

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 Evidence 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.
- In-Network Dentists will charge an additional \$125 for the use of precious (high noble) or semi precious (noble) metal.
- For a complete description of Your Plan, please refer to the Evidence of Coverage and the 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 \$
CLINICAL ORAL EVALUATIONS			D0460	Pulp vitality tests	0
D0120	Periodic oral evaluation - established patient	0	D0470	Diagnostic casts	0
D0140	Limited oral evaluation - problem focused	0	ORAL PATHOLOGY LABORATORY		
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0150	Comprehensive oral evaluation - new or established patient	0	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0502	Other oral pathology procedures, by report	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	DENTAL PROPHYLAXIS		
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D1110	Prophylaxis - adult	0
D0210	Intraoral - complete series (including bitewings)	0	D1120	Prophylaxis - child	0
D0220	Intraoral - periapical first film	0	TOPICAL FLUORIDE TREATMENT (office procedure)		
D0230	Intraoral - periapical each additional film	0	D1203	Topical application of fluoride - child	0
D0240	Intraoral - occlusal film	0	D1204	Topical application of fluoride - adult	0
D0250	Extraoral - first film	0	D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	0
D0260	Extraoral - each additional film	0	OTHER PREVENTIVE SERVICES		
D0270	Bitewing - single film	0	D1310	Nutritional counseling for control of dental disease	0
D0272	Bitewings - two films	0	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0273	Bitewings - three films	0	D1330	Oral hygiene instructions	0
D0274	Bitewings - four films	0	D1351	Sealant - per tooth	0
D0277	Vertical bitewings - 7 to 8 films	0	SPACE MAINTENANCE (passive appliances)		
D0330	Panoramic film	0	D1510	Space maintainer - fixed - unilateral	0
D0340	Cephalometric film	0	D1515	Space maintainer - fixed - bilateral	0
D0350	Oral/facial photographic images	0	D1520	Space maintainer - removable - unilateral	0
TESTS AND EXAMINATIONS			D1525	Space maintainer - removable - bilateral	0
D0415	Collection of microorganisms for culture and sensitivity	0	D1550	Re-cementation of space maintainer	0
D0416	Viral culture	0	D1555	Removal of fixed space maintainer	0
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	15	AMALGAM RESTORATIONS (including polishing)		
D0418	Analysis of saliva sample	15	D2140	Amalgam - one surface, primary or permanent	0
D0421	Genetic test for susceptibility to oral disease	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0425	Caries susceptibility tests	0	D2160	Amalgam - three surfaces, primary or permanent	0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	0			

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D2161	Amalgam - four or more surfaces, primary or permanent	0	D2953	Each additional indirectly fabricated post - same tooth	10
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			D2954	Prefabricated post and core in addition to crown	0
D2330	Resin-based composite - one surface, anterior	0	D2955	Post removal (not in conjunction with endodontic therapy)	0
D2331	Resin-based composite - two surfaces, anterior	0	D2957	Each additional prefabricated post - same tooth	10
D2332	Resin-based composite - three surfaces, anterior	0	D2970	Temporary crown (fractured tooth)	15
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0	D2971	Additional procedures to construct new crown under existing partial denture framework	25
D2390	Resin-based composite crown, anterior	0	D2980	Crown repair, by report	0
D2391	Resin-based composite - one surface, posterior	85	PULP CAPPING		
D2392	Resin-based composite - two surfaces, posterior	109	D3110	Pulp cap - direct (excluding final restoration)	0
D2393	Resin-based composite - three surfaces, posterior	133	D3120	Pulp cap - indirect (excluding final restoration)	0
D2394	Resin-based composite - four or more surfaces, posterior	140	PULPOTOMY		
INLAY/ONLAY RESTORATIONS			D3220	Therapeutic pulpotomy (excluding final restoration)	0
D2510	Inlay - metallic - one surface	26◆	D3221	Pulpal debridement, primary and permanent teeth	0
D2520	Inlay - metallic - two surfaces	27◆	D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	0
D2530	Inlay - metallic - three or more surfaces	28◆	ENDODONTIC THERAPY ON PRIMARY TEETH		
D2542	Onlay - metallic - two surfaces	28◆	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0
