

Dental Benefits Summary for Hagerstown Community College

Effective Date: 7/1/2022 – 6/30/2024

Network: Elite Plus

Group Number: 908153-000/001/099

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ⁵
Class I Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
Class II Basic Services		
Basic Restorative (Fillings) ⁴	80%	60%
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
Class III Major Services		
Inlays, Onlays, Crowns	50%	40%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
General Anesthesia		
Implants	50%	50%
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Pregnancy Benefit ³	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy Covers 1 additional periodontal maintenance Scaling and root planing 4 periodontal surgery procedures 	
Maximums & Deductibles (applies to the combination of services received from network and non network dentists)		
Annual Program Deductible (per person/per family) (July 31 – June 30)	\$25/\$50 Excludes Class I & Orthodontics	\$50/\$100 Excludes Orthodontics
Annual Program Maximum (per person) (July 31 – June 30)	\$1,500 Excludes Orthodontics	\$1,000 Excludes Orthodontics
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	80 th Percentile

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 4401 Deer Path Road, Harrisburg, PA 17110 (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.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on UnitedConcordia.com.
4. Composite fillings are covered when performed on posterior teeth.
5. 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 80th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.

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)。