

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 \$
CLINICAL ORAL EVALUATIONS			TOPICAL FLUORIDE TREATMENT		
D0120	Periodic oral evaluation - established patient	5	(office procedure)		
D0140	Limited oral evaluation - problem focused	5	D1206	Topical application of fluoride varnish	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	5	D1208	Topical application of fluoride	0
D0150	Comprehensive oral evaluation - new or established patient	5	OTHER PREVENTIVE SERVICES		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	5	D1330	Oral hygiene instructions	0
D0180	Comprehensive periodontal evaluation - new or established patient	5	D1351	Sealant - per tooth	0
RADIOGRAPHS/DIAGNOSTIC IMAGING			SPACE MAINTENANCE		
(including interpretation)			(passive appliances)		
D0210	Intraoral - complete series of radiographic images	0	D1510	Space maintainer - fixed - unilateral	35
D0220	Intraoral - periapical first radiographic image	0	D1515	Space maintainer - fixed - bilateral	54
D0230	Intraoral - periapical each additional radiographic image	0	D1520	Space maintainer - removable - unilateral	43
D0240	Intraoral - occlusal radiographic image	0	D1525	Space maintainer - removable - bilateral	86
D0270	Bitewing - single radiographic image	0	D1550	Re-cementation of space maintainer	6
D0272	Bitewings - two radiographic images	0	D1555	Removal of fixed space maintainer	26
D0273	Bitewings - three radiographic images	0	AMALGAM RESTORATIONS		
D0274	Bitewings - four radiographic images	0	(including polishing)		
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2140	Amalgam - one surface, primary or permanent	0
D0330	Panoramic radiographic image	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0340	Cephalometric radiographic image	0	D2160	Amalgam - three surfaces, primary or permanent	0
TESTS AND EXAMINATIONS			D2161	Amalgam - four or more surfaces, primary or permanent	0
D0460	Pulp vitality tests	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0470	Diagnostic casts	0	D2330	Resin-based composite - one surface, anterior	0
ORAL PATHOLOGY LABORATORY			D2331	Resin-based composite - two surfaces, anterior	0
D0601	Caries risk assessment and documentation, with a finding of low risk	0	D2332	Resin-based composite - three surfaces, anterior	0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D0603	Caries risk assessment and documentation, with a finding of high risk	0	D2391	Resin-based composite - one surface, posterior	40
DENTAL PROPHYLAXIS			D2392	Resin-based composite - two surfaces, posterior	65
D1110	Prophylaxis - adult	0	D2393	Resin-based composite - three surfaces, posterior	80
D1120	Prophylaxis - child	0	D2394	Resin-based composite - four or more surfaces, posterior	85
			INLAY/ONLAY RESTORATIONS		
			D2510	Inlay - metallic - one surface	186 ♦
			D2520	Inlay - metallic - two surfaces	207 ♦
			D2530	Inlay - metallic - three or more surfaces	256 ♦
			D2542	Onlay - metallic - two surfaces	235 ♦
			D2543	Onlay - metallic - three surfaces	275 ♦

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D2544	Onlay - metallic - four or more surfaces	302 ◆	ENDODONTIC RETREATMENT		
CROWNS - SINGLE RESTORATIONS ONLY			D3346	Retreatment of previous root canal therapy - anterior	200
D2710	Crown - resin-based composite (indirect)	80	D3347	Retreatment of previous root canal therapy - bicuspid	241
D2712	Crown - 3/4 resin-based composite (indirect)	80	D3348	Retreatment of previous root canal therapy - molar	313
D2740	Crown - porcelain/ceramic substrate	400	APICTOMY/PERIRADICULAR SERVICES		
D2750	Crown - porcelain fused to high noble metal	350 ◆	D3410	Apicoectomy surgery - anterior	147
D2751	Crown - porcelain fused to predominantly base metal	320	D3421	Apicoectomy surgery - bicuspid (first root)	144
D2752	Crown - porcelain fused to noble metal	330 ◆	D3425	Apicoectomy surgery - molar (first root)	144
D2790	Crown - full cast high noble metal	350 ◆	D3426	Apicoectomy surgery (each additional root)	65
D2791	Crown - full cast predominantly base metal	320	D3427	Periradicular surgery without apicoectomy	144
D2792	Crown - full cast noble metal	330 ◆	D3430	Retrograde filling - per root	0
D2794	Crown - titanium	320	D3450	Root amputation - per root	81
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	66	OTHER ENDODONTIC PROCEDURES		
OTHER RESTORATIVE SERVICES			D3920	Hemisection (including any root removal), not including root canal therapy	76
