

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			OTHER PREVENTIVE SERVICES		
D0120	Periodic oral evaluation	0	D1330	Oral hygiene instructions	0
D0140	Limited oral evaluation - problem focused	0	D1351	Sealant - per tooth	0
D0150	Comprehensive oral evaluation - new or established patient	0	SPACE MAINTENANCE		
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	<i>(passive appliances)</i>		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D1510	Space maintainer - fixed - unilateral	21
D0180	Comprehensive periodontal evaluation - new or established patient	0	D1515	Space maintainer - fixed - bilateral	32
RADIOGRAPHS/DIAGNOSTIC IMAGING			D1520	Space maintainer - removable - unilateral	40
<i>(including interpretation)</i>			D1525	Space maintainer - removable - bilateral	45
D0210	Intraoral - complete series (including bitewings)	0	D1550	Re-cementation of space maintainer	0
D0220	Intraoral - periapical first film	0	AMALGAM RESTORATIONS		
D0230	Intraoral - periapical each additional film	0	<i>(including polishing)</i>		
D0240	Intraoral - occlusal film	0	D2140	Amalgam - one surface, primary or permanent	0
D0270	Bitewing - single film	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0272	Bitewings - two films	0	D2160	Amalgam - three surfaces, primary or permanent	0
D0274	Bitewings - four films	0	D2161	Amalgam - four or more surfaces, primary or permanent	0
D0277	Vertical bitewings - 7 to 8 films	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0330	Panoramic film	0	D2330	Resin-based composite - one surface, anterior	0
D0340	Cephalometric film	0	D2331	Resin-based composite - two surfaces, anterior	0
TESTS AND EXAMINATIONS			D2332	Resin-based composite - three surfaces, anterior	0
D0460	Pulp vitality tests	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D0470	Diagnostic casts	0	D2390	Resin-based composite crown, anterior	0
DENTAL PROPHYLAXIS			D2391	Resin-based composite - one surface, posterior	85
D1110	Prophylaxis - adult	0	D2392	Resin-based composite - two surfaces, posterior	109
D1120	Prophylaxis - child	0	D2393	Resin-based composite - three surfaces, posterior	133
TOPICAL FLUORIDE TREATMENT			D2394	Resin-based composite - four or more surfaces, posterior	140
<i>(office procedure)</i>			INLAY/ONLAY RESTORATIONS		
D1201	Topical application of fluoride (including prophylaxis) - child	0	D2510	Inlay - metallic - one surface	62 ♦
D1203	Topical application of fluoride (prophylaxis not included) - child	0	D2520	Inlay - metallic - two surfaces	70 ♦
D1204	Topical application of fluoride (prophylaxis not included) - adult	0			
D1205	Topical application of fluoride (including prophylaxis) - adult	0			

