



## Dental Benefits Summary for University of Virginia Physicians – High Plan

Effective Date: 7/1/2020

Network: Elite Plus

Benefit Category <sup>1</sup>	CONCORDIA PREFERRED PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings)	90%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	60%	50%
Prosthetics (Bridges, Dentures)		
<b>Orthodontics – Child &amp; Adult</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Included Plan Features</b>		
Annual Maximum Rollover <sup>4</sup>	Members can roll over \$300 of unused benefit dollars to the following plan year	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	\$25/\$75 Excludes Class I & Orthodontics	50/\$150
Annual Program Maximum (per person)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
<b>Reimbursement</b>	<b>Elite Plus</b>	<b>90<sup>th</sup> percentile UCR</b>

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

1. Unmarried dependent children covered to age 26. Unmarried dependent students 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. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
4. A member is eligible to roll over \$300 of unused benefit dollars to the next plan year if he/she received an exam, used less than 50% of annual program maximum during plan year, and was enrolled in the dental plan a minimum of 100 days prior to end of plan year. Each covered member can roll over \$300 per year, up to \$1,200 per person.