

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Evaluation - Established Patient	0
D0140	Limited Oral Evaluation - Problem Focused	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0171	Re-Evaluation - Post-Operative Office Visit	0
D0180	Comprehensive Periodontal Evaluation	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0210	Intraoral - Complete Series Of Radiographic Images	0
D0220	Intraoral- Periapical First Radiographic Image	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0
D0240	Intraoral - Occlusal Radiographic Image	0
D0270	Bitewing - Single Radiographic Image	0
D0272	Bitewings - Two Radiographic Images	0
D0273	Bitewings - Three Radiographic Images	0
D0274	Bitewings - Four Radiographic Images	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0330	Panoramic Radiographic Image	0
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
TESTS AND EXAMINATIONS		
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
ORAL PATHOLOGY LABORATORY		

ADA Code	ADA Description	Member Pays \$
ORAL PATHOLOGY LABORATORY		
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
DENTAL PROPHYLAXIS		
D1110	Prophylaxis, Adult	0
D1120	Prophylaxis, Child	0
TOPICAL FLUORIDE TREATMENT (office procedure)		
D1206	Topical Application Of Fluoride Varnish	0
D1208	Topical Application Of Fluoride - Excluding Varnish	0
OTHER PREVENTIVE SERVICES		
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	8
D1353	Sealant Repair - Per Tooth	8
D1354	Interim Caries Arresting Medicament Application	15
SPACE MAINTENANCE (passive appliances)		
D1510	Space Maintainer - Fixed, Unilateral (Tooth Numbers Or Tooth Area Required)	42
D1515	Space Maintainer - Fixed, Bilateral	64
D1520	Space Maintainer - Removable, Unilateral	55
D1525	Space Maintainer - Removable, Bilateral	72
D1555	Removal Of Fixed Space Maintainer	0
AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - One Surface, Primary Or Permanent	13
D2150	Amalgam - Two Surfaces, Primary Or Permanent	17
D2160	Amalgam - Three Surfaces, Primary Or Permanent	19

ADA Code	ADA Description	Member Pays \$
AMALGAM RESTORATIONS (including polishing)		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	23
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-Based Composite - One Surface, Anterior	15
D2331	Resin-Based Composite - Two Surfaces, Anterior	20
D2332	Resin-Based Composite - Three Surfaces, Anterior	23
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	25
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - Metallic - One Surface	236 ◆
D2520	Inlay - Metallic - Two Surfaces	254 ◆
D2530	Inlay - Metallic - Three Or More Surfaces	279 ◆
D2542	Onlay - Metallic-Two Surfaces	322 ◆
D2543	Onlay - Metallic - Three Surfaces	342 ◆
D2544	Onlay - Metallic - Four Or More Surfaces	361 ◆
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown-Resin-Based Composite (Indirect)	117
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	128
D2740	Crown, Porcelain/Ceramic Substrate	341
D2750	Crown, Porcelain Fused To High Noble Metal	329 ◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	294
D2752	Crown, Porcelain Fused To Noble Metal	316 ◆
D2780	Crown - 3/4 Cast High Noble Metal	337 ◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	337
D2782	Crown - 3/4 Cast Noble Metal	337 ◆
D2783	Crown - 3/4 Porcelain/Ceramic	337
D2790	Crown, Full Cast High Noble Metal	321 ◆
D2791	Crown - Full Cast Predominantly Base Metal	293
D2792	Crown, Full Cast Noble Metal	304 ◆
D2794	Crown-Titanium	294
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	26
OTHER RESTORATIVE SERVICES		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	11
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	11
D2920	Re-Cement Or Re-Bond Crown	11
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	30
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	32
D2940	Protective Restoration	0
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	36
D2951	Pin Retention - Per Tooth, In Addition To Restoration	12
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	92
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	50

ADA Code	ADA Description	Member Pays \$
OTHER RESTORATIVE SERVICES		
D2954	Prefabricated Post And Core In Addition To Crown	42
D2957	Each Additional Prefabricated Post - Same Tooth	25
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	25
PULP CAPPING		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
PULPOTOMY		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	17
D3221	Pulpal Debridement, Primary And Permanent Teeth	16
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	17
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	26
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	32
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	75
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	90
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	178
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	69
D3347	Retreatment Or Previous Root Canal Therapy - Bicuspid	118
D3348	Retreatment Of Previous Root Canal Therapy - Molar	284
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	114
D3421	Apicoectomy - Bicuspid (First Root)	183
D3425	Apicoectomy - Molar (First Root)	196
D3426	Apicoectomy (Each Additional Root)	69
D3427	Periradicular Surgery Without Apicoectomy	196
D3450	Root Amputation - Per Root	101
OTHER ENDODONTIC PROCEDURES		
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	84
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0
SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	82
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	37

ADA Code	ADA Description	Member Pays \$
SURGICAL SERVICES (including usual postoperative care)		
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	105
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	47
D4245	Apically Positioned Flap	138
D4249	Clinical Crown Lengthening-Hard Tissue	168
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	205
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	87
D4274	Distal Or Proximal Wedge Procedure (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	119

NON-SURGICAL PERIODONTAL SERVICES

D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	40
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	17
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	22
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100

OTHER PERIODONTAL SERVICES

D4910	Periodontal Maintenance	32
D4921	Gingival Irrigation - Per Quadrant	25

COMPLETE DENTURES (including routine post delivery care)

D5110	Complete Denture - Maxillary	343
D5120	Complete Denture - Mandibular	343
D5130	Immediate Denture - Maxillary	359
D5140	Immediate Denture - Mandibular	359

PARTIAL DENTURES (including routine post-delivery care)

D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	284
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	335
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	377
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rest And Teeth)	377
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	284
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	335

