

LOCAL GOVERNMENT INSURANCE TRUST

Dental Effective Date: 7/1/2024

	United Concordia		
	High Plan	Medium Plan	Low Plan
Dental Benefits Analysis			
Effective Date: 7/1/2024			
Class I - Diagnostic & Preventive Services			
Exam			
X-Rays			
Cleanings & Fluoride Treatments	100%	100%	100%
Sealants			
Palliative Treatment			
Class II - Basic Services			
Basic Restorative (Fillings)			
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Bridges & Dentures	100%	100%	100%
Endodontics			
Complex Oral Surgery			
General Anesthesia			
Class III - Major Services			
*Nonsurgical & Surgical Periodontics	100%		
Inlays, Onlays, Crowns	50%	50%	Not Covered
Prosthetics (Bridges, Dentures)			
Implants			
Orthodontics for dependent children to age 19			
Diagnostic, Active, Retention Treatment	50%	50%	Not Covered
Maximums & Deductibles - applies to the combination of services received from network and non-network dentists			
Annual Program Deductible (per person/per family)	None	None	None
Annual Program Maximum (per person)	\$2,000	\$1,500	\$1,000
Lifetime Orthodontic Maximum (per person)	\$1,200	\$1,000	n/a
RATES			
Employee Only	\$32.22	\$27.94	\$20.31
Employee + Family	\$101.44	\$88.17	\$64.00
Rate Guarantee	2 Year	2 Year	2 Year