

UNITED CONCORDIA

America's Premier Dental Insurer

BENEFIT HIGHLIGHTS		AMOUNT MEMBER IS RESPONSIBLE FOR:	
Concordia Preferred		In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	NONE		
Per calendar year	Per person	None	None
	Per family	None	None
ANNUAL PROGRAM MAXIMUM			
Per calendar year	Plan will cover a maximum of \$1,000 per person	\$1,000	\$1,000
Ortho Lifetime Maximum	Plan will cover a maximum of \$800.00 per person	\$800.00	\$800.00
DIAGNOSTIC & PREVENTIVE		PAYMENT LEVEL	
Routine exams	Oral exams limited to once every 6 months	100%	80%
X-rays	<ul style="list-style-type: none"> Periapical X-rays – as required Bitewing X-rays – one set of bitewing x-rays per six months through age 18, and one set of bitewing x-rays per twelve months for age 19 and older Full mouth X-rays – once in any five-year period unless special need is shown. Not eligible for children under age 5 		
Fluoride treatments	Once during a 6 consecutive month period for dependent children through age 18		
Prophylaxis (Cleanings)	Once during a 6 consecutive month period		
Palliative emergency treatment	Emergency treatment of an acute condition requiring immediate care		
Sealants	<ul style="list-style-type: none"> For dependent children through age 10 on permanent first molars and through age 15 on permanent second molars One sealant per tooth per 3 year period 		
BASIC SERVICES		PAYMENT LEVEL	
Basic restorative	Fillings consisting of silver amalgam (posterior teeth) and synthetic tooth color (anterior teeth) restorations	80%	60%
Endodontics	Endodontic procedures covered		
Non-Surgical Periodontics	Periodontal maintenance following active periodontal therapy - two per twelve months in addition to routine prophylaxis		
Repairs	Minor repairs on broken dentures		
Simple extractions	Non-surgical extractions		
General Anesthesia	Eligible		
Complex Oral Surgery	Complete and partial bony impactions		
MAJOR SERVICES		PAYMENT LEVEL	
Crowns, inlays and onlays	Eligible	50%	50%
Prosthetics	Dentures, bridges, and partials		
Denture reline and rebase	Reline or rebase eligible every 36 months		
Surgical Periodontic Procedures	One per two year period per area of the mouth		
ORTHODONTICS		PAYMENT LEVEL	
Diagnostic, Active Retention Treatment	Dependents through age 18	50%	50%

Dependents to age 19/Students to age 23

NOTE: Payment levels are based on the United Concordia Advantage Schedule of Maximum Allowances or the provider charge whichever is lower. Covered services eligible only when performed by or under the direct supervision of a dentist. Predetermination review is suggested to determine extent of proposed services, necessity of proposed services and the amount of liability. This information highlights coverage for the United Concordia dental program; it is not intended to be a complete list or complete description of benefits.