

LOW 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 12 months 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)	25% (of Allowed Amount)	75% (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 (root canal therapy only) ■ Repair of Denture and Bridgework ■ Nonsurgical Periodontics 	80%	20% (Deductible Applies)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services <ul style="list-style-type: none"> ■ Complex Oral Surgery ■ Surgical Periodontics (including endodontic surgery) ■ Removable Partial or Complete Dentures and Fixed Bridges ■ Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings) 	Not Covered			
Orthodontic Services <ul style="list-style-type: none"> ■ Diagnostic, Active, Retention Treatment 	Not Covered			
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% 			
Calendar Year Deductible (per person/per family)	\$50/\$150			
Calendar Year Maximum (per person)³	\$1,500			
Lifetime Orthodontic Maximum (per person)	Not Covered			

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.

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.