



## Dental Benefits Summary for Student Osteopathic Medical Association Network: Advantage *Plus*

Benefit Category	CONCORDIA CHOICE		
	In-Network <sup>1</sup>	Non-Network <sup>1</sup>	Deductible
<b>Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)</b>			
Exams	100%	100%	None
All X-rays			
Cleanings & Fluoride Treatments			
Sealants			
Palliative Treatment (Emergency)			
<b>Class II – Basic Services</b>			
Space Maintainers	90%	90%	\$25
Basic Restorative (Fillings)			
Simple Extractions			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Nonsurgical Periodontics			
<b>Class III – Major Services</b>			
Endodontics	50%	50%	\$25
Surgical Periodontics			
Complex Oral Surgery			
General Anesthesia			
Inlays, Onlays, Crowns			
Prosthetics (Bridges, Dentures)			
<b>Maximums &amp; Deductibles (cumulative of network and non-network)</b>			
Annual Program Maximum (per person)	\$1,500 Excludes Class I	\$1,500 Excludes Class I	
Annual Program Deductible (per person/per family)	\$25/\$75 Excludes Class I	\$25/\$75 Excludes Class I	
<b>Waiting Periods<sup>2</sup></b>			
Class I	None	None	
Class II	None	None	
Class III	6 months	6 months	
<b>Reimbursement</b>	<b>Advantage <i>Plus</i></b>	<b>Advantage</b>	

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

1. 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. United Concordia Dental's standard exclusions and limitations apply.
2. Waiting periods only apply to new entrants.

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