

### 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 \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>			D1520	Space maintainer - removable - unilateral	86
D0120	Periodic oral evaluation	5	D1525	Space maintainer - removable - bilateral	122
D0140	Limited oral evaluation - problem focused	5	D1550	Re-cementation of space maintainer	12
D0150	Comprehensive oral evaluation - new or established patient	5	<b>AMALGAM RESTORATIONS (including polishing)</b>		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	5	D2140	Amalgam - one surface, primary or permanent	9
D0180	Comprehensive periodontal evaluation - new or established patient	5	D2150	Amalgam - two surfaces, primary or permanent	12
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>			D2160	Amalgam - three surfaces, primary or permanent	15
D0210	Intraoral - complete series (including bitewings)	0	D2161	Amalgam - four or more surfaces, primary or permanent	17
D0220	Intraoral - periapical first film	0	<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
D0230	Intraoral - periapical each additional film	0	D2330	Resin-based composite - one surface, anterior	20
D0240	Intraoral - occlusal film	0	D2331	Resin-based composite - two surfaces, anterior	30
D0270	Bitewing - single film	0	D2332	Resin-based composite - three surfaces, anterior	35
D0272	Bitewings - two films	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	42
D0274	Bitewings - four films	0	D2391	Resin-based composite - one surface, posterior	45
D0277	Vertical bitewings - 7 to 8 films	0	D2392	Resin-based composite - two surfaces, posterior	75
D0330	Panoramic film	0	D2393	Resin-based composite - three surfaces, posterior	88
D0340	Cephalometric film	0	D2394	Resin-based composite - four or more surfaces, posterior	100
<b>TESTS AND EXAMINATIONS</b>			<b>INLAY/ONLAY RESTORATIONS</b>		
D0460	Pulp vitality tests	0	D2510	Inlay - metallic - one surface	222 ♦
D0470	Diagnostic casts	0	D2520	Inlay - metallic - two surfaces	248 ♦
<b>DENTAL PROPHYLAXIS</b>			D2530	Inlay - metallic - three or more surfaces	307 ♦
D1110	Prophylaxis - adult	0	D2542	Onlay - metallic - two surfaces	282 ♦
D1120	Prophylaxis - child	0	D2543	Onlay - metallic - three surfaces	330 ♦
<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>			D2544	Onlay - metallic - four or more surfaces	363 ♦
D1203	Topical application of fluoride (prophylaxis not included) - child	0	<b>CROWNS - SINGLE RESTORATIONS ONLY</b>		
D1204	Topical application of fluoride (prophylaxis not included) - adult	0	D2710	Crown - resin-based composite (indirect)	119
<b>OTHER PREVENTIVE SERVICES</b>			D2712	Crown - 3/4 resin-based composite (indirect)	119
D1330	Oral hygiene instructions	0	D2740	Crown - porcelain/ceramic substrate	450
D1351	Sealant - per tooth	0	D2750	Crown - porcelain fused to high noble metal	420 ♦
<b>SPACE MAINTENANCE (passive appliances)</b>					
D1510	Space maintainer - fixed - unilateral	69			
D1515	Space maintainer - fixed - bilateral	108			

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D2751	Crown - porcelain fused to predominantly base metal	400	D3426	Apicoectomy/periradicular surgery (each additional root)	97
D2752	Crown - porcelain fused to noble metal	410 ♦	D3430	Retrograde filling - per root	0
D2790	Crown - full cast high noble metal	420 ♦	D3450	Root amputation - per root	143
D2791	Crown - full cast predominantly base metal	400	<b>OTHER ENDODONTIC PROCEDURES</b>		
D2792	Crown - full cast noble metal	410 ♦	D3920	Hemisection (including any root removal), not including root canal therapy	130
D2794	Crown - titanium	400	D3950	Canal preparation and fitting of preformed dowel or post	0
D2799	Provisional crown	97	<b>SURGICAL SERVICES</b>		
<b>OTHER RESTORATIVE SERVICES</b>			<b>(including usual postoperative care)</b>		
D2910	Recement inlay, onlay, or partial coverage restoration	23	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	207
D2915	Recement cast or prefabricated post and core	25	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	65
D2920	Recement crown	25	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	188
D2930	Prefabricated stainless steel crown - primary tooth	81	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	75
D2931	Prefabricated stainless steel crown - permanent tooth	97	D4249	Clinical crown lengthening - hard tissue	259
D2950	Core buildup, including any pins	75	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	360
