

HIGH OPTION

Benefit Category	New Mexico Preferred		Non-Network	
	Plan Pays ¹	You Pay ¹	Plan Pays ⁴	You Pay
Diagnostic & Preventive Services <ul style="list-style-type: none"> ■ Routine Oral Exams (twice every calendar year) ■ Routine Cleanings (twice every calendar year) ■ Periodontal Cleanings (twice every calendar year) ■ X-rays—complete mouth (once every 5 years); bitewings (twice every calendar year through age 13, once every calendar year thereafter) ■ Sealants (through age 15): permanent first and second molars only ■ Emergency Treatment for Relief of Pain ■ Fluoride Treatment (twice every calendar year through age 19) 	100%	0% (No Deductible)	100% (of Allowed Amount)	0% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services <ul style="list-style-type: none"> ■ Basic Restorative (amalgam and posterior composites) ■ Simple Extractions ■ Endodontics ■ Repair of Denture and Bridgework ■ General Anesthesia & IV Sedation (covered only in conjunction with dental surgery) ■ Complex Oral Surgery ■ Surgical Periodontics ■ Nonsurgical Periodontics 	80%	20% (Deductible Applies)	55% (of Allowed Amount)	45% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services <ul style="list-style-type: none"> ■ Removable Partial or Complete Dentures and Fixed Bridges (to replace teeth lost while insured under this contract) ■ Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings) ■ Implant Coverage 	50%	50% (Deductible Applies)	35% (of Allowed Amount)	65% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Orthodontic Services <ul style="list-style-type: none"> ■ Diagnostic, Active, Retention Treatment Adult and Child 	50%	50% (No Deductible)	50% (of Allowed Amount)	50% (of Allowed Amount) + any charges in excess of the allowed amount (No Deductible)
Included Plan Features <ul style="list-style-type: none"> ■ Pregnancy Benefit 	<ul style="list-style-type: none"> ■ Covers 1 additional cleaning during pregnancy ■ Covers 1 additional periodontal maintenance 			
<ul style="list-style-type: none"> ■ Smile for Health®–Wellness² (Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke) 	<ul style="list-style-type: none"> ■ Covers 1 additional periodontal maintenance per year and all are covered at 100% ■ Scaling and root planing are covered at 100% ■ 4 periodontal surgery procedures are covered at 100% 			
Calendar Year Deductible (per person/per family)	\$50/\$150		\$50/\$150	
Calendar Year Maximum (per person) ³	\$1,500		\$1,000	
Lifetime Orthodontic Maximum (per person) ⁵	\$1,500		\$500	

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
 2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **MyDentalBenefits** on UnitedConcordia.com.
 3. Network and non-network maximums cannot be combined.
 4. Non-network reimbursed at the 80th percentile.
 5. Orthodontic benefit is paid on a prorated basis. Payments are made quarterly. If coverage ends before the treatment plan is completed, the full benefit of \$1,500 may not be paid.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at www.nmpsia.state.nm.us.