

Dental Insurance

Benefit Coverage by
United Concordia

Dental Insurance to Fit Every Need, Budget and Smile.

Policy Benefits ¹	Preventative Plan ²	Custom Care Plan ²	Comprehensive Plan ²
Class I - Diagnostic/Preventative Services - Exams - Bitewing X-Rays - All Other X-Rays - Cleanings & Fluoride Treatments - Sealants - Palliative Treatment	100%	100%	100%
Class II - Basic Services - Basic Restorative (Fillings) - Simple Extractions - Repairs of Crowns, Inlays, Onlays, Bridges & Dentures - Space Maintainers	50%	80%	80% (Plus Endodontics, Periodontics, Oral Surgery & General Anesthesia)
Class III - Major Services - Inlays, Onlays & Crowns - Prosthetics (Bridges & Dentures)	Not Covered	50% (Plus Endodontics, Periodontics, Oral Surgery & General Anesthesia)	50%
Orthodontics for dependent children to age 19			
Diagnostic, Active, Retention, Treatment	Not Covered	Not Covered	50%
Maximums & Deductibles (cumulative of network and non-network)			
Annual Program Deductible (per person/per family)	\$50/\$150 (Excludes Class I)	\$50/\$150 (Excludes Class I)	\$50/\$150 (Excludes Class I & Orthodontics)
Annual Program Maximum (per person)	\$500	\$1,000	\$1,500
Lifetime Orthodontic Maximum (per person)	Not Covered	Not Covered	\$1,000
Waiting Periods			
Class I	None	None	None
Class II	None	None	None
Class III	Not Covered	6 months	6 months
Orthodontics for dependents to age 19	Not Covered	Not Covered	12 months
Reimbursement In-Network	Advantage <i>Plus</i>	Advantage <i>Plus</i>	Advantage <i>Plus</i>
Reimbursement Non-Network	Advantage	Advantage	90th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

Plan Rates

	Preventative Plan	Custom Care Plan	Comprehensive Plan
Employee Only	\$11.43	\$21.00	\$26.34
Employee & Spouse	\$22.52	\$41.36	\$51.91
Employee & Child(ren)	\$21.12	\$38.80	\$54.69
Family	\$34.97	\$64.24	\$88.32

Looking for a Network Dentist?

We can help! Simply log on to [United Concordia.com](http://UnitedConcordia.com)

The **Find a Dentist** tool allows you to find dentists near you who participate in United Concordia's dental networks.



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