

United Concordia – Advantage Virginia

Plan Benefits:

Class I	Deductible	Year 1	Year 2	Year 3
Examinations	None	80%	100%	100%
X-rays	None	80%	100%	100%
Cleanings	None	80%	100%	100%
Flouride Treatments	None	80%	100%	100%
Sealants	None	80%	100%	100%
Palliative Treatment	None	80%	100%	100%
Class II	Deductible	Year 1	Year 2	Year 3
Basic Restorative	Yes	50%	65%	80%
Space Maintainers	Yes	50%	65%	80%
Endodontics	Yes	50%	65%	80%
Non-Surgical Periodontics	Yes	50%	65%	80%
Repairs of Crowns, Inlays, Onlays, Bridges, and Dentures	Yes	50%	65%	80%
Simple Extractions	Yes	50%	65%	80%
Class III	Deductible	Year 1	Year 2	Year 3
Surgical Periodontics	Yes	25%	40%	50%
Complex Oral Surgery	Yes	25%	40%	50%
Inlays, Onlays, Crowns	Yes	25%	40%	50%
Prosthetics	Yes	25%	40%	50%

Deductibles and Maximums

Deductible Per Member / Not to Exceed Per Family	\$50 / \$150
Annual Program Maximum Per Member	\$1,000

You may go to any dentist. The difference between In-Network services and Out-of-Network services is:

In-Network dentists must accept United Concordia's determination of the reasonable and customary limit per procedure. The member is only responsible for their portion as noted above.

Out-of-Network dentists may charge above United Concordia's limit of reasonable and customary expense. The member is responsible for the portion listed above and any amount over United Concordia's reasonable and customary limit.

A detailed description of benefits will be provided on the certificate.

Plan Rates:	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Quarterly</u>
Employee Only	\$ 16.00	\$ 35.04	\$101.12
Employee & Spouse	31.00	68.02	200.06
Family	47.00	102.32	302.96
Employee & Child(ren)	28.00	61.50	180.50

(The above rates include a \$1.00 administrative fee)

TO ENROLL