

## Dental Benefits Summary for Johns Hopkins University Public Health

Effective Date: July 1, 2022

Network: Advantage Plus

Group Number: 845810001

Benefit Category <sup>1</sup>	CONCORDIA ACCESS PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
Fluoride Treatments		
Cleanings		
Sealants		
<b>Class II – Basic Services</b>		
Space Maintainers	Ineligible for payment but can be performed by an amended Advantage Plus dentist at a discounted fee.	Not Covered
Palliative Treatment		
Basic Restorative (Fillings)		
Full Mouth X-rays		
Simple Extractions		
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	Ineligible for payment but can be performed by an amended Advantage Plus dentist at a discounted fee.	Not Covered
Prosthetics (Bridges, Dentures)		
<b>Orthodontics</b>		
Diagnostic, Active, Retention Treatment	Ineligible for payment but can be performed by an amended Advantage Plus dentist at a discounted fee.	Not Covered
<b>Included Plan Features</b>		
Pregnancy Benefit <sup>3</sup>	Covers 1 additional cleaning during pregnancy	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Calendar Year Program Deductible (per member/per family) (January 1 – December 31)	None	
Calendar Year Program Maximum (per member) (January 1 – December 31)	None	
Lifetime Orthodontic Maximum (per member)	Not Applicable	

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](http://www.UnitedConcordia.com). Administrative and claims offices located 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (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. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
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. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**

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)。