</b>

Representative listing of covered services. For self-funded plans, see your employer's Summary Plan Description for a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366. For additional plan details or questions, contact your account representative or visit [www.ucci.com](http://www.ucci.com) for more information.

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). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. United Concordia Dental's standard exclusions and limitations apply.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。