D2951	Pin retention - per tooth, in addition to restoration	13	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded tooth spaces per quadrant	144
D2952	Cast post and core in addition to crown	120	D4263	Bone replacement graft - first site in quadrant	130
D2953	Each additional cast post - same tooth	62	D4264	Bone replacement graft - each additional site in quadrant	120
D2954	Prefabricated post and core in addition to crown	85	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	225
D2957	Each additional prefabricated post - same tooth	44	<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D2971	Additional procedures to construct new crown under existing partial denture framework	25	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	75
<b>PULP CAPPING</b>			D4342	Periodontal scaling and root planing - one to three teeth per quadrant	19
D3110	Pulp cap - direct (excluding final restoration)	0	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	45
D3120	Pulp cap - indirect (excluding final restoration)	0	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
<b>PULPOTOMY</b>			<b>OTHER PERIODONTAL SERVICES</b>		
D3220	Therapeutic pulpotomy (excluding final restoration)	52	D4910	Periodontal maintenance	58
D3221	Pulpal debridement, primary and permanent teeth	26	<b>COMPLETE DENTURES</b>		
<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>			<b>(including routine post-delivery care)</b>		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	104	D5110	Complete denture - maxillary	375
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	123	D5120	Complete denture - mandibular	375
<b>ENDODONTIC THERAPY</b>			D5130	Immediate denture - maxillary	400
<b>(including treatment plan, clinical procedures and follow-up care)</b>			D5140	Immediate denture - mandibular	400
D3310	Anterior (excluding final restoration)	200	<b>PARTIAL DENTURES</b>		
D3320	Bicuspid (excluding final restoration)	250	<b>(including routine post-delivery care)</b>		
D3330	Molar (excluding final restoration)	335	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	300
<b>ENDODONTIC RETREATMENT</b>					
D3346	Retreatment of previous root canal therapy - anterior	295			
D3347	Retreatment of previous root canal therapy - bicuspid	340			
D3348	Retreatment of previous root canal therapy - molar	428			
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>					
D3410	Apicoectomy/periradicular surgery - anterior	220			
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	240			
D3425	Apicoectomy/periradicular surgery - molar (first root)	240			

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D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	300	D6240	Pontic - porcelain fused to high noble metal	420 ♦
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425	D6241	Pontic - porcelain fused to predominantly base metal	400
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425	D6242	Pontic - porcelain fused to noble metal	410 ♦
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	489	D6245	Pontic - porcelain/ceramic	475
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	489	<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	195	D6710	Crown - indirect resin based composite	475
<b>ADJUSTMENTS TO DENTURES</b>			D6740	Crown - porcelain/ceramic	475
D5410	Adjust complete denture - maxillary	24	D6750	Crown - porcelain fused to high noble metal	420 ♦
D5411	Adjust complete denture - mandibular	24	D6751	Crown - porcelain fused to predominantly base metal	400
D5421	Adjust partial denture - maxillary	24	D6752	Crown - porcelain fused to noble metal	410 ♦
D5422	Adjust partial denture - mandibular	24	D6790	Crown - full cast high noble metal	420 ♦
<b>REPAIRS TO COMPLETE DENTURES</b>			D6791	Crown - full cast predominantly base metal	400
D5510	Repair broken complete denture base	60	D6792	Crown - full cast noble metal	410 ♦
D5520	Replace missing or broken teeth - complete denture (each tooth)	50	D6794	Crown - titanium	400
<b>REPAIRS TO PARTIAL DENTURES</b>			<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D5610	Repair resin denture base	60	D6930	Recement fixed partial denture	42
D5620	Repair cast framework	75	D6970	Cast post and core in addition to fixed partial denture retainer	104
D5630	Repair or replace broken clasp	75	D6971	Cast post as part of fixed partial denture retainer	76
D5640	Replace broken teeth - per tooth	60	D6972	Prefabricated post and core in addition to fixed partial denture retainer	76
