

### 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>			<b>OTHER PREVENTIVE SERVICES</b>		
D0120	Periodic oral evaluation - established patient	0	D1330	Oral hygiene instructions	0
D0140	Limited oral evaluation - problem focused	0	D1351	Sealant - per tooth	4
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	0	<b>SPACE MAINTENANCE</b>		
D0150	Comprehensive oral evaluation - new or established patient	0	<b>(passive appliances)</b>		
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	D1510	Space maintainer - fixed - unilateral	30
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D1515	Space maintainer - fixed - bilateral	47
D0180	Comprehensive periodontal evaluation - new or established patient	0	D1520	Space maintainer - removable - unilateral	41
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING</b>			D1525	Space maintainer - removable - bilateral	50
<b>(including interpretation)</b>			D1555	Removal of fixed space maintainer	0
D0210	Intraoral - complete series (including bitewings)	0	<b>AMALGAM RESTORATIONS</b>		
D0220	Intraoral - periapical first film	0	<b>(including polishing)</b>		
D0230	Intraoral - periapical each additional film	0	D2140	Amalgam - one surface, primary or permanent	9
D0240	Intraoral - occlusal film	0	D2150	Amalgam - two surfaces, primary or permanent	12
D0270	Bitewing - single film	0	D2160	Amalgam - three surfaces, primary or permanent	14
D0273	Bitewings - three films	0	D2161	Amalgam - four or more surfaces, primary or permanent	17
D0272	Bitewings - two films	0	<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
D0274	Bitewings - four films	0	D2330	Resin-based composite - one surface, anterior	11
D0277	Vertical bitewings - 7 to 8 films	0	D2331	Resin-based composite - two surfaces, anterior	15
D0330	Panoramic film	0	D2332	Resin-based composite - three surfaces, anterior	18
D0340	Cephalometric film	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	19
<b>TESTS AND EXAMINATIONS</b>			<b>INLAY/ONLAY RESTORATIONS</b>		
D0460	Pulp vitality tests	0	D2510	Inlay - metallic - one surface	203 ♦
D0470	Diagnostic casts	0	D2520	Inlay - metallic - two surfaces	219 ♦
<b>DENTAL PROPHYLAXIS</b>			D2530	Inlay - metallic - three or more surfaces	243 ♦
D1110	Prophylaxis - adult	0	D2542	Onlay - metallic - two surfaces	284 ♦
D1120	Prophylaxis - child	0	D2543	Onlay - metallic - three surfaces	302 ♦
<b>TOPICAL FLUORIDE TREATMENT</b>			D2544	Onlay - metallic - four or more surfaces	320 ♦
<b>(office procedure)</b>			<b>CROWNS - SINGLE RESTORATIONS ONLY</b>		
D1203	Topical application of fluoride (prophylaxis not included) - child	0	D2710	Crown - resin-based composite (indirect)	89
D1204	Topical application of fluoride (prophylaxis not included) - adult	0	D2712	Crown - 3/4 resin-based composite (indirect)	89
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	0	D2740	Crown - porcelain/ceramic substrate	299
			D2750	Crown - porcelain fused to high noble metal	288 ♦

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D2751	Crown - porcelain fused to predominantly base metal	254	D3347	Retreatment of previous root canal therapy - bicuspid	99
D2752	Crown - porcelain fused to noble metal	276 ♦	D3348	Retreatment of previous root canal therapy - molar	260
D2780	Crown - 3/4 cast high noble metal	295 ♦	<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D2781	Crown - 3/4 cast predominantly base metal	295	D3410	Apicoectomy/periradicular surgery - anterior	100
D2782	Crown - 3/4 cast noble metal	295 ♦	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	168
D2783	Crown - 3/4 porcelain/ceramic	295	D3425	Apicoectomy/periradicular surgery - molar (first root)	180
D2790	Crown - full cast high noble metal	281 ♦	D3426	Apicoectomy/periradicular surgery (each additional root)	63
D2791	Crown - full cast predominantly base metal	254	D3450	Root amputation - per root	92
D2792	Crown - full cast noble metal	264 ♦	<b>OTHER ENDODONTIC PROCEDURES</b>		
D2794	Crown - titanium	254	D3920	Hemisection (including any root removal), not including root canal therapy	77
D2799	Provisional crown	22	D3950	Canal preparation and fitting of preformed dowel or post	0
<b>OTHER RESTORATIVE SERVICES</b>			<b>SURGICAL SERVICES</b> (including usual postoperative care)		
D2910	Recement inlay, onlay, or partial coverage restoration	9	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	63
D2915	Recement cast or prefabricated post and core	9	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	25
D2920	Recement crown	9	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	89
