

**United Concordia
Preferred Comprehensive Plan**

HIGH OPTION

Benefits Category	Network		Non-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
Diagnostic & Preventative Services <ul style="list-style-type: none"> • Routine Oral Exams • Routine Cleanings • Xrays • Sealants • Emergency Treatment for Relief of Pain • Fluoride Treatment 	100%	0% (No Deductible)	100% (of allowed amount)	0% (of allowed amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services <ul style="list-style-type: none"> • Basic Restorative • Simply Extractions • Endodontics • Nonsurgical Periodontics • Repair of Denture and Bridgework • General Anesthesia & IV Sedation • Complex Oral Surgery • Surgical Periodontics 	80%	20% (Deductible Applied)	55% (of allowed amount)	45% (allowed amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services <ul style="list-style-type: none"> • Removable Partial or Complete Dentures and Fixed Bridges • Inlays, Onlays & Crowns • Implant Coverage 	50%	50% (Deductible Applied)	35% (of allowed amount)	65% (of allowed amount) + Any charges in excess of the allowed amount (Deductible Applies)
Orthodontic Services <ul style="list-style-type: none"> • Diagnostic, Active, Retention Treatment. Adult or Child 	50%	50% (No Deductible)	50% (of allowed amount)	50% (of allowed amount) + Any charges in excess of the allowed amount (No Deductible)
Calendar Year Deductible	\$50/\$150		\$50/\$150	
Calendar Year Maximum	\$1,250		\$1,000	
Lifetime Orthodontic Maximum	\$1,500		\$500	