

Dental Benefits Summary for University of Scranton

Network: Advantage

| Benefit Category ¹ | CONCORDIA FLEX PLAN | |
|---|----------------------------------|--|
| | In-Network ² | Non-Network ² |
| Class I Diagnostic/Preventive Services | | |
| Exams | 100% | 100% |
| Bitewing X-rays | | |
| All Other X-rays | | |
| Cleanings & Fluoride Treatments | | |
| Sealants | | |
| Palliative Treatment | | |
| Class II Basic Services | | |
| Basic Restorative (Fillings) ³ | 100% | 100% |
| Simple Extractions | | |
| Space Maintainers | | |
| Repairs of Crowns, Inlays, Onlays | | |
| Endodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Inlays, Onlays, Crowns | 80% | 80% |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Class III Major Services | | |
| Prosthetics (Bridges, Dentures) | 50% | 50% |
| Implanted Related Crowns | | |
| Repairs to Bridges & Dentures | | |
| Orthodontics for dependent children to age 19 | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) | | |
| Annual Program Deductible (per person/per family) | \$0 | |
| Annual Program Maximum (per person) | \$2,000 Excludes Orthodontics | |
| Lifetime Orthodontic Maximum (per person) | \$1,200 | |
| Reimbursement ⁴ | Advantage | Advantage PA/90 Percentile outside of PA |

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

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 allowance