



UCC DENTAL PLAN SUMMARY OF BENEFITS

A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a dentist who is in the PPO network, you'll receive the higher level of benefits. If you receive services from a dentist who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. Below are specific benefit levels.

Benefit		
Dental Services	Dental	
Annual Deductible	\$100/person or \$200/family	
Annual Benefit Maximum/per person	\$2,400	
Type of Service	In-Network¹	Out-of-Network²
Preventive Services and Supplies³: <ul style="list-style-type: none"> • Cleaning and routine oral examination—two times per calendar year • Fluoride application to child's teeth, age 16 and under—two times per calendar year • Dental sealants, under age 16 • Space maintainers, under age 16 	100%	100%
Diagnostic and Therapeutic Services and Supplies: <ul style="list-style-type: none"> • Periodontal cleanings—two times per calendar year • Full mouth X-rays—once in a three-year period • Bite-wing X-rays—two times in a calendar year • Oral examination • Emergency care⁴ • Extractions • Treatment of gums • Root canals • General anesthetics for oral surgery • Injectable antibiotics 	80%	80%
Restorative Services and Supplies: <ul style="list-style-type: none"> • Fillings • Crowns⁵ 	80% 50%	80% 50%
Prosthetic Services and Supplies⁶: <ul style="list-style-type: none"> • Full or partial dentures or fixed bridges • Repair or rebasing of dentures or bridges 	50%	50%
Orthodontics up to a \$1,500 per person lifetime maximum	50% after separate deductible per person	50% after separate deductible per person

DENTAL PLAN FOOTNOTES:

1. Advantage Plus 2.0 PPO network provides access to dental care at a lower cost than out-of-network providers.
2. Reimbursements are based on United Concordia's schedule of maximum allowable charges (MACs). Network dentists agree to accept UCCI's allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between UCCI allowance and their fee.
3. Preventive Services do not apply towards the plan's annual maximum.
4. Treatment received for the unexpected onset of severe pain or other symptoms, which, if not treated immediately, could reasonably be expected to result in serious health threat or impair the health of the individual.
5. Crowns will only be covered on the same tooth once every five (5) years unless the need for replacement is due to poor quality of the existing restoration.
6. Implants: Have your dental provider contact United Concordia for information regarding predetermination of services.



WHAT THE DENTAL PLAN DOES NOT COVER

Any claim submitted after one year (12 months) from the date of service will not be considered for payment. If you are unsure of any aspects of your dental coverage, contact United Concordia at 1.866.851.7576. The UCC Dental Plan does not cover the following services and/or supplies, unless otherwise specified:

1. Charges for reline/rebase of dentures or bridges are not covered more than once every 36 months. Repair of dentures is not covered more than once per arch per 36-month period.
2. Implants, except in limited circumstances for members 18 and over. Please contact United Concordia Dental for review.
3. Motor vehicle accident injuries—services for treatment for injuries resulting from the maintenance or use of a motor vehicle if the services/treatment have been paid or are payable under a plan/policy of motor vehicle insurance. This includes a certified or qualified plan of self-insurance, or any fund or program for the payment of extraordinary medical benefit established by state law. Payment for such injuries may be coordinated with your other insurance after those benefits have first been exhausted. The Dental Plan will then pay on a secondary basis.
4. Oral surgery for bony impactions of third molars (wisdom teeth). Contact Highmark BCBS for benefits that might be available under the Medical Plan.
5. Orthodontic services that occurred before enrollment in this Plan or after enrollment is terminated.
6. Procedures, restorations, and appliances to increase vertical dimension or to restore occlusion.
7. Replacement of an existing crown or gold filling will not be covered unless for tooth decay.
8. Training in or supplies used for dietary counseling, oral hygiene, or plaque control.
9. Treatment by someone other than a dentist or physician, except where performed by a duly qualified technician under the direction of a dentist or physician.
10. Workers' compensation-related illness or bodily injury, if benefits or compensation are available, in whole or in part, under the provisions of any federal, state, or local government workers' compensation, occupational disease, or similar-type legislation. This exclusion applies whether or not the enrollee files a claim for said benefits or compensation.

