

Dental Benefits Summary for PA Judiciary

Effective: January 1, 2026

Network: Elite Plus

Benefit Category ¹		
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams – four per calendar year	100%	100%
Bitewing X-rays – twice per calendar year		
Full Mouth (Panoramic) X-rays – once per three year period		
Cleanings – twice per calendar year		
Fluoride Treatments – twice per calendar year to age 19		
Sealants – once per three years to age 19; limited to permanent molars		
Space Maintainers – to age 19		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings – Including Posterior Composites)	100%	100%
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	100%	100%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Implants	80%	80%
Orthodontics for Adults & Children		
Diagnostic, Active, Retention Treatment	100%	100%
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per person/per family)	\$0	
Calendar Year Maximum (per person)	\$3,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$2,500	
Reimbursement	Elite Plus	50 th Percentile

Representative listing of covered services. For underwritten plans, your certificate of insurance/coverage provides complete details on covered services and exclusions and limitations which may affect benefits payable. For self-funded plans, see your employer's Summary Plan Description for a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc. Fully insured plans are underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011. Call 1-800-332-0366. For additional plan details or questions, contact your account representative or visit www.ucci.com for more information.

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 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). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. Exclusions and limitations may apply.

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)。