



Dental Benefits Summary for Washington and Lee University

Core Plan – Group Numbers: 882372-000/099

Network: Advantage *Plus*

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		
Space Maintainers		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Posterior Resins (White Fillings)		
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
Class III – Major Services		
Complex Oral Surgery	Not Covered	Not Covered
Surgical Periodontics		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Included Plan Features		
Pregnancy Benefit	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy Covers 1 additional periodontal maintenance Scaling and root planing 4 periodontal surgery procedures 	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Contract Year Program Deductible (per person/per family) (July 1 to June 30)	\$50/\$150 Excludes Class I	
Contract Year Program Maximum (per person) (July 1 to June 30)	\$1,000	
Reimbursement	Advantage <i>Plus</i>	90th Percentile

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.