

Dental Benefits Summary for Pennsylvania State University – Grad Assistants

Effective Date: September 1, 2024

**Network:
ElitePrime in Centre County, PA
Elite Plus outside Centre County, PA**

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams – Two in any contract year	100%	100%
Bitewing X-rays – Twice in a contract year		
Cleanings - two in any contract year		
Fluoride Treatments (to age 19)		
Sealants – to age 16 – 1 st and 2 nd molars		
Class II – Basic Services		
Full mouth X-rays – once in any 36 consecutive months	80%	80%
Palliative Emergency treatment		
Space Maintainers		
Basic Restorative (Fillings)		
Simple Extractions		
Repairs of Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery ⁴		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	60%	60%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family) ⁴	\$25/\$50 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$1,000 Excludes Class I	
Reimbursement	Advantage Plus	Advantage

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at 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.

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.
3. There is no program deductible when services are performed by an In-Network provider.
4. Some Surgical Services may also be covered under your medical plan. Please refer to your Medical benefits.

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)。