

**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.
- ▶ Copayments for Basic Services (procedures listed on this schedule from D0120 - D1353) will not exceed 50% of the reimbursement amount paid to providers.
- ▶ 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](http://www.UnitedConcordia.com).

ADA Code	ADA Description	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>		
D0120	Periodic Oral Evaluation - Established Patient	0
D0140	Limited Oral Evaluation - Problem Focused	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0171	Re-Evaluation - Post-Operative Office Visit	0
D0180	Comprehensive Periodontal Evaluation	0
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>		
D0210	Intraoral - Complete Series Of Radiographic Images	0
D0220	Intraoral- Periapical First Radiographic Image	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0
D0240	Intraoral - Occlusal Radiographic Image	0
D0270	Bitewing - Single Radiographic Image	0
D0272	Bitewings - Two Radiographic Images	0
D0273	Bitewings - Three Radiographic Images	0
D0274	Bitewings - Four Radiographic Images	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0330	Panoramic Radiographic Image	0
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
<b>TESTS AND EXAMINATIONS</b>		
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
<b>ORAL PATHOLOGY LABORATORY</b>		

ADA Code	ADA Description	Member Pays \$
<b>ORAL PATHOLOGY LABORATORY</b>		
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis, Adult	0
D1120	Prophylaxis, Child	0
<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>		
D1206	Topical Application Of Fluoride Varnish	0
D1208	Topical Application Of Flouride - Excluding Varnish	0
<b>OTHER PREVENTIVE SERVICES</b>		
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	0
D1353	Sealant Repair - Per Tooth	0
D1354	Interim Caries Arresting Medicament Application - Per Tooth	15
<b>SPACE MAINTENANCE (passive appliances)</b>		
D1510	Space maintainer - fixed, unilateral - per quadrant	61
D1516	Space Maintainer - Fixed - bilateral, maxillary	88
D1517	Space Maintainer - Fixed - bilateral, mandibular	88
D1520	Space maintainer - removable, unilateral - per quadrant	77
D1526	Space Maintainer - Removable - bilateral, maxillary	99
D1527	Space Maintainer - Removable - bilateral, mandibular	99

ADA Code	ADA Description	Member Pays \$
<b>SPACE MAINTENANCE (passive appliances)</b>		
D1556	Removal of fixed unilateral space maintainer - per quadrant	22
D1557	Removal of fixed unilateral space maintainer - maxillary	22
D1558	Removal of fixed unilateral space maintainer - mandibular	22
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	61
<b>AMALGAM RESTORATIONS (including polishing)</b>		
D2140	Amalgam - One Surface, Primary Or Permanent	10
D2150	Amalgam - Two Surfaces, Primary Or Permanent	13
D2160	Amalgam - Three Surfaces, Primary Or Permanent	15
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	18
<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
D2330	Resin-Based Composite - One Surface, Anterior	12
D2331	Resin-Based Composite - Two Surfaces, Anterior	15
D2332	Resin-Based Composite - Three Surfaces, Anterior	19
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	23
<b>INLAY/ONLAY RESTORATIONS</b>		
D2510	Inlay - Metallic - One Surface	105 ◆
D2520	Inlay - Metallic - Two Surfaces	171 ◆
D2530	Inlay - Metallic - Three Or More Surfaces	187 ◆
D2542	Onlay - Metallic - Two Surfaces	206 ◆
D2543	Onlay - Metallic - Three Surfaces	218 ◆
D2544	Onlay - Metallic - Four Or More Surfaces	230 ◆
<b>CROWNS SINGLE RESTORATIONS ONLY</b>		
D2710	Crown-Resin-Based Composite (Indirect)	99
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	99
D2740	Crown, Porcelain/Ceramic	248
D2750	Crown, Porcelain Fused To High Noble Metal	248 ◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	235
D2752	Crown, Porcelain Fused To Noble Metal	243 ◆
D2753	Crown - porcelain fused to titanium and titanium alloys	243
D2780	Crown - 3/4 Cast High Noble Metal	242 ◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	242
D2782	Crown - 3/4 Cast Noble Metal	242 ◆
D2783	Crown - 3/4 Porcelain/Ceramic	242
D2790	Crown, Full Cast High Noble Metal	243 ◆
D2791	Crown - Full Cast Predominantly Base Metal	233
D2792	Crown, Full Cast Noble Metal	238 ◆
D2794	Crown - titanium and titanium alloys	235
<b>OTHER RESTORATIVE SERVICES</b>		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	11
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	11
D2920	Re-Cement Or Re-Bond Crown	11