D2543	Onlay - metallic - three surfaces	28◆	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0
D2544	Onlay - metallic - four or more surfaces	30◆	ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
CROWNS - SINGLE RESTORATIONS ONLY			D3310	Endodontic therapy, anterior tooth (excluding final restoration)	20
D2710	Crown - resin-based composite (indirect)	25	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	30
D2712	Crown - 3/4 resin-based composite (indirect)	25	D3330	Endodontic therapy, molar (excluding final restoration)	40
D2720	Crown - resin with high noble metal	60◆	ENDODONTIC RETREATMENT		
D2721	Crown - resin with predominantly base metal	60	D3346	Retreatment of previous root canal therapy - anterior	0
D2722	Crown - resin with noble metal	60◆	D3347	Retreatment of previous root canal therapy - bicuspid	0
D2740	Crown - porcelain/ceramic substrate	75	D3348	Retreatment of previous root canal therapy - molar	0
D2750	Crown - porcelain fused to high noble metal	60◆	APEXIFICATION/RECALCIFICATION PROCEDURES		
D2751	Crown - porcelain fused to predominantly base metal	60	D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	80
D2752	Crown - porcelain fused to noble metal	60◆	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	55
D2780	Crown - 3/4 cast high noble metal	60◆	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	55
D2781	Crown - 3/4 cast predominantly base metal	60	APICOECTOMY/PERIRADICULAR SERVICES		
D2782	Crown - 3/4 cast noble metal	60◆	D3410	Apicoectomy/periradicular surgery - anterior	0
D2783	Crown - 3/4 porcelain/ceramic	75	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	0
D2790	Crown - full cast high noble metal	60◆	D3425	Apicoectomy/periradicular surgery - molar (first root)	0
D2791	Crown - full cast predominantly base metal	60	D3426	Apicoectomy/periradicular surgery (each additional root)	0
D2792	Crown - full cast noble metal	60◆	D3430	Retrograde filling - per root	0
D2794	Crown - titanium	60	D3450	Root amputation - per root	0
D2799	Provisional crown	0			
OTHER RESTORATIVE SERVICES					
D2910	Recement inlay, onlay, or partial coverage restoration	0			
D2915	Recement cast or prefabricated post and core	0			
D2920	Recement crown	0			
D2930	Prefabricated stainless steel crown - primary tooth	8			
D2931	Prefabricated stainless steel crown - permanent tooth	10			
D2932	Prefabricated resin crown	10			
D2933	Prefabricated stainless steel crown with resin window	10			
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	10			
D2940	Sedative filling	0			
D2950	Core buildup, including any pins	0			
D2951	Pin retention - per tooth, in addition to restoration	0			
D2952	Post and core in addition to crown, indirectly fabricated	0			

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OTHER ENDODONTIC PROCEDURES					
D3910	Surgical procedure for isolation of tooth with rubber dam	0	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	75
D3920	Hemisection (including any root removal), not including root canal therapy	0	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	75
D3950	Canal preparation and fitting of preformed dowel or post	0	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	86
SURGICAL SERVICES					
(including usual postoperative care)					
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	86
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0	D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	90
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0	ADJUSTMENTS TO DENTURES		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0	D5410	Adjust complete denture - maxillary	0
D4245	Apically positioned flap	0	D5411	Adjust complete denture - mandibular	0
D4249	Clinical crown lengthening - hard tissue	0	D5421	Adjust partial denture - maxillary	0
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	0	D5422	Adjust partial denture - mandibular	0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	0	REPAIRS TO COMPLETE DENTURES		
D4263	Bone replacement graft - first site in quadrant	120	D5510	Repair broken complete denture base	0
D4264	Bone replacement graft - each additional site in quadrant	92	D5520	Replace missing or broken teeth - complete denture (each tooth)	0
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	0	REPAIRS TO PARTIAL DENTURES		
NON-SURGICAL PERIODONTAL SERVICES					
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	0	D5610	Repair resin denture base	0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	0	D5620	Repair cast framework	0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0	D5630	Repair or replace broken clasp	0
