

Plans administered by:

**ELITE PROGRAMS**

**Special Plan Features Include:**

- ◆ **NEW Preventive Incentive Benefit**
- ◆ No Waiting Periods on Basic and Major Services
- ◆ No Pre-Existing Condition Limitation
- ◆ More than **93,000** Participating Dentists Nationwide
- ◆ Two and Four-Tier Pricing Options

# UNITED CONCORDIA®

Insuring America's Dental Health

	MEDIUM		HIGH		ENHANCED		PREMIER		UNLIMITED	
IN-NETWORK	100/80/50		100/90/60		100/90/60		100/90/60		100/90/60	
OUT-OF-NETWORK	100/60/40		100/80/50		100/80/50		100/80/50		100/80/50	
	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit
<b>Class I Procedures:</b>	Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive	
Examinations; X-Rays; Cleanings; Fluoride Treatments; Sealants; Palliative Treatment	In-Network <b>None</b>	100%	In-Network <b>None</b>	100%	In-Network <b>None</b>	100%	In-Network <b>None</b>	100%	In-Network <b>None</b>	100%
	Out-of-Network <b>None</b>	100%	Out-of-Network <b>\$50</b>	100%	Out-of-Network <b>\$50</b>	100%	Out-of-Network <b>\$50</b>	100%	Out-of-Network <b>\$50</b>	100%
<b>Class II Procedures:</b>	Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive	
Basic Restorative; Space Maintainers; Endodontics; Non-Surgical/Surgical Periodontics; Simple Extractions; Repairs of: Crowns, Inlays, Onlays, Bridges and Dentures; Complex Oral Surgery; General Anesthesia and/or IV Sedation	In-Network <b>\$50</b>	80%	In-Network <b>\$50</b>	90%	In-Network <b>\$50</b>	90%	In-Network <b>\$50</b>	90%	In-Network <b>\$50</b>	90%
	Out-of-Network <b>\$50</b>	60%	Out-of-Network <b>\$50</b>	80%	Out-of-Network <b>\$50</b>	80%	Out-of-Network <b>\$50</b>	80%	Out-of-Network <b>\$50</b>	80%
<b>Class III Procedures:</b>	Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive	
Inlays; Onlays; Crowns; Prosthetics	In-Network <b>\$50</b>	50%	In-Network <b>\$50</b>	60%	In-Network <b>\$50</b>	60%	In-Network <b>\$50</b>	60%	In-Network <b>\$50</b>	60%
	Out-of-Network <b>\$50</b>	40%	Out-of-Network <b>\$50</b>	50%	Out-of-Network <b>\$50</b>	50%	Out-of-Network <b>\$50</b>	50%	Out-of-Network <b>\$50</b>	50%
<b>Annual Benefit Maximum Per Member</b>	<b>\$1,250</b>		<b>\$1,500</b>		<b>\$2,500</b>		<b>\$5,000</b>		<b>Unlimited</b>	

\*\$50 Individual Deductible / \$150 Family Deductible



**Available via membership in the New York State Business Group:**  
*A \$10 NYSBG Membership fee will be added per invoice per month.*  
**When searching for a Network Dentist, select the Advantage Plus Network**  
 Please Return Enrollment Materials to: **ELITE PROGRAMS, INC.**,  
 180 East Main Street, Suite 205, Patchogue, NY 11772  
**1-800-427-5358**





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Insuring America's Dental Health

Plans are available via membership in the New York State Business Group.  
A \$10 NYSBG membership fee will be added per invoice (group) per month.

## Monthly Dental Rates for Groups of 2 or More - Effective 1/1/26 - 12/31/26

METRO (Zip Codes 100-119)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$49.00	\$49.00	\$55.00	\$55.00	\$63.00	\$63.00	\$64.00	\$64.00	\$68.00	\$68.00
Employee/Spouse	N/A	\$104.00	N/A	\$120.00	N/A	\$131.00	N/A	\$133.00	N/A	\$139.00
Employee/Child(ren)	N/A	\$99.00	N/A	\$112.00	N/A	\$124.00	N/A	\$126.00	N/A	\$131.00
Family	\$131.00	\$153.00	\$150.00	\$175.00	\$163.00	\$190.00	\$166.00	\$193.00	\$174.00	\$205.00

