

COUNTY DENTAL PLANS COMPARISON CHART						
These benefit summaries only highlight your benefits. They are not Summary Plan Descriptions (SPDs). If any discrepancy exists between these benefit summaries and the official plan documents, the official plan documents will prevail.						
	United Concordia Dental HMO		Local Advantage EPO	United Concordia Preferred PPO		Freedom Dental Indemnity
	TCA-21	TCA-36	Plus	In-Network	Out-of-Network	
Annual deductible	None	None	None	None	\$50 individual \$150 family	None
Calendar year maximum	None	None	\$1,500/member	\$1,200/member	\$1,000/member	\$1,500/member
Diagnostic & Preventive						
Exams	No charge	No charge	No charge	No charge	No charge ¹	No charge ¹
Cleaning	No charge	No charge	No charge	No charge	No charge ¹	No charge ¹
Full mouth X-rays	No charge	No charge	No charge	No charge	No charge ¹	No charge ¹
Topical fluoride – child	No charge	No charge	No charge	No charge	No charge ¹	No charge ¹
Sealants (per tooth)	No charge	No charge	No charge (under age 14)	You pay 20% (under age 14)	You pay 50% after deductible ¹	You pay 20% of UCR ¹
Restorative						
Fillings	No charge	No charge	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Endodontics						
Single root canal	\$20 copay	\$55 copay	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Bicuspid root canal	\$30 copay	\$70 copay	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Molar root canal	\$40 copay	\$110 copay	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Periodontics						
Periodontal scaling and root planing 4 or more teeth/quadrant	No charge	\$30 copay	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Crowns & Bridges						
Crowns	\$60 - \$75 copay	\$175 - \$200 copay ²	You pay 35%	You pay 40% ²	You pay 50% of UCR after deductible ^{1,2}	You pay 40% of UCR ¹
Bridges	\$50 - \$75 copay	\$175 - \$200 copay ²	You pay 35%	You pay 40% ²	You pay 50% of UCR after deductible ^{1,2}	You pay 40% of UCR ¹
Prosthodontics						
Complete upper denture	\$100 copay	\$175 copay	You pay 35%	You pay 40%	You pay 50% of UCR after deductible ¹	You pay 40% of UCR ¹
Full lower denture	\$100 copay	\$175 copay	You pay 35%	You pay 40%	You pay 50% of UCR after deductible ¹	You pay 40% of UCR ¹
Oral Surgery						
Simple extraction	No charge	\$10 copay	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Impaction	No charge	\$25 - \$50 copay	You pay 10%	You pay 20%	You pay 50% of UCR after deductible ¹	You pay 20% of UCR ¹
Cosmetic						
Veneers, teeth whitening	No benefit	No benefit	You pay 50%	No benefit	No benefit	No benefit
Orthodontics						
Child	\$1,500 copay	\$1,500 copay	You pay \$120 down, \$120 per month for 24 months ³	You pay 50%	You pay 50% after deductible ¹	You pay 50% of UCR ¹
Adult (19 & up)	\$2,000 copay	\$2,000 copay		You pay 50%	You pay 50% after deductible ¹	You pay 50% of UCR ¹
Lifetime maximum	None	None	None	\$1,000/member	\$1,000/member	\$1,000/member

^{1,2,3} Refer to the box on page 14 for footnote references.