



# UNITED CONCORDIA

America's Premier Dental Insurer

## Special Plan Features Include:

- No Waiting Periods on Basic and Major Services
- No Pre-Existing Condition Limitation
- Access to One of the Largest Dental Networks in New York
- More than 52,000 Participating Dentists Nationwide
- Two and Four-Tier Pricing Options

## Group Dental Coverage Overview

<i>Benefit percentages are of the Advantage or Advantage Plus Maximum Allowable Charges</i>												
	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>					
	<b>Deductible</b>	<b>Benefit</b>	<b>Deductible</b>	<b>Benefit</b>	<b>Deductible</b>	<b>Benefit</b>	<b>Deductible</b>	<b>Benefit</b>				
<b>Class I Procedures:</b>												
Examinations; X-Rays; Cleanings; Fluoride Treatments; Sealants; Palliative Treatment	In-Network <b>None</b>   <b>100%</b>		In-Network <b>None</b>   <b>100%</b>		In-Network <b>None</b>   <b>100%</b>		In-Network <b>None</b>   <b>100%</b>					
	Out-of-Network <b>None</b>   <b>100%</b>		Out-of-Network <b>None</b>   <b>100%</b>		Out-of-Network <b>\$50</b>   <b>100%</b>		Out-of-Network <b>\$50</b>   <b>100%</b>					
<b>Class II Procedures:</b>												
Basic Restorative; Space Maintainers; Endodontics; Non-Surgical/Surgical Periodontics; Simple Extractions; Repairs of: Crowns, Inlays, Onlays, Bridges and Dentures; Complex Oral Surgery; General Anesthesia and/or IV Sedation	In-Network <b>\$50</b>   <b>50%</b>		In-Network <b>\$50</b>   <b>50%</b>		In-Network <b>\$50</b>   <b>80%</b>		In-Network <b>\$50</b>   <b>90%</b>					
	Out-of-Network <b>\$50</b>   <b>50%</b>		Out-of-Network <b>\$50</b>   <b>50%</b>		Out-of-Network <b>\$50</b>   <b>60%</b>		Out-of-Network <b>\$50</b>   <b>80%</b>					
<b>Class III Procedures:</b>												
Inlays; Onlays; Crowns; Prosthetics	In-Network <b>\$0</b>   <b>0%</b>		In-Network <b>\$50</b>   <b>50%</b>		In-Network <b>\$50</b>   <b>50%</b>		In-Network <b>\$50</b>   <b>60%</b>					
	Out-of-Network <b>\$0</b>   <b>0%</b>		Out-of-Network <b>\$50</b>   <b>50%</b>		Out-of-Network <b>\$50</b>   <b>40%</b>		Out-of-Network <b>\$50</b>   <b>50%</b>					
<b>Annual Program Maximum Per Member</b>					<b>\$750</b>		<b>\$1,000</b>		<b>\$1,250</b>		<b>\$1,500</b>	
<b>Reimbursement Schedule</b>					In-Network - <b>ADVANTAGE PLUS</b> /Out-of-Network - <b>ADVANTAGE</b>							

Plans Administered by:

**ELITE PROGRAMS**



Applicable Deductibles: \$50 Individual/\$150 Family

INSURANCE BENEFITS SINCE 1961

**1-800-427-5358**

**Please Return Enrollment Materials to:**

Elite Programs, Inc., 180 East Main Street, Suite 205, Patchogue, NY 11772



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## Monthly Dental Rates for Groups of 2 or More - Effective 1/1/08 - 12/31/08

<b>METRO</b> (Zip Codes 100-119)	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$27.00	\$27.00	\$39.00	\$39.00	\$42.00	\$42.00	\$48.00	\$48.00
Employee/Spouse	N/A	\$59.00	N/A	\$84.00	N/A	\$91.00	N/A	\$105.00
Employee/Child(ren)	N/A	\$52.00	N/A	\$79.00	N/A	\$86.00	N/A	\$99.00
Family	\$70.00	\$81.00	\$106.00	\$124.00	\$115.00	\$134.00	\$132.00	\$154.00

  

<b>NON-METRO</b> (Zip Codes 120-139)	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$29.00	\$29.00	\$45.00	\$45.00	\$49.00	\$49.00	\$56.00	\$56.00
Employee/Spouse	N/A	\$54.00	N/A	\$86.00	N/A	\$93.00	N/A	\$107.00
Employee/Child(ren)	N/A	\$51.00	N/A	\$78.00	N/A	\$85.00	N/A	\$96.00
Family	\$74.00	\$89.00	\$109.00	\$128.00	\$118.00	\$139.00	\$134.00	\$159.00

  

<b>BUFFALO</b> (Zip Codes 140-149)	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$26.00	\$26.00	\$40.00	\$40.00	\$44.00	\$44.00	\$49.00	\$49.00
Employee/Spouse	N/A	\$48.00	N/A	\$75.00	N/A	\$82.00	N/A	\$94.00
Employee/Child(ren)	N/A	\$51.00	N/A	\$68.00	N/A	\$74.00	N/A	\$84.00
Family	\$66.00	\$79.00	\$94.00	\$111.00	\$103.00	\$122.00	\$117.00	\$138.00

## Monthly Dental Rates for Sole Proprietors - Effective 1/1/08 - 12/31/08

<b>METRO</b> (Zip Codes 100-119)	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$30.00	\$30.00	\$43.00	\$43.00	\$46.00	\$46.00	\$53.00	\$53.00
Employee/Spouse	N/A	\$65.00	N/A	\$93.00	N/A	\$101.00	N/A	\$116.00
Employee/Child(ren)	N/A	\$57.00	N/A	\$87.00	N/A	\$95.00	N/A	\$109.00
Family	\$78.00	\$90.00	\$117.00	\$138.00	\$127.00	\$149.00	\$146.00	\$171.00

  

<b>NON-METRO</b> (Zip Codes 120-139)	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$32.00	\$32.00	\$50.00	\$50.00	\$54.00	\$54.00	\$61.00	\$61.00
Employee/Spouse	N/A	\$59.00	N/A	\$95.00	N/A	\$103.00	N/A	\$119.00
Employee/Child(ren)	N/A	\$56.00	N/A	\$86.00	N/A	\$93.00	N/A	\$106.00
Family	\$82.00	\$99.00	\$120.00	\$142.00	\$130.00	\$154.00	\$148.00	\$176.00

  

<b>BUFFALO</b> (Zip Codes 140-149)	<b>BASIC 100/50/0</b>		<b>LOW 100/50/50</b>		<b>MEDIUM 100/80/50</b>		<b>HIGH 100/90/60</b>	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$29.00	\$29.00	\$44.00	\$44.00	\$48.00	\$48.00	\$54.00	\$54.00
Employee/Spouse	N/A	\$53.00	N/A	\$83.00	N/A	\$91.00	N/A	\$103.00
Employee/Child(ren)	N/A	\$56.00	N/A	\$75.00	N/A	\$82.00	N/A	\$92.00
Family	\$73.00	\$87.00	\$104.00	\$122.00	\$114.00	\$135.00	\$129.00	\$153.00

1/9/2008

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