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	43	D5640	Replace broken teeth - per tooth	0
OTHER PERIODONTAL SERVICES					
D4910	Periodontal maintenance	0	D5650	Add tooth to existing partial denture	0
D4920	Unscheduled dressing change (by someone other than treating dentist)	0	D5660	Add clasp to existing partial denture	0
COMPLETE DENTURES					
(including routine post-delivery care)					
D5110	Complete denture - maxillary	100	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	49
D5120	Complete denture - mandibular	100	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	49
D5130	Immediate denture - maxillary	120	DENTURE REBASE PROCEDURES		
D5140	Immediate denture - mandibular	120	D5710	Rebase complete maxillary denture	0
PARTIAL DENTURES					
(including routine post-delivery care)					
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	70	D5711	Rebase complete mandibular denture	0
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	70	D5720	Rebase maxillary partial denture	0
			D5721	Rebase mandibular partial denture	0
			DENTURE RELINE PROCEDURES		
			D5730	Reline complete maxillary denture (chairside)	0
			D5731	Reline complete mandibular denture (chairside)	0
			D5740	Reline maxillary partial denture (chairside)	0
			D5741	Reline mandibular partial denture (chairside)	0
			D5750	Reline complete maxillary denture (laboratory)	20
			D5751	Reline complete mandibular denture (laboratory)	20
			D5760	Reline maxillary partial denture (laboratory)	20
			D5761	Reline mandibular partial denture (laboratory)	20
			D5810	Interim complete denture - maxillary	120
			D5811	Interim complete denture - mandibular	120
			D5820	Interim partial denture - maxillary	45
			D5821	Interim partial denture - mandibular	45
			OTHER REMOVABLE PROSTHETIC SERVICES		
			D5850	Tissue conditioning, maxillary	0
			D5851	Tissue conditioning, mandibular	0
			FIXED PARTIAL DENTURE PONTICS		
			D6205	Pontic - indirect resin based composite	75
			D6210	Pontic - cast high noble metal	50◆
			D6211	Pontic - cast predominantly base metal	50
			D6212	Pontic - cast noble metal	50◆
			D6214	Pontic - titanium	50
			D6240	Pontic - porcelain fused to high noble metal	50◆

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D6241	Pontic - porcelain fused to predominantly base metal	50	D6976	Each additional indirectly fabricated post - same tooth	10
D6242	Pontic - porcelain fused to noble metal	50◆	D6977	Each additional prefabricated post - same tooth	10
D6245	Pontic - porcelain/ceramic	75	D6980	Fixed partial denture repair, by report	0
D6250	Pontic - resin with high noble metal	50◆	EXTRACTIONS		
D6251	Pontic - resin with predominantly base metal	50	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D6252	Pontic - resin with noble metal	50◆	D7111	Extraction, coronal remnants - deciduous tooth	0
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	70	SURGICAL EXTRACTIONS		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	105	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D6602	Inlay - cast high noble metal, two surfaces	27◆	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	0
D6603	Inlay - cast high noble metal, three or more surfaces	28◆	D7220	Removal of impacted tooth - soft tissue	0
D6604	Inlay - cast predominantly base metal, two surfaces	27	D7230	Removal of impacted tooth - partially bony	0
D6605	Inlay - cast predominantly base metal, three or more surfaces	28	D7240	Removal of impacted tooth - completely bony	0
D6606	Inlay - cast noble metal, two surfaces	27◆	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	0
D6607	Inlay - cast noble metal, three or more surfaces	28◆	D7250	Surgical removal of residual tooth roots (cutting procedure)	0
D6610	Onlay - cast high noble metal, two surfaces	28◆	OTHER SURGICAL PROCEDURES		
D6611	Onlay - cast high noble metal, three or more surfaces	28◆	D7280	Surgical access of an unerupted tooth	0
D6612	Onlay - cast predominantly base metal, two surfaces	28	D7283	Placement of device to facilitate eruption of impacted tooth	0
D6613	Onlay - cast predominantly base metal, three or more surfaces	28	D7285	Biopsy of oral tissue - hard (bone, tooth)	0
D6614	Onlay - cast noble metal, two surfaces	28◆	D7286	Biopsy of oral tissue - soft	0
D6615	Onlay - cast noble metal, three or more surfaces	28◆	D7288	Brush biopsy - transepithelial sample collection	45
D6624	Inlay - titanium	28	ALVEOLOPLASTY		
D6634	Onlay - titanium	30	(surgical preparation of ridge for dentures)		
