

**Dental Benefits Comparison for Carnegie Mellon University**  
**Effective Date: January 1, 2023**

Benefit Category	CONCORDIA FLEX PLAN <sup>1</sup> PPO Network: Alliance		Concordia PLUS <sup>1</sup> DHMO Network: Concordia PLUS
	STANDARD 846327-100,171	ENHANCED 846328-100,171	DHMO 846329-000, 070
	Plan Pays <sup>2</sup>	Plan Pays <sup>2</sup>	Refer to DHMO Schedule of Benefits for complete list of covered services <sup>3</sup>
<b>Class I – Diagnostic/Preventive Services</b>			
Exams (i.e. Periodic D0120)	100%	100%	\$0 employee copayment
All X-rays (i.e. Complete Series D0210)			
Cleanings <sup>4</sup> (i.e. Adult D1110)			
Sealants (i.e. D1351)			
Fluoride Treatments (i.e. Fluoride D1208)			
Palliative Treatment (D9110)			
Space Maintainers (i.e. Fixed D1510)			
<b>Class II – Basic Services</b>			
Nonsurgical Periodontics (i.e. Scaling/Root Planing D4341)	100%	100%	\$0 employee copayment
Basic Restorative (Fillings) <sup>4</sup> (i.e. 2 Surface Amalgam (D2150)	50%	80%	\$0 employee copayment
Simple Extractions (i.e. Single D7140)			\$0 employee copayment
Endodontics (i.e. Root Canal – Molar D3330)			\$167 employee copayment
Complex Oral Surgery (i.e. Complete Bony Impaction D7240)			\$103 employee copayment
Surgical Periodontics (i.e. Gingivectomy D4210)			\$71 employee copayment
Repairs of Crowns, Inlays, Onlays & Prosthetics (i.e. Repair Broken Base D5511, D5512)			\$0 employee copayment
<b>Class III – Major Services</b>			
Inlays, Onlays, Crowns (i.e. Full Cast Base Metal D2791)	25%	50% Includes Implants	\$265 employee copayment
Prosthetics (Bridges, Dentures) (i.e. Complete Upper Denture D5110)			\$314 employee copayment
<b>Orthodontics</b>			
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
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>			
Calendar Year Program Deductible (per member/per family)	\$50/\$150 Excludes Class I	\$25/\$75 Excludes Class I & Orthodontics	Not Applicable
Calendar Year Program Maximum (per member)	\$1,500 Excludes Class I	\$2,000 Excludes Class I	
Lifetime Orthodontic Maximum (per member)	Not covered	\$2,000	
Lifetime Implant Maximum (per member age 18+)	Not Covered	\$4,000	

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

1. Dependent children covered to age 26. Disabled dependents covered to any age.
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.

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company and United Concordia Dental Plans of Pennsylvania, Inc. For more information please visit the "Disclaimers" link at [www.UnitedConcordia.com](http://www.UnitedConcordia.com). Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

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)。