

**United Concordia  
Preferred Basic Plan**

**LOW OPTION**

Benefits Category	Network		Non-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Diagnostic &amp; Preventative Services</b> <ul style="list-style-type: none"> <li>• Routine Oral Exams</li> <li>• Routine Cleanings</li> <li>• Xrays</li> <li>• Sealants</li> <li>• Emergency Treatment for Relief of Pain</li> <li>• Fluoride Treatment</li> </ul>	100%	0%  (No Deductible)	25%  (of allowed amount)	75%  (of allowed amount) + Any charges in excess of the allowed amount (Deductible Applies)
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Basic Restorative</li> <li>• Simply Extractions</li> <li>• Endodontics</li> <li>• Nonsurgical Periodontics</li> <li>• Repair of Denture and Bridgework</li> </ul>	80%	20%  (Deductible Applied)	25%  (of allowed amount)	75%  (of allowed amount) + Any charges in excess of the allowed amount (Deductible Applies)
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Complex Oral Surgery</li> <li>• Surgical Periodontics</li> <li>• Removable Partial or Complete Dentures and Fixed Bridges</li> <li>• Inlays, Onlays &amp; Crowns</li> <li>• Implant Coverage</li> </ul>	Not Covered			
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Diagnostic, Active, Retention Treatment.</li> </ul>	Not Covered			
<b>Calendar Year Deductible</b>	\$50/\$150			
<b>Calendar Year Maximum</b>	\$1,250			
<b>Lifetime Orthodontic Maximum</b>	Not Covered			