

Plans administered by:

ELITE PROGRAMS

UNITED CONCORDIA®
Insuring America's Dental Health

Special Plan Features Include:

- ♦ **NEW Preventive Incentive Benefit**
- ♦ No Waiting Periods on Basic and Major Services
- ♦ No Pre-Existing Condition Limitation
- ♦ More than **98,700** Participating Dentists Nationwide
- ♦ Two and Four-Tier Pricing Options

2021 Group Dental Coverage Overview

	LOW		MEDIUM		HIGH		ENHANCED		PREMIER		UNLIMITED	
IN-NETWORK	100/50/50		100/80/50		100/90/60		100/90/60		100/90/60		100/90/60	
OUT-OF-NETWORK	100/50/50		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	Deductible*	Benefit
Class I Procedures:	Includes Preventive Incentive		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 None 100%		In-Network None 100%		In-Network None 100%		In-Network None 100%		In-Network None 100%		In-Network None 100%	
	Out-of-Network None 100%		Out-of-Network None 100%		Out-of-Network \$50 100%		Out-of-Network \$50 100%		Out-of-Network \$50 100%		Out-of-Network \$50 100%	
Class II Procedures:												
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 \$50 50%		In-Network \$50 80%		In-Network \$50 90%		In-Network \$50 90%		In-Network \$50 90%		In-Network \$50 90%	
	Out-of-Network \$50 50%		Out-of-Network \$50 60%		Out-of-Network \$50 60%		Out-of-Network \$50 80%		Out-of-Network \$50 80%		Out-of-Network \$50 80%	
Class III Procedures:												
Inlays; Onlays; Crowns; Prosthetics	In-Network \$50 50%		In-Network \$50 50%		In-Network \$50 50%		In-Network \$50 60%		In-Network \$50 60%		In-Network \$50 60%	
	Out-of-Network \$50 50%		Out-of-Network \$50 40%		Out-of-Network \$50 50%		Out-of-Network \$50 50%		Out-of-Network \$50 50%		Out-of-Network \$50 50%	
Annual Benefit Maximum Per Member	\$1,000		\$1,250		\$1,500		\$2,500		\$5,000		Unlimited	

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



Available via membership in the New York State Business Group:
A \$5 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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Plans are available via membership in the New York State Business Group.
 A \$5 NYSBG membership fee will be added per invoice (group) per month.

Monthly Dental Rates for Groups of 2 or More - Effective 1/1/21 - 12/31/21

METRO		MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
(Zip Codes 100-119)		2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee		\$45.00	\$45.00	\$51.00	\$51.00	\$59.00	\$59.00	\$60.00	\$60.00	\$65.00	\$65.00
Employee/Spouse		N/A	\$97.00	N/A	\$112.00	N/A	\$123.00	N/A	\$125.00	N/A	\$132.00
Employee/Child(ren)		N/A	\$92.00	N/A	\$106.00	N/A	\$116.00	N/A	\$118.00	N/A	\$125.00
Family		\$123.00	\$144.00	\$141.00	\$165.00	\$153.00	\$179.00	\$156.00	\$182.00	\$166.00	\$195.00

NON-METRO		MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
(Zip Codes 120-139)		2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee		\$52.00	\$52.00	\$59.00	\$59.00	\$67.00	\$67.00	\$68.00	\$68.00	\$76.00	\$76.00
Employee/Spouse		N/A	\$99.00	N/A	\$115.00	N/A	\$126.00	N/A	\$128.00	N/A	\$155.00
Employee/Child(ren)		N/A	\$91.00	N/A	\$103.00	N/A	\$113.00	N/A	\$115.00	N/A	\$147.00
Family		\$126.00	\$149.00	\$144.00	\$170.00	\$156.00	\$184.00	\$159.00	\$187.00	\$195.00	\$231.00

BUFFALO		MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
(Zip Codes 140-149)		2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee		\$47.00	\$47.00	\$53.00	\$53.00	\$61.00	\$61.00	\$62.00	\$62.00	\$67.00	\$67.00
Employee/Spouse		N/A	\$88.00	N/A	\$100.00	N/A	\$110.00	N/A	\$112.00	N/A	\$135.00
Employee/Child(ren)		N/A	\$80.00	N/A	\$89.00	N/A	\$99.00	N/A	\$100.00	N/A	\$128.00
Family		\$111.00	\$131.00	\$125.00	\$148.00	\$137.00	\$161.00	\$139.00	\$163.00	\$172.00	\$202.00

Monthly Dental Rates for Sole Proprietors - Effective 1/1/21 - 12/31/21

METRO		LOW 100/50/50		MEDIUM 100/80/50		HIGH 100/90/60	
(Zip Codes 100-119)		2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee		\$46.00	\$46.00	\$49.00	\$49.00	\$56.00	\$56.00
Employee/Spouse		N/A	\$99.00	N/A	\$108.00	N/A	\$124.00
Employee/Child(ren)		N/A	\$94.00	N/A	\$102.00	N/A	\$117.00
Family		\$126.00	\$147.00	\$136.00	\$159.00	\$157.00	\$183.00

NON-METRO		LOW 100/50/50		MEDIUM 100/80/50		HIGH 100/90/60	
(Zip Codes 120-139)		2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee		\$53.00	\$53.00	\$58.00	\$58.00	\$65.00	\$65.00
Employee/Spouse		N/A	\$102.00	N/A	\$110.00	N/A	\$127.00
Employee/Child(ren)		N/A	\$92.00	N/A	\$100.00	N/A	\$114.00
Family		\$129.00	\$152.00	\$139.00	\$165.00	\$159.00	\$189.00

BUFFALO		LOW 100/50/50		MEDIUM 100/80/50		HIGH 100/90/60	
(Zip Codes 140-149)		2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee		\$47.00	\$47.00	\$51.00	\$51.00	\$58.00	\$58.00
Employee/Spouse		N/A	\$88.00	N/A	\$97.00	N/A	\$111.00
Employee/Child(ren)		N/A	\$80.00	N/A	\$88.00	N/A	\$99.00
Family		\$111.00	\$131.00	\$122.00	\$145.00	\$139.00	\$163.00

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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.

