



Dental Benefits Summary for Washington and Lee University

Core Plan – Grp # 882372000

Network: Concordia Advantage *Plus*

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 (includes 1 additional cleaning during pregnancy)		
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
Class III – Major Services		
Complex Oral Surgery	Not Covered	Not Covered
Surgical Periodontics		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150 Excludes Class I
Annual Program Maximum (per person)	\$1,000	\$1,000
Lifetime Orthodontic Maximum (per person)	N/A	N/A
Reimbursement	Advantage Plus	90 th Percentile

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

1. Married/unmarried 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. Non-network dentists may bill the member for any difference between our allowance and their fee.

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