D5650	Add tooth to existing partial denture	75	D6973	Core build up for retainer, including any pins	82
D5660	Add clasp to existing partial denture	75	D6976	Each additional cast post - same tooth	38
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	276	D6977	Each additional prefabricated post - same tooth	38
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	276	<b>EXTRACTIONS</b>		
<b>DENTURE REBASE PROCEDURES</b>			<b>(includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D5710	Rebase complete maxillary denture	155	D7111	Extraction, coronal remnants - deciduous tooth	14
D5711	Rebase complete mandibular denture	155	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35
D5720	Rebase maxillary partial denture	140	<b>SURGICAL EXTRACTIONS</b>		
D5721	Rebase mandibular partial denture	140	<b>(includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
<b>DENTURE RELINE PROCEDURES</b>			D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	60
D5730	Reline complete maxillary denture (chairside)	90	D7220	Removal of impacted tooth - soft tissue	78
D5731	Reline complete mandibular denture (chairside)	90	D7230	Removal of impacted tooth - partially bony	100
D5740	Reline maxillary partial denture (chairside)	80	D7240	Removal of impacted tooth - completely bony	130
D5741	Reline mandibular partial denture (chairside)	80	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	151
D5750	Reline complete maxillary denture (laboratory)	130	D7250	Surgical removal of residual tooth roots (cutting procedure)	76
D5751	Reline complete mandibular denture (laboratory)	130	<b>OTHER SURGICAL PROCEDURES</b>		
D5760	Reline maxillary partial denture (laboratory)	130	D7280	Surgical access of an unerupted tooth	121
D5761	Reline mandibular partial denture (laboratory)	130	D7283	Placement of device to facilitate eruption of impacted tooth	30
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>			D7288	Brush biopsy - transepithelial sample collection	45
D5850	Tissue conditioning, maxillary	55	<b>ALVEOLOPLASTY</b>		
D5851	Tissue conditioning, mandibular	55	<b>(surgical preparation of ridge for dentures)</b>		
<b>FIXED PARTIAL DENTURE PONTICS</b>			D7310	Alveoloplasty in conjunction with extractions - per quadrant	60
D6205	Pontic - indirect resin based composite	475	D7320	Alveoloplasty not in conjunction with extractions - per quadrant	76
D6210	Pontic - cast high noble metal	420 ♦	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30
D6211	Pontic - cast predominantly base metal	400			
D6212	Pontic - cast noble metal	410 ♦			
D6214	Pontic - titanium	400			

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<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>			<b>FOOTNOTES</b>		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	81	†	Please report under code D8999 "Unspecified orthodontic procedure, by report." Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.	
<b>OTHER REPAIR PROCEDURES</b>			★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	108	◆	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.	
D7963	Frenuloplasty	54			
<b>LIMITED ORTHODONTIC TREATMENT</b>					
D8010	Limited orthodontic treatment of the primary dentition	750			
D8020	Limited orthodontic treatment of the transitional dentition	750			
D8030	Limited orthodontic treatment of the adolescent dentition	750			
D8040	Limited orthodontic treatment of the adult dentition	750			
<b>INTERCEPTIVE ORTHODONTIC TREATMENT</b>					
D8050	Interceptive orthodontic treatment of the primary dentition	900			
D8060	Interceptive orthodontic treatment of the transitional dentition	900			
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>					
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,900			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,900			
D8090	Comprehensive orthodontic treatment of the adult dentition	2,900			
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>					
D8210	Removable appliance therapy	375			
D8220	Fixed appliance therapy	375			
<b>OTHER ORTHODONTIC SERVICES</b>					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	275			
†	Orthodontic records fee	250			
<b>UNCLASSIFIED TREATMENT</b>					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	26			
<b>PROFESSIONAL CONSULTATION</b>					
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	43			
<b>PROFESSIONAL VISITS</b>					
D9440	Office visit, after regularly scheduled hours	54			
<b>MISCELLANEOUS SERVICES</b>					
★	Broken appointment per 15 minutes (without 24-hour notice)	11			