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D2530	Inlay - metallic - three or more surfaces	70 ♦	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	12
D2542	Onlay - metallic - two surfaces	80 ♦	ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D2543	Onlay - metallic - three surfaces	80 ♦	D3310	Anterior (excluding final restoration)	40
D2544	Onlay - metallic - four or more surfaces	85 ♦	D3320	Bicuspid (excluding final restoration)	60
CROWNS - SINGLE RESTORATIONS ONLY			D3330	Molar (excluding final restoration)	95
D2710	Crown - resin-based composite (indirect)	50	ENDODONTIC RETREATMENT		
D2712	Crown - 3/4 resin-based composite (indirect)	50	D3346	Retreatment of previous root canal therapy - anterior	55
D2740	Crown - porcelain/ceramic substrate	130	D3347	Retreatment of previous root canal therapy - bicuspid	58
D2750	Crown - porcelain fused to high noble metal	110 ♦	D3348	Retreatment of previous root canal therapy - molar	75
D2751	Crown - porcelain fused to predominantly base metal	110	APICOECTOMY/PERIRADICULAR SERVICES		
D2752	Crown - porcelain fused to noble metal	110 ♦	D3410	Apicoectomy/periradicular surgery - anterior	55
D2780	Crown - 3/4 cast high noble metal	110 ♦	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	55
D2781	Crown - 3/4 cast predominantly base metal	110	D3425	Apicoectomy/periradicular surgery - molar (first root)	55
D2782	Crown - 3/4 cast noble metal	110 ♦	D3426	Apicoectomy/periradicular surgery (each additional root)	20
D2783	Crown - 3/4 porcelain/ceramic	130	D3430	Retrograde filling - per root	0
D2790	Crown - full cast high noble metal	110 ♦	D3450	Root amputation - per root	0
D2791	Crown - full cast predominantly base metal	110	OTHER ENDODONTIC PROCEDURES		
D2792	Crown - full cast noble metal	110 ♦	D3910	Surgical procedure for isolation of tooth with rubber dam	0
D2794	Crown - titanium	110	D3920	Hemisection (including any root removal), not including root canal therapy	25
D2799	Provisional crown	0	D3950	Canal preparation and fitting of prefomed dowel or post	0
OTHER RESTORATIVE SERVICES			SURGICAL SERVICES (including usual postoperative care)		
D2910	Recement inlay, onlay, or partial coverage restoration	0	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	20
D2915	Recement cast or prefabricated post and core	5	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	10
D2920	Recement crown	5	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	35
D2930	Prefabricated stainless steel crown - primary tooth	20	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	14
D2931	Prefabricated stainless steel crown - permanent tooth	25	D4245	Apically positioned flap	40
D2932	Prefabricated resin crown	30	D4249	Clinical crown lengthening - hard tissue	50
D2933	Prefabricated stainless steel crown with resin window	30	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	50
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	30	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	20
D2940	Sedative filling	0	D4263	Bone replacement graft - first site in quadrant	120
D2950	Core buildup, involving and including any pins	15	D4264	Bone replacement graft - each additional site in quadrant	92
D2951	Pin retention - per tooth, in addition to restoration	0	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	33
D2952	Cast post and core in addition to crown	22			
D2953	Each additional cast post - same tooth	10			
D2954	Prefabricated post and core in addition to crown	19			
D2955	Post removal (not in conjunction with endodontic therapy)	0			
D2957	Each additional prefabricated post - same tooth	10			
D2971	Additional procedures to construct new crown under existing partial denture framework	25			
D2980	Crown repair, by report	0			
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)	9			
D3221	Pulpal debridement, primary and permanent teeth	9			
ENDODONTIC THERAPY ON PRIMARY TEETH					
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	10			

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EXTRACTIONS		
(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Coronal remnants - deciduous tooth	0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
SURGICAL EXTRACTIONS		
(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	15
D7220	Removal of impacted tooth - soft tissue	20
D7230	Removal of impacted tooth - partially bony	25
D7240	Removal of impacted tooth - completely bony	30
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	40
D7250	Surgical removal of residual tooth roots (cutting procedure)	10
OTHER SURGICAL PROCEDURES		
D7280	Surgical access of an unerupted tooth	16
D7283	Placement of device to facilitate eruption of impacted tooth	4
D7285	Biopsy of oral tissue - hard (bone, tooth)	25
D7286	Biopsy of oral tissue - soft (all others)	25
D7288	Brush biopsy - transepithelial sample collection	45
ALVEOLOPLASTY		
(surgical preparation of ridge for dentures)		
D7310	Alveoplasty in conjunction with extractions - per quadrant	0
D7320	Alveoplasty not in conjunction with extractions - per quadrant	15
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	9
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	40
SURGICAL INCISION		
D7510	Incision and drainage of abscess - intraoral soft tissue	15
D7520	Incision and drainage of abscess - extraoral soft tissue	25
OTHER REPAIR PROCEDURES		
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	20
D7963	Frenuloplasty	10
D7970	Excision of hyperplastic tissue - per arch	30
D7971	Excision of pericoronal gingiva	15
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,500
D8090	Comprehensive orthodontic treatment of the adult dentition	2,000
OTHER ORTHODONTIC SERVICES		
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	240
†	Orthodontic records fee	265

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UNCLASSIFIED TREATMENT		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	8
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
PROFESSIONAL CONSULTATION		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	0
PROFESSIONAL VISITS		
D9440	Office visit, after regularly scheduled hours	40
MISCELLANEOUS SERVICES		
D9951	Occlusal adjustment - limited	5
D9952	Occlusal adjustment - complete	25
★	Broken appointment per 30 minutes (without 24-hour notice)	20
FOOTNOTES		
†	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.	
★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
◆	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.	