FIXED PARTIAL DENTURE RETAINERS - CROWNS			D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D6710	Crown - indirect resin based composite	75	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D6720	Crown - resin with high noble metal	60◆	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D6721	Crown - resin with predominantly base metal	60	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D6722	Crown - resin with noble metal	60◆	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D6740	Crown - porcelain/ceramic	75	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	0
D6750	Crown - porcelain fused to high noble metal	60◆	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	90
D6751	Crown - porcelain fused to predominantly base metal	60	EXCISION OF BONE TISSUE		
D6752	Crown - porcelain fused to noble metal	60◆	D7471	Removal of lateral exostosis (maxilla or mandible)	40
D6780	Crown - 3/4 cast high noble metal	60◆	D7472	Removal of torus palatinus	40
D6781	Crown - 3/4 cast predominantly base metal	60	D7473	Removal of torus mandibularis	40
D6782	Crown - 3/4 cast noble metal	60◆	D7485	Surgical reduction of osseous tuberosity	60
D6783	Crown - 3/4 porcelain/ceramic	75	SURGICAL INCISION		
D6790	Crown - full cast high noble metal	60◆	D7510	Incision and drainage of abscess - intraoral soft tissue	0
D6791	Crown - full cast predominantly base metal	60	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	15
D6792	Crown - full cast noble metal	60◆	D7520	Incision and drainage of abscess - extraoral soft tissue	0
D6794	Crown - titanium	60			
OTHER FIXED PARTIAL DENTURE SERVICES					
D6930	Recurrent fixed partial denture	0			
D6940	Stress breaker	90			
D6950	Precision attachment	135			
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	0			
D6972	Prefabricated post and core in addition to fixed partial denture retainer	0			
D6973	Core build up for retainer, including any pins	0			

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D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	25	PROFESSIONAL CONSULTATION		
REPAIR OF TRAUMATIC WOUNDS			D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0
D7910	Suture of recent small wounds up to 5 cm	15	PROFESSIONAL VISITS		
OTHER REPAIR PROCEDURES			D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	0	D9440	Office visit, after regularly scheduled hours	40
D7963	Frenuloplasty	0	D9450	Case presentation, detailed and extensive treatment planning	0
D7970	Excision of hyperplastic tissue - per arch	0	MISCELLANEOUS SERVICES		
D7971	Excision of pericoronal gingiva	0	D9940	Occlusal guard, by report	120
LIMITED ORTHODONTIC TREATMENT			D9942	Repair and/or relin of occlusal guard	35
D8010	Limited orthodontic treatment of the primary dentition	1,500	D9951	Occlusal adjustment - limited	0
D8020	Limited orthodontic treatment of the transitional dentition	1,500	D9952	Occlusal adjustment - complete	0
D8030	Limited orthodontic treatment of the adolescent dentition	1,500	★	Broken appointment per 30 minutes (without 24-hour notice)	20
D8040	Limited orthodontic treatment of the adult dentition	1,500	BLEACHING		
INTERCEPTIVE ORTHODONTIC TREATMENT			D9972	External bleaching - per arch	125
D8050	Interceptive orthodontic treatment of the primary dentition	1,500	FOOTNOTES		
D8060	Interceptive orthodontic treatment of the transitional dentition	1,500	†	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.	
COMPREHENSIVE ORTHODONTIC TREATMENT			★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,500	◆	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.	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,500			
D8090	Comprehensive orthodontic treatment of the adult dentition	2,000			
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	Removable appliance therapy	750			
D8220	Fixed appliance therapy	750			
OTHER ORTHODONTIC SERVICES					
D8660	Pre-orthodontic treatment visit	30			
D8670	Periodic orthodontic treatment visit (as part of contract)	0			
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	240			
†	Orthodontic records fee	265			
UNCLASSIFIED TREATMENT					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	0			
D9120	Fixed partial denture sectioning	20			
ANESTHESIA					
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0			
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			
D9215	Local anesthesia	0			
D9220	Deep sedation/general anesthesia - first 30 minutes	160			
D9221	Deep sedation/general anesthesia - each additional 15 minutes	68			
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170			
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	42			