Summary of Dental Coverage

		United Concordia Buy-up Plan	United Concordia Base Plan
PLAN DETAILS (Your annual maximum and age/frequency limitations will also apply.)	Services that do not count towards annual maximum	IN-NETWORK COVERAGE (Co-insurance % represents how much the Plan covers; Out-of-Network is reimbursed at 90th percentile)	
CLASS 1 SERVICES (Do NOT count toward the Annual Maximum)			
Cleanings & Exams	X	100%	100%
All X-Rays	X		
Flouride Treatments	X		
Sealants	X		
Palliative Treatment (Emergency)	X		
Space Maintainers	X		
CLASS 2 SERVICES			
Basic Restorative (including white posterior composite)		80%	80%
Non-surgical Periodontics			
Repairs of Bridge, Crowns, Inlays, Onlays, Dentures			
Simple Extraction			
General Anesthesia/Nitrous Oxide/IV Sedation			
CLASS 2 & CLASS 3 SERVICES			
Endodontics		80%	50%
Surgical Periodontic			
Complex Oral Surgery			
Inlays, Onlays, and Crowns			
Periodontics: Occlusal adjustments			
Prosthetics (Bridges/Dentures)			
Oral Surgery: Surgical exposure to impacted or unerupted tooth, mobilization of erupted tooth or malpositioned tooth, placement device to facilitate eruption of impacted tooth			
Occlusal guards (Bruxism)			Not Covered
ORTHODONTIA			
Orthodontia: Diagnostic, Active and Retention treatment	X	50%	
Orthodontics includes Invisalign?	X	YES	
Does the plan cover Orthodontics for adults?	X	YES	NO
DEDUCTIBLES AND MAXIMUMS			
Deductible		$50 per member capped at $150/family (excludes items listed above that do not count towards annual maximum)	
Calendar Year Maximum		$2,000 per member	$1,500 per member
Annual Maximum Carryover?		YES	NO
Orthodontics Lifetime Maximum		$2,000 per member	$1,000 per member
Lifetime Service Dollar Max for Nonsurgical TMJ Services		$5,000	
Out of Network Reimbursement		90th Percentile	

COST PER PAY	United Concordia Buy-up Plan	United Concordia Base Plan
Teammate Only	$9.00	$6.00
Teammate + Spouse	$15.00	$10.00
Teammate + Child(ren)	$17.00	$11.00
Family	$31.00	$20.00