ADA Code	ADA Description	Member Pays \$
<b>OTHER RESTORATIVE SERVICES</b>		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	24
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	24
D2940	Protective Restoration	0
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	26
D2951	Pin Retention - Per Tooth, In Addition To Restoration	12
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	55
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	28
D2954	Prefabricated Post And Core In Addition To Crown	50
D2955	Post Removal	0
D2957	Each Additional Prefabricated Post - Same Tooth	25
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	25
<b>PULP CAPPING</b>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
<b>PULPOTOMY</b>		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	15
D3221	Pulpal Debridement, Primary And Permanent Teeth	22
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	15
<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	31
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	37
<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow up care)</b>		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	110
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	132
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	275
<b>ENDODONTIC RETREATMENT</b>		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	132
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	165
D3348	Retreatment Of Previous Root Canal Therapy - Molar	275
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D3410	Apicoectomy - Anterior	168
D3421	Apicoectomy - Premolar (First Root)	193
D3425	Apicoectomy - Molar (First Root)	220
D3426	Apicoectomy (Each Additional Root)	47

ADA Code	ADA Description	Member Pays \$
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D3427	Periradicular Surgery Without Apicoectomy	220
D3450	Root Amputation - Per Root	119
<b>OTHER ENDODONTIC PROCEDURES</b>		
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	110
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0
<b>SURGICAL SERVICES (including usual postoperative care)</b>		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	121
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	48
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	158
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	64
D4249	Clinical Crown Lengthening-Hard Tissue	124
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	275
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	110
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	83
<b>NON SURGICAL PERIODONTAL SERVICES</b>		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	23
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	6
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	13
D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	33
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	37
<b>OTHER PERIODONTAL SERVICES</b>		
D4910	Periodontal Maintenance	13
D4921	Gingival Irrigation - Per Quadrant	25
<b>COMPLETE DENTURES (including routine post delivery care)</b>		
D5110	Complete Denture - Maxillary	352
D5120	Complete Denture - Mandibular	352
D5130	Immediate Denture - Maxillary	385
D5140	Immediate Denture - Mandibular	385
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	293

ADA Code	ADA Description	Member Pays \$
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	293
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	374
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	374
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	293
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	293
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	374
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	374
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	430
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	430
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	105
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	105
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	105
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	105
<b>ADJUSTMENTS TO DENTURES</b>		
D5410	Adjust Complete Denture - Maxillary	9
D5411	Adjust Complete Denture - Mandibular	9
D5421	Adjust Partial Denture - Maxillary	9
D5422	Adjust Partial Denture - Mandibular	9
<b>REPAIRS TO COMPLETE DENTURES</b>		
D5511	Repair Broken Complete Denture Base, Mandibular	14
D5512	Repair Broken Complete Denture Base, Maxillary	14
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	13
<b>REPAIRS TO PARTIAL DENTURES</b>		
D5611	Repair Resin Partial Denture Base, Mandibular	15
D5612	Repair Resin Partial Denture Base, Maxillary	15
D5621	Repair Cast Partial Framework, Mandibular	18
D5622	Repair Cast Partial Framework, Maxillary	18
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	18
D5640	Replace Broken Teeth-Per Tooth	14
D5650	Add Tooth To Existing Partial Denture	17

ADA Code	ADA Description	Member Pays \$
<b>REPAIRS TO PARTIAL DENTURES</b>		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	18
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	243
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	243

<b>DENTURE REBASE PROCEDURES</b>		
D5710	Rebase Complete Maxillary Denture	53
D5711	Rebase Complete Mandibular Denture	53
D5720	Rebase Maxillary Partial Denture	53
D5721	Rebase Mandibular Partial Denture	53

<b>DENTURE RELINE PROCEDURES</b>		
D5730	Reline Complete Maxillary Denture (Chairside)	32
D5731	Reline Complete Mandibular Denture (Chairside)	32
D5740	Reline Maxillary Partial Denture (Chairside)	29
D5741	Reline Mandibular Partial Denture (Chairside)	29
D5750	Reline Complete Maxillary Denture (Laboratory)	66
D5751	Reline Complete Mandibular Denture (Laboratory)	66
D5760	Reline Maxillary Partial Denture (Laboratory)	66
D5761	Reline Mandibular Partial Denture (Laboratory)	66