ADA Code	ADA Description	Member Pays \$
PARTIAL DENTURES (including routine post-delivery care)		
D5223	Immediate Maxillary Partial Denture - Case Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	377
D5224	Immediate Mandibular Partial Denture - Case Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	377
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	433
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	433
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps)	232

ADJUSTMENTS TO DENTURES

D5410	Adjust Complete Denture - Maxillary	10
D5411	Adjust Complete Denture - Mandibular	10
D5421	Adjust Partial Denture - Maxillary	11
D5422	Adjust Partial Denture - Mandibular	11

REPAIRS TO COMPLETE DENTURES

D5510	Repair Broken Complete Denture Base	19
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	17

REPAIRS TO PARTIAL DENTURES

D5610	Repair Resin Denture Base	19
D5620	Repair Cast Framework	20
D5630	Repair Or Replace Broken Clasp - Per Tooth	23
D5640	Replace Broken Teeth-Per Tooth	17
D5650	Add Tooth To Existing Partial Denture	20
D5660	Add Clasp To Existing Partial Denture - Per Tooth	24
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	242
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	242

DENTURE REBASE PROCEDURES

D5710	Rebase Complete Maxillary Denture	60
D5711	Rebase Complete Mandibular Denture	60
D5720	Rebase Maxillary Partial Denture	58
D5721	Rebase Mandibular Partial Denture	58

DENTURE RELINE PROCEDURES

D5730	Reline Complete Maxillary Denture (Chairside)	36
D5731	Reline Complete Mandibular Denture (Chairside)	36
D5740	Reline Maxillary Partial Denture (Chairside)	33
D5741	Reline Mandibular Partial Denture (Chairside)	33
D5750	Reline Complete Maxillary Denture (Laboratory)	51
D5751	Reline Complete Mandibular Denture (Laboratory)	51
D5760	Reline Maxillary Partial Denture (Laboratory)	49
D5761	Reline Mandibular Partial Denture (Laboratory)	48

OTHER REMOVABLE PROSTHETIC SERVICES

D5850	Tissue Conditioning, Maxillary	33
D5851	Tissue Conditioning, Mandibular	33
D5863	Overdenture - Complete Maxillary	343

ADA Code	ADA Description	Member Pays \$
OTHER REMOVABLE PROSTHETIC SERVICES		
D5864	Overdenture - Partial Maxillary	377
D5865	Overdenture - Complete Mandibular	343
D5866	Overdenture - Partial Mandibular	377
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - Indirect Resin Based Composite	290
D6210	Pontic-Cast High Noble Metal	325 ◆
D6211	Pontic-Cast Predominantly Base Metal	298
D6212	Pontic-Cast Noble Metal	312 ◆
D6214	Pontic - Titanium	299
D6240	Pontic-Porcelain Fused To High Noble Metal	327 ◆
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	289
D6242	Pontic-Porcelain Fused To Noble Metal	315 ◆
D6245	Pontic - Porcelain/Ceramic	290
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	322 ◆
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	322
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	322 ◆
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Retainer Crown - Indirect Resin Based Composite	295
D6740	Retainer Crown - Porcelain/Ceramic	295
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	329 ◆
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	294
D6752	Retainer Crown, Porcelain Fused To Noble Metal	316 ◆
D6780	Retainer Crown, 3/4 Cast High Noble Metal	321 ◆
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	321
D6782	Retainer Crown - 3/4 Cast Noble Metal	321 ◆
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	321
D6790	Retainer Crown, Full Cast High Noble Metal	327 ◆
D6791	Retainer Crown, Full Cast Predominantly Base Metal	292
D6792	Retainer Crown, Full Cast Noble Metal	319 ◆
D6794	Retainer Crown - Titanium	292
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	30
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, Coronal Remnants - Deciduous Tooth	10
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	16
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Surgical Removal Of Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	51
D7220	Removal Of Impacted Tooth - Soft Tissue	72
D7230	Removal Of Impacted Tooth - Partially Bony	98
D7240	Removal Of Impacted Tooth - Completely Bony	113

ADA Code	ADA Description	Member Pays \$
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed and routine postoperative care)		
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	120
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	53
D7251	Coronectomy-Intentional Partial Tooth Removal	113
OTHER SURGICAL PROCEDURES		
D7280	Surgical Access Of An Unerrupted Tooth	97
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	26
D7288	Brush Biopsy - Transepithelial Sample Collection	45
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	48
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	60
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	25
OTHER REPAIR PROCEDURES		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	89
D7963	Frenuloplasty	44
LIMITED ORTHODONTIC TREATMENT		
D8010	Limited Orthodontic Treatment Of Primary Dentition	599
D8020	Limited Orthodontic Treatment Of Transitional Dentition	759
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1071
D8040	Limited Orthodontic Treatment Of The Adult Dentition	927
INTERCEPTIVE ORTHODONTIC TREATMENT		
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	885
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	1309
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	3190
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	3454
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	3540
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D8210	Removable Appliance Therapy For Control Of Harmful Habits	433
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	537
OTHER ORTHODONTIC SERVICES		
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	343
UNCLASSIFIED TREATMENT		
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	0

ADA Code	ADA Description	Member Pays \$
PROFESSIONAL CONSULTATION		

D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	19
-------	---	----

PROFESSIONAL VISITS		
----------------------------	--	--

D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
-------	---	---

MISCELLANEOUS SERVICES		
-------------------------------	--	--

D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
D9986	Broken Appointment Per 15 Minutes (Without 24-Hour Notice)	15
D9987	Cancelled Appointment Per 15 Minutes (Without 24-Hour Notice)	15

FOOTNOTES		
------------------	--	--

◆ Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.