



Dental Benefits Summary for Conference Associates Middle Option

Network: Concordia Advantage *Plus*

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	60%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	40%
Prosthetics (Bridges, Dentures)		
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150
Annual Program Maximum (per person)	\$1,250	\$1,250
Reimbursement	Advantage <i>Plus</i>	Advantage

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependents covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

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