

# MUHLENBERG COLLEGE DENTAL PLAN

(Effective January 1, 2009)

**2 YEAR COMMITMENT CLAUSE:** If you elect coverage for 2009 but cancel coverage during the next open enrollment

(effective January 2010) you will NOT be eligible to re-enroll until January 2012.

PLAN PROVISIONS	In-Network Coverage	Out-of-network Coverage +
<b>Diagnostic and Preventive Services</b>		
Routine Examinations, once every 6 months	100%	80%
X-Rays	100%	80%
Prophylaxis (cleaning), once every 6 months	100%	80%
Flouride Treatments	100%	80%
Palliative Treatment	100%	80%
Sealants	100%	80%
<b>Primary Services</b>		
Basic Restorative (amalgam fillings)	80%	60%
Endodontics	80%	60%
Non-surgical Periodontics	80%	60%
Repairs of Crowns, Inlays, Onlays, Bridges, Dentures	80%	60%
Complex Oral Surgery	80%	60%
Simple Extraction	80%	60%
General Anesthesia and/or IV Sedation	80%	60%
Inpatient Consultation	80%	60%
<b>Major Services</b>		
Surgical Periodontics	50%	50%
Inlays, Onlays, Crowns	50%	50%
Prosthetics	50%	50%
<b>Maternity Dental Benefit (New for 2009)</b>	100%	80%
Additional Cleaning (beyond cleaning limitation)		
<b>Orthodontics (Dependents to age 19)</b>		
Diagnostic, Active Retention Treatment	50%, subject to \$800 maximum	50%, subject to \$800 maximum
<b>Deductibles and Maximums</b>		
Calendar Year Maximum	\$1,000 per person	\$1,000 per person
Orthodontic Lifetime Maximum	\$800 per person	\$800 per person
Annual Deductible	None	None
<b>Employee Cost per Month</b>	<b>Individual = \$24.90 Two-party = \$49.36 Three or more = \$64.22</b>	

Concordia Preferred offers the freedom to use the dentist of your choice and still enjoy significant savings.

When you choose an in-network provider, you will pay 20% less in out-of-pocket expenses for preventive, diagnostic and primary services.

Legend/Notes:

+ Out of network, the percentage covered is based on Fee Schedule; amounts in excess of fee schedule are the patient's responsibility.

In-network coverage is based on "covered charges"; out of network is based on fee schedule.

*This summary is not intended to replace or supercede the insurer's certificate of coverage.*

*Please examine the handbook provided by the insurer for complete details, restrictions and exclusions.*