D2910	Recement inlay, onlay, or partial coverage restoration	12	D3950	Canal preparation and fitting of preformed dowel or post	0
D2915	Recement cast or prefabricated post and core	13	SURGICAL SERVICES (including usual postoperative care)		
D2920	Recement crown	13	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	173
D2930	Prefabricated stainless steel crown - primary tooth	52	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	54
D2931	Prefabricated stainless steel crown - permanent tooth	60	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0
D2949	Restorative foundation for an indirect restoration	0	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	162
D2950	Core buildup, including any pins when required	58	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	65
D2951	Pin retention - per tooth, in addition to restoration	10	D4249	Clinical crown lengthening - hard tissue	216
D2952	Post and core in addition to crown, indirectly fabricated	81	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	260
D2953	Each additional indirectly fabricated post - same tooth	41	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	104
D2954	Prefabricated post and core in addition to crown	79	D4263	Bone replacement graft - first site in quadrant	86
D2957	Each additional prefabricated post - same tooth	40	D4264	Bone replacement graft - each additional site in quadrant	82
D2970	Temporary crown (fractured tooth)	80	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	156
D2971	Additional procedures to construct new crown under existing partial denture framework	25	NON-SURGICAL PERIODONTAL SERVICES		
PULP CAPPING			D4341	Periodontal scaling and root planing - four or more teeth per quadrant	65
D3110	Pulp cap - direct (excluding final restoration)	0	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	16
D3120	Pulp cap - indirect (excluding final restoration)	0	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35
PULPOTOMY			D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	100
D3220	Therapeutic pulpotomy (excluding final restoration)	35	OTHER PERIODONTAL SERVICES		
D3221	Pulpal debridement, primary and permanent teeth	26	D4910	Periodontal maintenance	40
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	35	ENDODONTIC THERAPY ON PRIMARY TEETH		
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	165	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	72
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	200	ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3330	Endodontic therapy, molar (excluding final restoration)	273	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	165

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D4921	Gingival irrigation - per quadrant	25			
COMPLETE DENTURES (including routine post-delivery care)			OTHER REMOVABLE PROSTHETIC SERVICES		
D5110	Complete denture - maxillary	325	D5850	Tissue conditioning, maxillary	40
D5120	Complete denture - mandibular	325	D5851	Tissue conditioning, mandibular	40
D5130	Immediate denture - maxillary	350	FIXED PARTIAL DENTURE PONTICS		
D5140	Immediate denture - mandibular	350	D6205	Pontic - indirect resin based composite	400
PARTIAL DENTURES (including routine post-delivery care)			D6210	Pontic - cast high noble metal	350◆
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	245	D6211	Pontic - cast predominantly base metal	320
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	245	D6212	Pontic - cast noble metal	330◆
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	D6214	Pontic - titanium	320
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	D6240	Pontic - porcelain fused to high noble metal	350◆
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	403	D6241	Pontic - porcelain fused to predominantly base metal	320
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	403	D6242	Pontic - porcelain fused to noble metal	330◆
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	145	D6245	Pontic - porcelain/ceramic	400
ADJUSTMENTS TO DENTURES			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5410	Adjust complete denture - maxillary	16	D6710	Crown - indirect resin based composite	400
D5411	Adjust complete denture - mandibular	16	D6740	Crown - porcelain/ceramic	400
D5421	Adjust partial denture - maxillary	16	D6750	Crown - porcelain fused to high noble metal	350◆
