



Dental plan options

Benefit provision	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Diagnostic services (not subject to annual maximum) <ul style="list-style-type: none"> Routine oral examinations Dental X-rays <ul style="list-style-type: none"> Full mouth X-rays Bitewing X-rays 	80%	100%	100%	100%	100%	100%	100%
Preventive services (not subject to annual maximum) <ul style="list-style-type: none"> Routine cleanings Topical fluoride application for dependent children under age 19 Space maintainers (not made of precious metals) that replace prematurely lost teeth for dependent children under 19 years of age Sealants when provided to children. Coverage is limited to one sealant per tooth in any three-year period 	80%	100%	100%	100%	100%	100%	100%
Basic restorative <ul style="list-style-type: none"> Fillings Simple extractions Endodontics, including pulpotomy and root canal treatment 	80%	100%	80%	80%	80%	100%	80%
Periodontal services <ul style="list-style-type: none"> Diagnosis and treatment planning including periodontal examination Non-surgical periodontal therapy including periodontal scaling and root planing Surgical periodontal therapy Maintenance — post treatment preventive periodontal procedures (periodontal cleanings) 	80%	100%	80%	80%	80%	100%	80%
Oral surgery <ul style="list-style-type: none"> Surgical removal of teeth 	80%	100%	80%	80%	80%	100%	80%
Prosthetics <ul style="list-style-type: none"> Initial insertion of bridges (including pontics and abutment crowns, inlays and onlays) Initial insertion of partial or full dentures (including any adjustments during the six-month period following insertion) Replacement of an existing partial or full denture or bridge by a new denture or bridge 	50%	50%	50%	50%	50%	50%	50%
Crown, inlay and onlay restorations <ul style="list-style-type: none"> Single unconnected crowns, inlays and onlays Replacement of crowns, inlays and onlays, but only if satisfactory evidence is presented that at least 5 years have elapsed since the date of insertion of the existing crown, inlay or onlay, and only if the existing crown, inlay or onlay is unserviceable and cannot be made serviceable 	50%	50%	50%	50%	50%	50%	50%
Orthodontics (not subject to annual maximum) <ul style="list-style-type: none"> Diagnosis, including radiographs Active treatment, including necessary appliances Retention treatment following active treatment Lifetime maximum \$1,500 	50%	50%	50%	50%	50%	50%	50%
Annual maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$2,500	\$3,000
Annual deductible (Excludes Diagnostic, Preventive and Orthodontic Services)	NONE	NONE	NONE	\$25/ individual \$50/family	\$50/ individual \$100/family	NONE	\$25/ individual \$50/family
In-network reimbursement	ElitePLUS	ElitePLUS	ElitePLUS	ElitePLUS	ElitePLUS	ElitePLUS	ElitePLUS
Out-of-network reimbursement	MAC	MAC	MAC	MAC	MAC	MAC	MAC
Preventive incentive	Included	Included	Included	Included	Included	Included	Included

NOTE: United Concordia Dental's participating dentists will accept the Maximum Allowable Charge (MAC) reimbursement as payment in full. This summary intended as a general description of coverage. Specific limitations and exclusions may apply to some services.