

Concordia Preferred Basic Plan Albuquerque Public Schools

Benefit Category	In-Network		Out-of-Network	
	Plan Pays*	You Pay*	Plan Pays	You Pay
Diagnostic and Preventive Services				
Routine Oral Exams**	100%	0% (No deductible)	25% of allowed amount	75% of allowed amount + any charges in excess of the allowed amount (Deductible applies)
Cleanings**				
X-rays (complete mouth—once every 5 years; bitewings—two sets per 12 months through age 13, once every 12 months thereafter)				
Sealants (through age 15; permanent first and second molars only)				
Emergency Treatment for Relief of Pain				
Fluoride Treatment (two per 12 months through age 18)				
Basic Services				
Basic Restorative	80%	20% (Deductible applies)	25% of allowed amount	75% of allowed amount + any charges in excess of the allowed amount (Deductible applies)
Simple Extractions				
Endodontics				
Nonsurgical Periodontics				
Repair of Denture and Bridgework				
Major Services				
Complex Oral Surgery	0%	100% of maximum allowable charge	0%	100% of dentist's fee
Surgical Periodontics				
Removable Partial or Complete Dentures and Fixed Bridges				
Inlays, Onlays and Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)				
Orthodontics				
Diagnostic, Active, Retention Treatment	Not covered		Not covered	
Deductibles and Maximums				
Contract Year Deductible	\$50 (\$150 per family)			
Contract Year Maximum*** (per person)	\$1,250			
Lifetime Orthodontic Maximum	N/A			

*In-network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.

**Two cleanings and routine oral exams are covered per 12 months.

***In-network and out-of-network contract year maximums cannot be combined.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your insurance certificate or plan description.