



Dental Benefits Summary for Duquesne University Student Dental Plan

Effective Date: August 1, 2009

Network: Concordia Advantage

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

Benefit Category	CONCORDIA FLEX [®]		
	In-Network*	Non-Network*	Deductible
Class I – Diagnostic/Preventive Services			
Exams	100%	100%	None
X-rays			
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)			
Sealants			
Palliative Treatment			
Class II – Basic Services			
Basic Restorative (Fillings)	80%	80%	\$50/\$150
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures			
Endodontics			
Nonsurgical Periodontics			
Surgical Periodontics			
Complex Oral Surgery			
General Anesthesia and/or IV Sedation			
Class III – Major Services			
Inlays, Onlays, Crowns	Not Covered	Not Covered	Not Applicable
Prosthetics (Bridges, Dentures)			
Orthodontics			
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered	Not Applicable
Maximums & Deductibles (cumulative of network and non-network)			Annual Rates
Annual Program Maximum (per person)	\$1,000 Excludes Class I	\$1,000 Excludes Class I	Student Only \$232.00
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150 Excludes Class I	Student and Family \$608.00
Reimbursement	Advantage	Advantage	

*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.

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