

**United Concordia  
Basic Dental with Supplemental Rider**

**Diagnostic & Preventative**

Routine Examinations	
X-Rays	
Fluoride	<b>100%</b>
Cleanings	
Sealants	
Palliative Treatment	

**Basic**

Basic Restoration	
Endodontics	
Non-Surgical Periodontics	
Repairs	<b>100%</b>
Simple Extractions	
Surgical Periodontics	
Complex Oral Surgery	

**Major**

Crowns, Inlays, Onlays	<b>50%</b>
Prosthetics	

**Orthodontics**

Diagnostic,Active,Retention Treatment	<b>50%</b>
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**Deductibles & Maximums**

Deductible*	<b>\$0</b>
Calendar Year Maximum	<b>\$1,000</b>
Orthodontic Lifetime Maximum	<b>\$800</b>

\*Deductible is waived on Diagnostic and Preventive services, when performed by a Participating Provider.  
All coinsurance percentages are of United Concordia's Maximum Allowance Charge(MAC).  
Coinsurances and deductibles are based upon on the maximum allowance.  
The above chart is a representative listing of services covered under this program.  
Up to date provider information is available at [www.ucci.com](http://www.ucci.com).  
Standard United Concordia policies and procedures apply.  
N/A = Not Applicable