



UNITED CONCORDIA®

Benefit Category	Dental		Dental Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Class I - Diagnostic/Preventive Services				
Exams - two in any calendar year	100% (deductible does not apply)	100% (after deductible)	100% (deductible does not apply)	100% (after deductible)
Cleanings - two in any calendar year				
Bitewing X-rays - twice in any calendar year				
Fluoride Treatments (to age 19)				
Sealants - thru age 10 - 1st molars/age 15 - 2nd molars				
Class II - Basic Services				
Full mouth X-rays-once in any 36 consecutive months	80% (deductible does not apply)	60% (after deductible)	90% (deductible does not apply)	60% (after deductible)
Endodontics				
Simple Extractions				
Oral Surgery				
General Anesthesia				
Periodontics				
Class III - Major Services				
Inlays, Onlays, Crowns	60% (after deductible)	50% (after deductible)	60% (deductible does not apply)	50% (after deductible)
Prosthetics (Bridges, Dentures)				
Implants				
Repairs of Crowns, Inlays, Onlays				
Repairs of Bridges				
Orthodontics (All subscribers to any age; lifetime maximum)				
Diagnostic, Active, Retention Treatment	60% (deductible does not apply)	60% (deductible does not apply)	60% (deductible does not apply)	60% (deductible does not apply)
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$2,500	\$2,500
Maximums/Deductibles				
Annual Program Maximum (per covered member)	\$1,500	\$1,500	\$2,500	\$2,500
Program Deductible (per member/per family)	\$50/\$150 (excludes Class I, II and Orthodontics)	\$50/\$150 (excludes Orthodontics)	\$0	\$50/\$150 (excludes Orthodontics)