D5422	Adjust partial denture - mandibular	16	D6751	Crown - porcelain fused to predominantly base metal	320
REPAIRS TO COMPLETE DENTURES			D6752	Crown - porcelain fused to noble metal	330◆
D5510	Repair broken complete denture base	50	D6790	Crown - full cast high noble metal	350◆
D5520	Replace missing or broken teeth - complete denture (each tooth)	45	D6791	Crown - full cast predominantly base metal	320
REPAIRS TO PARTIAL DENTURES			D6792	Crown - full cast noble metal	330◆
D5610	Repair resin denture base	50	D6794	Crown - titanium	320
D5620	Repair cast framework	65	OTHER FIXED PARTIAL DENTURE SERVICES		
D5630	Repair or replace broken clasp	65	D6930	Recent fixed partial denture	31
D5640	Replace broken teeth - per tooth	50	EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5650	Add tooth to existing partial denture	60	D7111	Extraction, coronal remnants - deciduous tooth	11
D5660	Add clasp to existing partial denture	60	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	28
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	228	SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	228	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	52
DENTURE REBASE PROCEDURES			D7220	Removal of impacted tooth - soft tissue	64
D5710	Rebase complete maxillary denture	130	D7230	Removal of impacted tooth - partially bony	86
D5711	Rebase complete mandibular denture	130	D7240	Removal of impacted tooth - completely bony	106
D5720	Rebase maxillary partial denture	115	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	121
D5721	Rebase mandibular partial denture	115	D7250	Surgical removal of residual tooth roots (cutting procedure)	50
DENTURE RELINE PROCEDURES			D7251	Coronectomy - intentional partial tooth removal	106
D5730	Reline complete maxillary denture (chairside)	60	OTHER SURGICAL PROCEDURES		
D5731	Reline complete mandibular denture (chairside)	60	D7280	Surgical access of an unerupted tooth	102
D5740	Reline maxillary partial denture (chairside)	60	D7283	Placement of device to facilitate eruption of impacted tooth	25
D5741	Reline mandibular partial denture (chairside)	60	D7288	Brush biopsy - transepithelial sample collection	45
D5750	Reline complete maxillary denture (laboratory)	85	ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D5751	Reline complete mandibular denture (laboratory)	85	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	49
D5760	Reline maxillary partial denture (laboratory)	85	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60
D5761	Reline mandibular partial denture (laboratory)	85	D7321	Alveoloplasty not in conjunction with extractions -	

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	one to three teeth or tooth spaces, per quadrant	24		or physician	28
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			PROFESSIONAL VISITS		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	76	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
OTHER REPAIR PROCEDURES			D9440	Office visit, after regularly scheduled hours	54
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	100	MISCELLANEOUS SERVICES		
D7963	Frenuloplasty	50	★	Broken appointment per 15 minutes (without 24-hour notice)	11
LIMITED ORTHODONTIC TREATMENT			FOOTNOTES		
D8010	Limited orthodontic treatment of the primary dentition	750	†	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.	
D8020	Limited orthodontic treatment of the transitional dentition	750	★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D8030	Limited orthodontic treatment of the adolescent dentition	750	◆	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.	
D8040	Limited orthodontic treatment of the adult dentition	750			
INTERCEPTIVE ORTHODONTIC TREATMENT					
D8050	Interceptive orthodontic treatment of the primary dentition	900			
D8060	Interceptive orthodontic treatment of the transitional dentition	900			
COMPREHENSIVE ORTHODONTIC TREATMENT					
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			
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	Removable appliance therapy	375			
D8220	Fixed appliance therapy	375			
OTHER ORTHODONTIC SERVICES					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	275			
†	Orthodontic records fee	250			
UNCLASSIFIED TREATMENT					
D9110	Palliative (emergency) treatment of dental pain -				
PROFESSIONAL CONSULTATION					
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist minor procedure	26			