## Dental Benefits Comparison for Carnegie Mellon University

### Benefit Category

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>CONCORDIA FLEX PLAN¹ PPO Network: Alliance</th>
<th>Concordia PLUS¹ DHMO Network: Concordia PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Pays²</td>
<td>PPO 1 846327-100,171</td>
<td>PPO 2 846328-100,171</td>
</tr>
<tr>
<td></td>
<td>DHMO 846329-000, 070</td>
<td></td>
</tr>
<tr>
<td>Nordic Network:</td>
<td></td>
<td>Refer to DHMO Schedule of Benefits for complete list of covered services³</td>
</tr>
</tbody>
</table>

### Class I – Diagnostic/Preventive Services

- **Exams** (i.e. Periodic D0120)  
  - Plan Pays: 100%  
  - Plan Pays: 100%  
  - $0 employee copayment
- **All X-rays** (i.e. Complete Series D0210)  
- **Cleanings**² (i.e. Adult D1110)  
  - Plan Pays: 100%  
  - Plan Pays: 100%  
  - $0 employee copayment
- **Sealants** (i.e. D1351)  
- **Fluoride Treatments** (i.e. Fluoride D1208)  
- **Palliative Treatment** (D9110)  
- **Space Maintainers** (i.e. Fixed D1510)  

### Class II – Basic Services

- **Nonsurgical Periodontics** (i.e. Scaling/Root Planing D4341)  
  - Plan Pays: 100%  
  - Plan Pays: 100%  
  - $0 employee copayment
- **Basic Restorative (Fillings)**² (i.e. 2 Surface Amalgam D2150)  
  - Plan Pays: 100%  
  - $0 employee copayment
- **Simple Extractions** (i.e. Single D7140)  
  - Plan Pays: 100%  
  - $0 employee copayment
- **Endodontics** (i.e. Root Canal – Molar D3330)  
  - Plan Pays: 50%  
  - Plan Pays: 80%  
  - $167 employee copayment
- **Complex Oral Surgery** (i.e. Complete Bony Impaction D7240)  
  - Plan Pays: $1,033 employee copayment
- **Surgical Periodontics** (i.e. Gingivectomy D4210)  
  - Plan Pays: $71 employee copayment
- **Repairs of Crowns, Inlays, Onlays & Prosthetics** (i.e. Repair Broken Base D5510)  
  - Plan Pays: $0 employee copayment

### Class III – Major Services

- **Inlays, Onlays, Crowns** (i.e. Full Cast Base Metal D2791)  
  - Plan Pays: 25%  
  - Plan Pays: 50%  
  - Includes Implants  
  - $265 employee copayment
- **Prosthetics (Bridges, Dentures)** (i.e. Complete Upper Denture D5110)  
  - Plan Pays: $314 employee copayment

### Orthodontics

- **Diagnostic, Active, Retention Treatment** (i.e. Comprehensive Treatment – Adult Dentition D8090)  
  - Not Covered  
  - 50%  
  - For members to any age  
  - $3,540 employee copayment  
  - For dependents to age 19

### Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)

- **Annual Program Deductible** (per person/per family)  
  - $50/$150  
  - $25/$75  
  - Excludes Class I  
  - Excludes Class I & Orthodontics
- **Annual Program Maximum (per person)**  
  - $1,000  
  - $1,500  
  - Excludes Class I  
  - Excludes Class I
- **Lifetime Orthodontic Maximum (per person)**  
  - Not covered  
  - $1,500
- **Lifetime Implant Maximum (per person)**  
  - Not Covered  
  - $3,000

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This is a representative listing of covered services. Your certificate of coverage provides a more detailed description of benefits.

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. Please refer to your Member DHMO Co-Payment Schedule for details on all covered services and member co-payment amounts.
4. PPO plans include an additional cleaning during pregnancy and also provide coverage for composite (tooth colored) resin fillings performed on posterior teeth.

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