

Dental Benefits Comparison for Carnegie Mellon University

Benefit Category	CONCORDIA FLEX PLAN ¹ PPO Network: Alliance		Concordia PLUS ¹ DHMO Network: Concordia PLUS
	PPO 1 846327-100,171	PPO 2 846328-100,171	DHMO 846329-000, 070
	Plan Pays ²	Plan Pays ²	Refer to DHMO Schedule of Benefits for complete list of covered services ³
Class I – Diagnostic/Preventive Services			
Exams (i.e. Periodic D0120)	100%	100%	\$0 employee copayment
All X-rays (i.e. Complete Series D0210)			
Cleanings ⁴ (i.e. Adult D1110)			
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)	100%	100%	\$0 employee copayment
Basic Restorative (Fillings) ⁴ (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
Class III – Major Services			
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
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)			
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)	\$1,000 Excludes Class I	\$1,500 Excludes Class I	
Lifetime Orthodontic Maximum (per member)	Not covered	\$1,500	
Lifetime Implant Maximum (per member age 18+)	Not Covered	\$3,000	

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.