

Plans administered by:
ELITE PROGRAMS



Special Plan Features Include:

- ♦ **NEW Preventive Incentive Benefit**
- ♦ No Waiting Periods on Basic and Major Services
- ♦ No Pre-Existing Condition Limitation
- ♦ More than **98,700** Participating Dentists Nationwide
- ♦ Two and Four-Tier Pricing Options

2020 Group Dental Coverage Overview

	LOW		MEDIUM		HIGH		ENHANCED		PREMIER		UNLIMITED	
IN-NETWORK	100/50/50		100/80/50		100/90/60		100/90/60		100/90/60		100/90/60	
OUT-OF-NETWORK	100/50/50		100/60/40		100/80/50		100/80/50		100/80/50		100/80/50	
	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit	Deductible*	Benefit
Class I Procedures:	Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive		Includes Preventive Incentive	
Examinations; X-Rays; Cleanings; Fluoride Treatments; Sealants; Palliative Treatment	In-Network	None 100%	In-Network	None 100%	In-Network	None 100%	In-Network	None 100%	In-Network	None 100%	In-Network	None 100%
	Out-of-Network	None 100%	Out-of-Network	None 100%	Out-of-Network	\$50 100%	Out-of-Network	\$50 100%	Out-of-Network	\$50 100%	Out-of-Network	\$50 100%
Class II Procedures:												
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	\$50 50%	In-Network	\$50 80%	In-Network	\$50 90%	In-Network	\$50 90%	In-Network	\$50 90%	In-Network	\$50 90%
	Out-of-Network	\$50 50%	Out-of-Network	\$50 60%	Out-of-Network	\$50 60%	Out-of-Network	\$50 80%	Out-of-Network	\$50 80%	Out-of-Network	\$50 80%
Class III Procedures:												
Inlays; Onlays; Crowns; Prosthetics	In-Network	\$50 50%	In-Network	\$50 50%	In-Network	\$50 50%	In-Network	\$50 60%	In-Network	\$50 60%	In-Network	\$50 60%
	Out-of-Network	\$50 50%	Out-of-Network	\$50 40%	Out-of-Network	\$50 50%	Out-of-Network	\$50 50%	Out-of-Network	\$50 50%	Out-of-Network	\$50 50%
Annual Benefit Maximum Per Member	\$1,000		\$1,250		\$1,500		\$2,500		\$5,000		Unlimited	

*\$50 Individual Deductible / \$150 Family Deductible

Available via membership in the New York State Business Group:

A \$5 NYSBG Membership fee will be added per invoice per month.

When searching for a Network Dentist, select the Advantage Plus Network



UNITED CONCORDIA®

Insuring America's Dental Health

Plans are available via membership in the New York State Business Group.
A \$5 NYSBG membership fee will be added per invoice (group) per month.

Monthly Dental Rates for Groups of 2 or More - Effective 1/1/20 - 12/31/20

METRO (Zip Codes 100-119)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$45.00	\$45.00	\$51.00	\$51.00	\$59.00	\$59.00	\$60.00	\$60.00	\$65.00	\$65.00
Employee/Spouse	N/A	\$97.00	N/A	\$112.00	N/A	\$123.00	N/A	\$125.00	N/A	\$132.00
Employee/Child(ren)	N/A	\$92.00	N/A	\$106.00	N/A	\$116.00	N/A	\$118.00	N/A	\$125.00
Family	\$123.00	\$144.00	\$141.00	\$165.00	\$153.00	\$179.00	\$156.00	\$182.00	\$166.00	\$195.00
NON-METRO										
(Zip Codes 120-139)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$52.00	\$52.00	\$59.00	\$59.00	\$67.00	\$67.00	\$68.00	\$68.00	\$76.00	\$76.00
Employee/Spouse	N/A	\$99.00	N/A	\$115.00	N/A	\$126.00	N/A	\$128.00	N/A	\$155.00
Employee/Child(ren)	N/A	\$91.00	N/A	\$103.00	N/A	\$113.00	N/A	\$115.00	N/A	\$147.00
Family	\$126.00	\$149.00	\$144.00	\$170.00	\$156.00	\$184.00	\$159.00	\$187.00	\$195.00	\$231.00
BUFFALO										
(Zip Codes 140-149)	MEDIUM 100/80/50		HIGH 100/90/60		ENHANCED 100/90/60		PREMIER 100/90/60		UNLIMITED 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$47.00	\$47.00	\$53.00	\$53.00	\$61.00	\$61.00	\$62.00	\$62.00	\$67.00	\$67.00
Employee/Spouse	N/A	\$88.00	N/A	\$100.00	N/A	\$110.00	N/A	\$112.00	N/A	\$135.00
Employee/Child(ren)	N/A	\$80.00	N/A	\$89.00	N/A	\$99.00	N/A	\$100.00	N/A	\$128.00
Family	\$111.00	\$131.00	\$125.00	\$148.00	\$137.00	\$161.00	\$139.00	\$163.00	\$172.00	\$202.00

Monthly Dental Rates for Sole Proprietors - Effective 1/1/20 - 12/31/20

METRO (Zip Codes 100-119)	LOW 100/50/50		MEDIUM 100/80/50		HIGH 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$46.00	\$46.00	\$49.00	\$49.00	\$56.00	\$56.00
Employee/Spouse	N/A	\$99.00	N/A	\$108.00	N/A	\$124.00
Employee/Child(ren)	N/A	\$94.00	N/A	\$102.00	N/A	\$117.00
Family	\$126.00	\$147.00	\$136.00	\$159.00	\$157.00	\$183.00
NON-METRO						
(Zip Codes 120-139)	LOW 100/50/50		MEDIUM 100/80/50		HIGH 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$53.00	\$53.00	\$58.00	\$58.00	\$65.00	\$65.00
Employee/Spouse	N/A	\$102.00	N/A	\$110.00	N/A	\$127.00
Employee/Child(ren)	N/A	\$92.00	N/A	\$100.00	N/A	\$114.00
Family	\$129.00	\$152.00	\$139.00	\$165.00	\$159.00	\$189.00
BUFFALO						
(Zip Codes 140-149)	LOW 100/50/50		MEDIUM 100/80/50		HIGH 100/90/60	
	2-Tier	4-Tier	2-Tier	4-Tier	2-Tier	4-Tier
Employee	\$47.00	\$47.00	\$51.00	\$51.00	\$58.00	\$58.00
Employee/Spouse	N/A	\$88.00	N/A	\$97.00	N/A	\$111.00
Employee/Child(ren)	N/A	\$80.00	N/A	\$88.00	N/A	\$99.00
Family	\$111.00	\$131.00	\$122.00	\$145.00	\$139.00	\$163.00