  

NON-METRO (Zip Codes 120-139)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$56.00	\$56.00	\$63.00	\$63.00	\$71.00	\$71.00	\$72.00	\$72.00	\$80.00	\$80.00
Employee/Spouse	N/A	\$106.00	N/A	\$123.00	N/A	\$134.00	N/A	\$137.00	N/A	\$163.00
Employee/Child(ren)	N/A	\$98.00	N/A	\$110.00	N/A	\$121.00	N/A	\$123.00	N/A	\$154.00
Family	\$134.00	\$159.00	\$153.00	\$181.00	\$166.00	\$195.00	\$169.00	\$198.00	\$205.00	\$243.00

  

BUFFALO (Zip Codes 140-149)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$50.00	\$50.00	\$57.00	\$57.00	\$65.00	\$65.00	\$66.00	\$66.00	\$70.00	\$70.00
Employee/Spouse	N/A	\$95.00	N/A	\$107.00	N/A	\$118.00	N/A	\$120.00	N/A	\$142.00
Employee/Child(ren)	N/A	\$86.00	N/A	\$96.00	N/A	\$106.00	N/A	\$107.00	N/A	\$134.00
Family	\$119.00	\$140.00	\$133.00	\$158.00	\$146.00	\$171.00	\$148.00	\$173.00	\$181.00	\$212.00

## Monthly Dental Rates for Sole Proprietors - Effective 1/1/25 - 12/31/25

METRO (Zip Codes 100-119)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$55.00	\$55.00	\$63.00	\$63.00	\$70.00	\$70.00	\$74.00	\$74.00	\$76.00	\$76.00
Employee/Spouse	N/A	\$124.00	N/A	\$139.00	N/A	\$144.00	N/A	\$153.00	N/A	\$158.00
Employee/Child(ren)	N/A	\$118.00	N/A	\$129.00	N/A	\$135.00	N/A	\$144.00	N/A	\$147.00
Family	\$159.00	\$186.00	\$173.00	\$203.00	\$184.00	\$209.00	\$194.00	\$223.00	\$200.00	\$231.00

  

NON-METRO (Zip Codes 120-139)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$64.00	\$64.00	\$72.00	\$72.00	\$78.00	\$78.00	\$80.00	\$80.00	\$89.00	\$89.00
Employee/Spouse	N/A	\$127.00	N/A	\$148.00	N/A	\$158.00	N/A	\$173.00	N/A	\$181.00
Employee/Child(ren)	N/A	\$114.00	N/A	\$139.00	N/A	\$152.00	N/A	\$166.00	N/A	\$171.00
Family	\$163.00	\$191.00	\$194.00	\$216.00	\$203.00	\$231.00	\$224.00	\$258.00	\$228.00	\$269.00

  

BUFFALO (Zip Codes 140-149)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$54.00	\$54.00	\$59.00	\$59.00	\$69.00	\$69.00	\$72.00	\$72.00	\$78.00	\$78.00
Employee/Spouse	N/A	\$102.00	N/A	\$117.00	N/A	\$128.00	N/A	\$131.00	N/A	\$158.00
Employee/Child(ren)	N/A	\$92.00	N/A	\$104.00	N/A	\$116.00	N/A	\$118.00	N/A	\$149.00
Family	\$128.00	\$152.00	\$146.00	\$171.00	\$160.00	\$188.00	\$164.00	\$191.00	\$201.00	\$235.00

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**ELITE PROGRAMS<sub>INC.</sub>**

**1-800-427-5358**

Please Return Enrollment Materials to:

**ELITE PROGRAMS, INC., 180 East Main Street, Suite 205, Patchogue, NY 11772**

Rates are subject to United Concordia and NYS Insurance Department Approval.

Rate illustrations are provided for convenience only and are in no way considered to be proposals, advertisements, or implied contracts for insurance coverage.

State-filed monthly rates will apply at the point of enrollment. Monthly rates and subscriber enrollment are ultimately subject to final carrier approval. No exceptions, including typographical errors or omissions, will be applied or accepted.

