

# The Johns Hopkins School of Public Health

## Dental Plan Comparison

### United Concordia Dental Plan Comparison

Plan Characteristics	DHMO	Preventive PPO
In-Network Benefits	Yes	Yes
Required to Use an Assigned Provider	Yes	No
Out of Network Benefits Available	No	Yes <sup>1</sup>
Claim Required	No	Yes <sup>1,2</sup>
Balance Billing for Covered Services	No	Yes <sup>1</sup>
Specialty Referral Required	Yes	No
Orthodontia Benefits Available	Yes	Yes
Orthodontia Maximum (Lifetime)	N/A	No Maximum
Annual Benefit Maximum (per person)	N/A	<b>None</b>
Annual Deductible (per person/family)	N/A	<b>None</b>
Discounted Vision Coverage Included	Yes	Yes

<sup>1</sup>*Out-of-network benefits are covered for Class 1 services only. Member may be balanced-billed the difference between provider's usual charge and United Concordia's Maximum Allowable Charge when utilizing an out-of-network provider.*

<sup>2</sup>*Claims submission required when using any non-participating provider under this plan for covered services.*

### Network Notes

- **DHMO – IN-NETWORK ONLY. “Concordia Plus DHMO” network.**  
Providers may close to new plan participants/patients. You may choose to be assigned to any “open” providers in Maryland or any bordering state.
- **PPO – IN and OUT-OF-NETWORK COVERAGE.**  
**“Concordia ADVANTAGE PLUS PPO network - (■) Amended Providers ONLY”.** Participating providers may close to new patients whenever they choose. **\*It is recommended that you check with the provider office to make sure they are accepting new patients under the Preventive PPO plan if you intend to move to this coverage based on a specific provider’s participation.**
- Find network providers on-line at [www.unitedconcordia.com](http://www.unitedconcordia.com)

*All services listed on this benefit summary are subject to the contract, Schedules of Benefits, and the Exclusions and Limitations.*