D2930	Prefabricated stainless steel crown - primary tooth	25	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	36
D2931	Prefabricated stainless steel crown - permanent tooth	26	D4245	Apically positioned flap	119
D2940	Sedative filling	0	D4249	Clinical crown lengthening - hard tissue	149
D2950	Core buildup, including any pins	24	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	179
D2951	Pin retention - per tooth, in addition to restoration	4	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	72
D2952	Post and core in addition to crown, indirectly fabricated	78	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	108
D2953	Each additional indirectly fabricated post - same tooth	40	<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D2954	Prefabricated post and core in addition to crown	30	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	32
D2957	Each additional prefabricated post - same tooth	15	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	8
D2970	Temporary crown (fractured tooth)	64	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	13
D2971	Additional procedures to construct new crown under existing partial denture framework	25	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
<b>PULP CAPPING</b>			<b>OTHER PERIODONTAL SERVICES</b>		
D3110	Pulp cap - direct (excluding final restoration)	0	D4910	Periodontal maintenance	23
D3120	Pulp cap - indirect (excluding final restoration)	0	<b>COMPLETE DENTURES</b> (including routine post-delivery care)		
<b>PULPOTOMY</b>			D5110	Complete denture - maxillary	294
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	13	D5120	Complete denture - mandibular	294
D3221	Pulpal debridement, primary and permanent teeth	13	<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
<b>ENDODONTIC THERAPY</b> (including treatment plan, clinical procedures and follow-up care)			D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	20
D3310	Anterior (excluding final restoration)	62	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	25
D3320	Bicuspid (excluding final restoration)	75	<b>ENDODONTIC THERAPY</b> (including treatment plan, clinical procedures and follow-up care)		
D3330	Molar (excluding final restoration)	158	D3310	Anterior (excluding final restoration)	62
<b>ENDODONTIC RETREATMENT</b>			D3320	Bicuspid (excluding final restoration)	75
D3346	Retreatment of previous root canal therapy - anterior	54	D3330	Molar (excluding final restoration)	158

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D5130	Immediate denture - maxillary	328	<b>FIXED PARTIAL DENTURE PONTICS</b>		
D5140	Immediate denture - mandibular	328	D6205	Pontic - indirect resin based composite	249
<b>PARTIAL DENTURES</b> (including routine post-delivery care)			D6210	Pontic - cast high noble metal	284 ♦
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	255	D6211	Pontic - cast predominantly base metal	260
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	306	D6212	Pontic - cast noble metal	273 ♦
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	345	D6214	Pontic - titanium	260
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	345	D6240	Pontic - porcelain fused to high noble metal	286 ♦
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	397	D6241	Pontic - porcelain fused to predominantly base metal	249
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	397	D6242	Pontic - porcelain fused to noble metal	274 ♦
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	212	D6245	Pontic - porcelain/ceramic	249
<b>ADJUSTMENTS TO DENTURES</b>			<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>		
D5410	Adjust complete denture - maxillary	8	D6610	Onlay - cast high noble metal, two surfaces	284 ♦
D5411	Adjust complete denture - mandibular	8	D6612	Onlay - cast predominantly base metal, two surfaces	284
D5421	Adjust partial denture - maxillary	8	D6614	Onlay - cast noble metal, two surfaces	284 ♦
D5422	Adjust partial denture - mandibular	8	<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		
<b>REPAIRS TO COMPLETE DENTURES</b>			D6710	Crown - indirect resin based composite	254
D5510	Repair broken complete denture base	15	D6740	Crown - porcelain/ceramic	254
D5520	Replace missing or broken teeth - complete denture (each tooth)	13	D6750	Crown - porcelain fused to high noble metal	288 ♦
<b>REPAIRS TO PARTIAL DENTURES</b>			D6751	Crown - porcelain fused to predominantly base metal	254
D5610	Repair resin denture base	15	D6752	Crown - porcelain fused to noble metal	276 ♦
D5620	Repair cast framework	16	D6780	Crown - 3/4 cast high noble metal	282 ♦
