



United Concordia Dental Plans through the HANP

	Concordia Flex Low*	Concordia Flex High*	Concordia PLUS ³ In-Network Only	Concordia Preferred In-Network	Concordia Preferred Out-of-Network
Diagnostic Services					
Routine oral exams (one every 6 months)	100%	100%	100%	100%	80%
Dental x-rays	100%	100%	100%	100%	80%
Full mouth: 1 every 5 years	100%	100%	100%	100%	80%
Bite-wing: 1/6 (<age14); 1/12 (age 14+)	100%	100%	100%	100%	80%
Periapical: as required	100%	100%	100%	100%	80%
Preventive Services					
Routine prophylaxis: 2 / 12 Months	100%	100%	See Copay Schedule	100%	80%
Topical fluoride application ¹	100%	100%	See Copay Schedule	100%	80%
Space maintainers ¹	100%	100%	See Copay Schedule	100%	80%
Sealants	100%	100%	See Copay Schedule	100%	80%
Minor Restorations					
Filling ²	80%	100%	See Copay Schedule	80%	60%
Other Services					
Simple extractions	50%	100%	See Copay Schedule	80%	60%
Endodontics	50%	100%	See Copay Schedule	80%	60%
Inlays, Onlays & Crowns	Not Covered	50%	See Copay Schedule	50%	30%
Oral Surgery	50%	100%	See Copay Schedule	80%	60%
Periodontal: Non-Surgical	50%	50%	See Copay Schedule	80%	60%
Periodontal: Surgical	50%	50%	See Copay Schedule	50%	30%
New Dentures	Not Covered	50%	See Copay Schedule	50%	30%
Repair of Dentures	Not Covered	50%	See Copay Schedule	80%	60%
Fixed Bridges	Not Covered	50%	See Copay Schedule	50%	30%
Orthodontics ⁴	Not Covered	50%; \$800 Maximum	See Copay Schedule	50%; \$800 Maximum	
Plan Maximum/Year/Individual	\$1,000	\$1,000 (excludes Orthodontics)	None	\$1,000 (excludes Orthodontics)	
Students to Age. . .	25	25	25	25	
Web-Site: www.ucci.com	Concordia Advantage Network		Concordia Plus Network	Concordia Preferred Network **For PA Groups Only**	

RATES				
Rating Tier	Concordia Flex LOW	Concordia Flex HIGH	Concordia PLUS	Concordia Preferred
Individual	\$17.16	\$27.50	\$17.16	\$27.60
Family	\$45.95	\$72.49	\$45.95	\$72.72

*Payment for services is based on Usual, Customary & Reasonable (UCR) allowances. Please refer to benefit plan description for specific coverage.

¹Coverage is provided to dependent children under certain age limits.

²Only amalgam, silicate, synthetic porcelain or composite restorations.

³All covered services are eligible only when provided by the Primary Dentist within a Concordia Plus Primary Dental Office.

Concordia Plus is only valid for care received in the state of PA by your primary care dentist or an authorized referral.

⁴Dependent children to age 19.