UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®

HIGH OPTION

Concordia Preferred Comprehensive Plan

Benefit Category	Alliance Network		Non-Network	
	Plan Pays[1]	You Pay[1]	Plan Pays[4]	You Pay
Diagnostic & Preventive Services ■ Routine Oral Exams (twice every 12 months) ■ Routine Cleanings (twice every 12 months) ■ Periodontal Cleanings (twice every 12 months) ■ X-rays—complete mouth (once every 5 years); bitewings (twice every 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 (twice every 12 months through age 19)	100%	0% (No Deductible)	100% (of Allowed Amount)	0% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services ■ Basic Restorative (amalgam and posterior composites) ■ Simple Extractions ■ Endodontics ■ Repair of Denture and Bridgework ■ General Anesthesia & IV Sedation (covered only in conjunction with dental surgery) ■ Complex Oral Surgery ■ Surgical Periodontics ■ Nonsurgical Periodontics	80%	20% (Deductible Applies)	55% (of Allowed Amount)	45% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services ■ Removable Partial or Complete Dentures and Fixed Bridges (to replace teeth lost while insured under this contract) ■ Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings) ■ Implant Coverage	50%	50% (Deductible Applies)	35% (of Allowed Amount)	65% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Orthodontic Services ■ Diagnostic, Active, Retention Treatment Adult and Child	50%	50% (No Deductible)	50% (of Allowed Amount)	50% (of Allowed Amount) + any charges in excess of the allowed amount (No Deductible)
Included Plan Features ■ Pregnancy Benefit	■ Covers 1 additional cleaning during pregnancy ■ Covers 1 additional periodontal maintenance			
■ Smile for Health®–Wellness[2] (Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	■ Covers 1 additional periodontal maintenance per year and all are covered at 100% ■ Scaling and root planing are covered at 100% ■ 4 periodontal surgery procedures are covered at 100%			
Calendar Year Deductible (per person/per family)	$50/$150		$50/$150	
Calendar Year Maximum (per person)[3]	$1,500		$1,000	
Lifetime Orthodontic Maximum (per person)[5]	$1,500		$500	

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through ***MyDental****Benefits* on UnitedConcordia.com.
3. Network and non-network maximums cannot be combined.
4. Non-network reimbursed at the 80th percentile.
5. Orthodontic benefit is paid on a prorated basis. Payments are made quarterly. If coverage ends before the treatment plan is completed, the full benefit of $1,500 may not be paid.

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 summary plan description, available online at www.nmpsia.state.nm.us.

UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®

LOW OPTION

Concordia Preferred Basic Plan

Benefit Category	Alliance Network		Non-Network	
	Plan Pays[1]	You Pay[1]	Plan Pays[4]	You Pay
Diagnostic & Preventive Services ■ Routine Oral Exams (twice every 12 months) ■ Routine Cleanings (twice every 12 months) ■ Periodontal Cleanings (twice every 12 months) ■ X-rays—complete mouth (once every 5 years); bitewings (twice every 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 (twice every 12 months through age 19)	100%	0% (No Deductible)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services ■ Basic Restorative (amalgam and posterior composites) ■ Simple Extractions ■ Endodontics (root canal therapy only) ■ Repair of Denture and Bridgework ■ Nonsurgical Periodontics	80%	20% (Deductible Applies)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services ■ Complex Oral Surgery ■ Surgical Periodontics (including endodontic surgery) ■ Removable Partial or Complete Dentures and Fixed Bridges ■ Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)	Not Covered			
Orthodontic Services ■ Diagnostic, Active, Retention Treatment	Not Covered			
Included Plan Features ■ Pregnancy Benefit	■ Covers 1 additional cleaning during pregnancy ■ Covers 1 additional periodontal maintenance			
■ Smile for Health®–Wellness[2] (Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	■ Covers 1 additional periodontal maintenance per year and all are covered at 100% ■ Scaling and root planing are covered at 100%			
Calendar Year Deductible (per person/per family)	$50/$150			
Calendar Year Maximum (per person) [3]	$1,500			
Lifetime Orthodontic Maximum (per person)	Not Covered			

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through ***MyDental****Benefits* on UnitedConcordia.com.
3. Network and non-network maximums cannot be combined.
4. Non-network reimbursed at the 80th percentile.

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 summary plan description, available online at www.nmpsia.state.nm.us.