



Pennsylvania
MEDICAL SOCIETY[®]

PENNSYLVANIA MEDICAL SOCIETY
INSURANCE AGENCY

Concordia Flex Dental Program

www.pamedinsurance.com



Dental Benefits Summary for The Pennsylvania Medical Society

Network: Advantage

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

Benefit Category ¹	CONCORDIA FLEX				
	Basic ²		Enhanced ²		
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)					
Exams	100%		100%		
X-rays					
Cleanings & Fluoride Treatments					
Sealants					
Palliative Treatment					
Class II – Basic Services					
Basic Restorative (Fillings)	100%		100%		
Simple Extractions					
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures					
Endodontics					
General Anesthesia					
Non-Surgical Periodontics	Not Covered		100%		
Complex Oral Surgery					
Surgical Periodontics	Not Covered		70%		
Class III – Major Services					
Inlays, Onlays, Crowns	Not Covered		50%		
Prosthetics (Bridges, Dentures)					
Orthodontics for dependent children to age 19					
Diagnostic, Active, Retention Treatment	Not Covered		50%		
Maximums & Deductibles (cumulative of network and non-network)					
Annual Program Maximum (per person)	\$1000		\$1500		
Annual Program Deductible (per person/per family)	\$25/\$75 Excludes Class I & Orthodontics		\$25/\$75 Excludes Class I & Orthodontics		
Lifetime Orthodontic Maximum (per dependent child)	Not Applicable		\$1,500		
Rates	Tier	2 - Tier	3 - Tier	2- Tier	3 - Tier
	Employee	\$22.35	\$22.35	\$33.15	\$33.15
	Two Person		\$44.71		\$66.25
	Family	\$63.73	\$74.66	\$103.26	\$118.75

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 25.

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. United Concordia Dental's standard exclusions and limitations apply.

Eligibility:

- Actively practicing physician in Pennsylvania (20 hours a week).
- Minimum of 2 contract holders required.
- Requires that 50% (at a minimum) of premium be provided by the employer.
- Requires 75% participation of eligible employees. Employees covered under a spouse's dental policy are not counted as eligible. Employees declining coverage should be counted in the 75% calculation.

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Dental Benefits for Pennsylvania Medical Society Members

Network: Concordia Advantage

	Basic Benefits	Enhanced Benefits
Class I – Diagnostic/Preventive Services		
Exams (every 6 months)	100%	100%
X-rays (bitewings every 6 months up to age 14 and every 12 months over age 14; full-mouth series every 5 years)		
Cleanings (every 6 months)		
Fluoride treatments (every 6 months for dependents to age 19)		
Sealants (one per tooth per 3 years through age 15)		
Palliative (emergency) treatment		
Class II – Basic Services		
Basic restorative (fillings; silver amalgam on posterior teeth and synthetic tooth color on anterior teeth)	100%	100%
Endodontics (root canal therapy; limited to 1 per tooth per lifetime)		
Simple extractions (nonsurgical removal)		
Minor repairs on broken dentures		
Nonsurgical periodontics	Not Covered	70%
Surgical periodontics		
Class III – Major Services		
Crowns, inlays, onlays (5-year time limitation)	Not Covered	50%
Prosthetics (bridges, dentures; 5-year time limitation)		
Complex oral surgery (surgical removal of teeth; procedures performed for preparation of the mouth for dentures)		100%
Orthodontics (dependents to age 19)		
Diagnostic, Active, Retention Treatment	Not Covered	50%
Program Maximums/Deductibles		
Calendar Year Maximum (per covered person)	\$1,000	\$1,500
Lifetime Orthodontic Maximum (per covered person)	N/A	\$1,500
Deductible (per person/per family)	\$25/\$75 for Classes II & III only	\$25/\$75 for Classes II & III only

The listed network percentages represent the portion of United Concordia's maximum allowable charges (MACs) for which the plan will be responsible. Network providers agree to accept United Concordia's MAC for covered services as payment in full and also agree to file claims for you. If you or your family members receive services from a non-network provider, United Concordia will apply the percentages shown to the MAC for covered services and you will be responsible for the difference, up to the provider's charge. United Concordia's standard exclusions and limitations apply.

New for 2008!

Effective January 1, 2008, the Pennsylvania Medical Society's dental plan will include United Concordia's **Smile for HealthSM** program, focusing on improving the oral and overall health of members by offering additional coverage to pregnant women and additional enhanced benefits. See the enclosed stuffer for more details.



