

Pennsylvania State University

Graduate Assistant Dental Program 2020-2021

Benefit Category	Plan Pays ^①
Class I Diagnostic/Preventive Services (excluded from annual program maximum)	
Routine Exams – two in any contract year	100%
Bitewing X-rays – twice in any 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%
Palliative Emergency Treatment	
Space Maintainers	
Basic Restorative	
Endodontics	
Repair of Broken Dentures	
Simple Extractions	
Oral Surgery ^②	
General Anesthesia	
Periodontics	
Class III Major Services	
Inlays, Onlays, Crowns	60%
Prosthetics (Bridges, Dentures)	
Orthodontics	
Diagnostic, Active, Retention Treatment	Not Covered
Maximums/Deductibles	
Annual Program Maximum (per covered member)	\$1,000
Annual Program Deductible (per member/per family) ^③	\$25.00/\$50.00

^① Percentages are based on United Concordia Companies Maximum Allowable Charges (MAC). The Maximum Allowable Charge is an amount that UCCI has contracted with providers to accept as payment in full, less any deductibles and co-insurances. You can maximize your benefits by obtaining services through a participating United Concordia **ElitePlus** network provider outside Centre County, or a **Nittany Dental Network** provider in Centre County.

^② Some Surgical Services may also be covered under your medical plan. Please refer to your Medical benefits

^③ There is no program deductible when services are performed by an In-Network provider.

This is a summary of your dental benefits. United Concordia Companies, Inc. policies and procedures apply.

For Customer Service Please Call 1-800-423-8217
Website: www.ucci.com