D5630	Repair or replace broken clasp	18	D6781	Crown - 3/4 cast predominantly base metal	282
D5640	Replace broken teeth - per tooth	13	D6782	Crown - 3/4 cast noble metal	282 ♦
D5650	Add tooth to existing partial denture	16	D6783	Crown - 3/4 porcelain/ceramic	282
D5660	Add clasp to existing partial denture	19	D6790	Crown - full cast high noble metal	286 ♦
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	224	D6791	Crown - full cast predominantly base metal	253
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	224	D6792	Crown - full cast noble metal	280 ♦
<b>DENTURE REBASE PROCEDURES</b>			D6794	Crown - titanium	253
D5710	Rebase complete maxillary denture	51	<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D5711	Rebase complete mandibular denture	51	D6930	Recement fixed partial denture	27
D5720	Rebase maxillary partial denture	50	D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	37
D5721	Rebase mandibular partial denture	50	D6972	Prefabricated post and core in addition to fixed partial denture retainer	32
<b>DENTURE RELINE PROCEDURES</b>			D6973	Core build up for retainer, including any pins	26
D5730	Reline complete maxillary denture (chairside)	30	D6976	Each additional indirectly fabricated post - same tooth	19
D5731	Reline complete mandibular denture (chairside)	30	D6977	Each additional prefabricated post - same tooth	7
D5740	Reline maxillary partial denture (chairside)	28	<b>EXTRACTIONS</b> (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5741	Reline mandibular partial denture (chairside)	28	D7111	Extraction, coronal remnants - deciduous tooth	5
D5750	Reline complete maxillary denture (laboratory)	43	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	12
D5751	Reline complete mandibular denture (laboratory)	43	<b>SURGICAL EXTRACTIONS</b> (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5760	Reline maxillary partial denture (laboratory)	40	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	46
D5761	Reline mandibular partial denture (laboratory)	40	D7220	Removal of impacted tooth - soft tissue	65
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>			D7230	Removal of impacted tooth - partially bony	89
D5850	Tissue conditioning, maxillary	30	D7240	Removal of impacted tooth - completely bony	104
D5851	Tissue conditioning, mandibular	30	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	109
			D7250	Surgical removal of residual tooth roots (cutting procedure)	46

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<b>OTHER SURGICAL PROCEDURES</b>			<b>PROFESSIONAL CONSULTATION</b>		
D7280	Surgical access of an unerupted tooth	87	D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	16
D7283	Placement of device to facilitate eruption of impacted tooth	22	<b>PROFESSIONAL VISITS</b>		
D7288	Brush biopsy - transepithelial sample collection	45	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
<b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>			<b>MISCELLANEOUS SERVICES</b>		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	42	★	Broken appointment per 15 minutes (without 24-hour notice)	15
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	53	<b>FOOTNOTES</b>		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21	★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
<b>OTHER REPAIR PROCEDURES</b>			◆	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.	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	81			
D7963	Frenuloplasty	41			
<b>LIMITED ORTHODONTIC TREATMENT</b>					
D8010	Limited orthodontic treatment of the primary dentition	440			
D8020	Limited orthodontic treatment of the transitional dentition	554			
D8030	Limited orthodontic treatment of the adolescent dentition	785			
D8040	Limited orthodontic treatment of the adult dentition	667			
<b>INTERCEPTIVE ORTHODONTIC TREATMENT</b>					
D8050	Interceptive orthodontic treatment of the primary dentition	646			
D8060	Interceptive orthodontic treatment of the transitional dentition	896			
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>					
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,293			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,467			
D8090	Comprehensive orthodontic treatment of the adult dentition	2,530			
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>					
D8210	Removable appliance therapy	288			
D8220	Fixed appliance therapy	301			
<b>OTHER ORTHODONTIC SERVICES</b>					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	215			
<b>UNCLASSIFIED TREATMENT</b>					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	0			