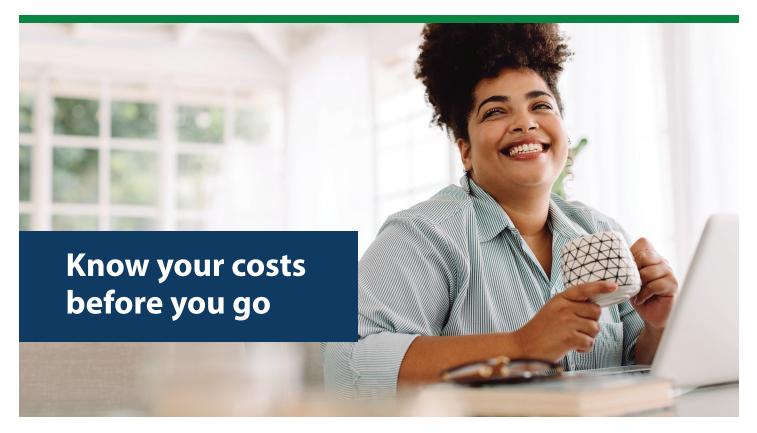
## United **Concordia** dental<sup>®</sup>



Avoid surprise bills by checking how much you may owe for your dental work. See the potential costs of covered services in your *MyDentalBenefits* account.

Look up estimated treatment prices in your MyDentalBenefits account.

Go to **unitedconcordia.com** and log in. If you don't have an account, click on **Create an Account** to get started.



After you log in, click on the **Covered Services** tab. On the next page, you can check the coverage or potential cost of dental services for each person in the family.

MyDentalBenefits	Covered Services	Claims	Braces & Orthodontics	Find a Dentist	Wellness	More 🔻
Enrollment Summary / Acme Ro	botics					

	MyDentalBenefits Covered Services Claims Braces & Ortho
	Benefits
	JANE JOHN JAMIE   07/02/1985 01/10/1985 11/23/2006
	View By
Nout did on the Cost button	View benefits by coverage only or cost details.
Next, click on the <b>Cost</b> button.	Cove age Cost
	Selected Dentist
	Beaumont, Igor DDS Change Dentist
	Your Network Status CONCORDIAPLUS PDO CONCORDIAPLUS SPECIALISTS In Network Scoepting New Patients
	Your selected dentist is In-Network. Visiting an In-Network dentist saves you money.
Look up the precedure using	Print
Look up the procedure using	Search for Q Enter procedure code, name or limitation
the search bar.	Policy Information
	+ Deductibles and Maximums
	+ Coordination and Other Benefits
	+ Wellness Benefits
Or click on the + to see the	- Benefit Details
list of procedures in each	+ Exams
treatment category.	+ X-Rays

The expanded chart shows the amount you may owe out of pocket.

Cost information is provided as an estimate only and is not a guarantee of payment.

Benefit D	kams							
Procedure	Description	Covered	In-Network   Coverage % or Copay \$	Allowance	Amount You Owe	imitation	Applies to Deductible	Applies to Maximum
D0120	Periodic Exam >	Yes	100%	\$23.88	\$0.00	li Network   2 Per Gelendar Year   more	No	No
D0140	Limited Oral Exam >	Yes	100%	\$34.39	\$0.00	In Vetwork   1 Per 12 Months ~ Per Dentist   more	No	No
D0145	Oral Exam Under Age 3 >	Yes	100%	\$30.18	\$0.00	In Vetwork   2 Per Calendar Year   more	No	No
D0150	Comprehensive Exam >	Yes	100%	\$35.22	\$0.00	In Network   2 Per Calendar Year   more	No	Yes
D0160	Extensive Oral Exam >	Yes	50%	\$57.12	\$28.56	n Network   1 Per Lifetime ~ Per Dentist   more	No	Yes

## Talk with your dentist, too.

If you need extensive dental care, ask your dentist for the procedure codes that'll be included in the entire visit. That way, you can get the most accurate idea of your total cost.

You can also request a **Predetermination of Benefits**. It lets you know if the services are covered under your plan and an estimate of how much you may owe. Your dentist will submit the paperwork to us for you, and you'll be notified by mail.