<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		
D5850	Tissue Conditioning, Maxillary	15
D5851	Tissue Conditioning, Mandibular	15
D5863	Overdenture - Complete Maxillary	352
D5864	Overdenture - Partial Maxillary	374
D5865	Overdenture - Complete Mandibular	352
D5866	Overdenture - Partial Mandibular	374

<b>FIXED PARTIAL DENTURE PONTICS</b>		
D6205	Pontic - Indirect Resin Based Composite	235
D6210	Pontic-Cast High Noble Metal	243 ◆
D6211	Pontic-Cast Predominantly Base Metal	233
D6212	Pontic-Cast Noble Metal	238 ◆
D6214	Pontic - titanium and titanium alloys	233
D6240	Pontic-Porcelain Fused To High Noble Metal	248 ◆
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	235
D6242	Pontic-Porcelain Fused To Noble Metal	243 ◆
D6243	Pontic - porcelain fused to titanium and titanium alloys	243
D6245	Pontic - Porcelain/Ceramic	235

<b>FIXED PARTIAL DENTURE RETAINERS CROWNS</b>		
D6710	Retainer Crown - Indirect Resin Based Composite	235
D6740	Retainer Crown - Porcelain/Ceramic	235
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	248 ◆
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	235
D6752	Retainer Crown, Porcelain Fused To Noble Metal	243 ◆
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	243
D6790	Retainer Crown, Full Cast High Noble Metal	243 ◆

ADA Code	ADA Description	Member Pays \$
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		
D6791	Retainer Crown, Full Cast Predominantly Base Metal	233
D6792	Retainer Crown, Full Cast Noble Metal	238 ◆
D6794	Retainer crown - titanium and titanium alloys	233

<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	22

<b>EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7111	Extraction, Coronal Remnants - Primary Tooth	7
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	18

<b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	54
D7220	Removal Of Impacted Tooth - Soft Tissue	72
D7230	Removal Of Impacted Tooth - Partially Bony	87
D7240	Removal Of Impacted Tooth - Completely Bony	109
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	109
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	68
D7251	Coronectomy-Intentional Partial Tooth Removal	109

<b>OTHER SURGICAL PROCEDURES</b>		
D7280	Exposure Of An Unerupted Tooth	86
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	21
D7288	Brush Biopsy - Transepithelial Sample Collection	45

<b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>		
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	50
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	65
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	26

<b>OTHER REPAIR PROCEDURES</b>		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	89
D7963	Frenuloplasty	46

<b>LIMITED ORTHODONTIC TREATMENT</b>		
D8010	Limited Orthodontic Treatment Of Primary Dentition	405
D8020	Limited Orthodontic Treatment Of Transitional Dentition	495
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	738
D8040	Limited Orthodontic Treatment Of The Adult Dentition	630

<b>INTERCEPTIVE ORTHODONTIC TREATMENT</b>		
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	600

ADA Code	ADA Description	Member Pays \$
<b>INTERCEPTIVE ORTHODONTIC TREATMENT</b>		
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	810
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	1800
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	2070
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2280
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>		
D8210	Removable Appliance Therapy For Control Of Harmful Habits	264
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	285
<b>OTHER ORTHODONTIC SERVICES</b>		
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	240
<b>UNCLASSIFIED TREATMENT</b>		
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	22
<b>PROFESSIONAL CONSULTATION</b>		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	22
D9311	Consultation With A Medical Health Care Professional	0
<b>PROFESSIONAL VISITS</b>		
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
<b>MISCELLANEOUS SERVICES</b>		
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
D9986	Missed Appointment	22
D9987	Cancelled appointment	22
D9990	Certified translation or sign-language services - per visit	0
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0
D9992	Dental Case Management - Care Coordination	0
D9993	Dental Case Management - Motivational Interviewing	0
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0
D9995	Teledentistry - Synchronous; Real-Time Encounter	0
D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0
D9997	Dental care management - patients with special health care needs	0
<b>FOOTNOTES</b>		

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<b>FOOTNOTES</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.