UNITED CONCORDIA
Insuring America's Dental Health

MAXIMIZE YOUR DENTAL BENEFITS— VISIT A UNITED CONCORDIA NETWORK DENTIST

Network providers agree to:

- Accept the maximum allowable charge (MAC) as payment-in-full for covered services
- Not balance-bill you for charges beyond the MAC
- Submit claims for you
- Undergo rigorous review and routine verification of their credentials
- Submit predeterminations before performing a procedure, so you'll know if the treatment is covered and how much to expect to pay out-of-pocket

How can a network provider save you money? If your participating dentist usually charges \$50 for an adult cleaning, United Concordia allows \$40 for a cleaning and your plan pays 100% of the allowable charge, you'll be responsible for \$0! (If you would have visited a non-network dentist, he or she could have balance-billed you for the remaining difference of \$10.)

*Amounts used are for illustrative purposes only.

CONTACT UNITED CONCORDIA

Phone 1-800-332-0366

Customer service representatives are available from 8 a.m. to 8 p.m. ET.

Mail United Concordia, PO Box 69420, Harrisburg, PA 17106-9420

Web www.unitedconcordia.com

Once enrolled, register to use *My Dental Benefits* for 24/7, secure access to:

- **Eligibility** – summary of coverage information such as your group name, enrollment eligibility date, plan type and more
- **Member Listing** – listing of all persons covered by your contract
- **Benefit Information** – benefit details sorted into easy-to-search benefit categories
- **Claim Information** – claim status updates with payment detail
- **Maximum/Deductible** – details on maximums or deductibles required by your contract; shows how much has accumulated to date for a specific benefit period
- **Procedure History** – snapshot of dental care provided to a member over the past 2 to 5 years
- **Printable ID cards** – ability to print additional ID cards
- **Find a Dentist** – quick link to search for a dentist
- **Glossary of Dental Terms** – provides a guide to dental and benefit terms used in the dental insurance industry
- **Help/Common Questions** – answers to commonly asked questions



Good News About Your Dental Benefits!

At United Concordia, we're committed to more than healthy smiles! That's why we're pleased to announce that your dental plan now includes the **Smile for HealthSM** Maternity Dental Benefit and the **Smile for HealthSM** Enhanced Dental Benefit.

The **Smile for HealthSM** Maternity Dental Benefit provides pregnant women an additional dental cleaning during pregnancy. This extra cleaning can help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies, as well as help control *pregnancy gingivitis*.

The **Smile for HealthSM** Enhanced Dental Benefit enhances your current coverage by providing additional diagnostic, preventive and periodontal services and by increasing the amount your plan will pay toward these services. The services offered help treat periodontal disease, which has been linked to diabetes, heart disease, stroke and respiratory disease.

The following Smile for HealthSM benefits will be covered as shown below.

Coverage Level by Class/ General Description*	ADA Code	Procedure Description	Smile for Health SM Benefit Details	Linked Medical/ Dental Condition(s)
Class I	D1110	Routine prophylaxis adult	1 additional cleaning during pregnancy	Preterm Births
	D1204	Topical application of fluoride (prophylaxis not included—adult)	2 per 12 months following perio surgery or active periodontal therapy	Caries Prevention
Increased nonsurgical periodontics payment percentage	D0415	Collection of microorganisms for culture and sensitivity	1 per lifetime	Diabetes Preterm Births Heart Disease
	D0425	Caries susceptibility tests	1 per lifetime	Caries Prevention
	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	2 per 12 months following perio surgery or active periodontal therapy	Caries Prevention
	D4341	Periodontal scaling and root planing—four or more teeth per quadrant	1 per 24 months per area of mouth	Diabetes Preterm Births Heart Disease
	D4342	Periodontal scaling and root planing—one to three teeth per quadrant	1 per 24 months per area of mouth	Diabetes Preterm Births Heart Disease
	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	1 per lifetime	Diabetes Preterm Births Heart Disease
	D4910	Periodontal maintenance	2 in 12 months	Diabetes Preterm Births Heart Disease
	D7288	Brush biopsy—transepithelial sample collection	1 per lifetime	Oral cancer
Class III (or 50% if no Class III coverage is offered)	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	6 occurrences per 12 months; regardless of tooth number or area of the mouth	Diabetes Preterm Births Heart Disease

*The coverage level listed in the first column determines the amount United Concordia will pay toward the corresponding ADA code/procedure description shown. Please refer to your Schedule of Benefits for the amounts paid by the plan.