

**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](http://www.UnitedConcordia.com).

ADA Code	ADA Description	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>		
D0120	Periodic Oral Evaluation - Established Patient	5
D0140	Limited Oral Evaluation - Problem Focused	5
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	5
D0150	Comprehensive Oral Evaluation - New Or Established Patient	5
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	5
D0171	Re-Evaluation - Post-Operative Office Visit	0
D0180	Comprehensive Periodontal Evaluation	5
<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>		
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

ADA Code	ADA Description	Member Pays \$
<b>ORAL PATHOLOGY LABORATORY</b>		
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 Fluoride - 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 (Tooth Numbers Or Tooth Area Required)	69
D1515	Space Maintainer - Fixed, Bilateral	108
D1520	Space Maintainer - Removable, Unilateral	86
D1525	Space Maintainer - Removable, Bilateral	122
D1550	Re-Cement Or Re-Bond Space Maintainer	12
D1555	Removal Of Fixed Space Maintainer	26
D1575	Distal shoe space maintainers - fixed - unilateral	69
<b>AMALGAM RESTORATIONS (including polishing)</b>		
D2140	Amalgam - One Surface, Primary Or Permanent	9
D2150	Amalgam - Two Surfaces, Primary Or Permanent	12
D2160	Amalgam - Three Surfaces, Primary Or Permanent	15
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	17

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<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
D2330	Resin-Based Composite - One Surface, Anterior	20
D2331	Resin-Based Composite - Two Surfaces, Anterior	30
D2332	Resin-Based Composite - Three Surfaces, Anterior	35
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	42
D2391	Resin-Based Composite - One Surface, Posterior	45
D2392	Resin-Based Composite - Two Surfaces, Posterior	75
D2393	Resin-Based Composite - Three Surfaces, Posterior	88
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	100
<b>INLAY/ONLAY RESTORATIONS</b>		
D2510	Inlay - Metallic - One Surface	222 ◆
D2520	Inlay - Metallic - Two Surfaces	248 ◆
D2530	Inlay - Metallic - Three Or More Surfaces	307 ◆
D2542	Onlay - Metallic-Two Surfaces	282 ◆
D2543	Onlay - Metallic - Three Surfaces	330 ◆
D2544	Onlay - Metallic - Four Or More Surfaces	363 ◆
<b>CROWNS - SINGLE RESTORATIONS ONLY</b>		
D2710	Crown-Resin-Based Composite (Indirect)	119
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	119
D2740	Crown, Porcelain/Ceramic	450
D2750	Crown, Porcelain Fused To High Noble Metal	420 ◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	400
D2752	Crown, Porcelain Fused To Noble Metal	410 ◆
D2790	Crown, Full Cast High Noble Metal	420 ◆
D2791	Crown - Full Cast Predominantly Base Metal	400
D2792	Crown, Full Cast Noble Metal	410 ◆
D2794	Crown-Titanium	400
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	97
<b>OTHER RESTORATIVE SERVICES</b>		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	23
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	25
D2920	Re-Cement Or Re-Bond Crown	25
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	81
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	97
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	75
D2951	Pin Retention - Per Tooth, In Addition To Restoration	13
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	120
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	62
D2954	Prefabricated Post And Core In Addition To Crown	85

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<b>OTHER RESTORATIVE SERVICES</b>		
D2957	Each Additional Prefabricated Post - Same Tooth	44
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)	52
D3221	Pulpal Debridement, Primary And Permanent Teeth	26
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	52
<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	104
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	123
<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)</b>		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	200
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	250
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	335
<b>ENDODONTIC RETREATMENT</b>		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	295
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	340
D3348	Retreatment Of Previous Root Canal Therapy - Molar	428
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D3410	Apicoectomy - Anterior	220
D3421	Apicoectomy - Premolar (First Root)	240
D3425	Apicoectomy - Molar (First Root)	240
D3426	Apicoectomy (Each Additional Root)	97
D3427	Periradicular Surgery Without Apicoectomy	240
D3430	Retrograde Filling - Per Root	0
D3450	Root Amputation - Per Root	143
<b>OTHER ENDODONTIC PROCEDURES</b>		
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	130
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	207
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	65
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0

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<b>SURGICAL SERVICES (including usual postoperative care)</b>			<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	188	D5222	Immediate Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	300
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	75	D5223	Immediate Maxillary Partial Denture - Case Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	425
D4249	Clinical Crown Lengthening-Hard Tissue	259	D5224	Immediate Mandibular Partial Denture - Case Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	425
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	360	D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	489
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	144	D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	489
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	130	D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps	195
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	120	<b>ADJUSTMENTS TO DENTURES</b>		
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	225	D5410	Adjust Complete Denture - Maxillary	24
<b>NON-SURGICAL PERIODONTAL SERVICES</b>			D5411	Adjust Complete Denture - Mandibular	24
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	75	D5421	Adjust Partial Denture - Maxillary	24
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	19	D5422	Adjust Partial Denture - Mandibular	24
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	58	<b>REPAIRS TO COMPLETE DENTURES</b>		
D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	45	D5511	Repair Broken Complete Denture Base, Mandibular	60
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100	D5512	Repair Broken Complete Denture Base, Maxillary	60
<b>OTHER PERIODONTAL SERVICES</b>			D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	50
D4910	Periodontal Maintenance	58	<b>REPAIRS TO PARTIAL DENTURES</b>		
D4921	Gingival Irrigation - Per Quadrant	25	D5611	Repair Resin Partial Denture Base, Mandibular	60
<b>COMPLETE DENTURES (including routine post delivery care)</b>			D5612	Repair Resin Partial Denture Base, Maxillary	60
D5110	Complete Denture - Maxillary	375	D5621	Repair Cast Partial Framework, Mandibular	75
D5120	Complete Denture - Mandibular	375	D5622	Repair Cast Partial Framework, Maxillary	75
D5130	Immediate Denture - Maxillary	400	D5630	Repair Or Replace Broken Clasp - Per Tooth	75
D5140	Immediate Denture - Mandibular	400	D5640	Replace Broken Teeth-Per Tooth	60
<b>PARTIAL DENTURES (including routine post-delivery care)</b>			D5650	Add Tooth To Existing Partial Denture	75
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	300	D5660	Add Clasp To Existing Partial Denture - Per Tooth	75
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	300	D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	276
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	425	D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	276
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rest And Teeth)	425	<b>DENTURE REBASE PROCEDURES</b>		
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	300	D5710	Rebase Complete Maxillary Denture	155
			D5711	Rebase Complete Mandibular Denture	155
			D5720	Rebase Maxillary Partial Denture	140
			D5721	Rebase Mandibular Partial Denture	140
			<b>DENTURE RELINE PROCEDURES</b>		
			D5730	Reline Complete Maxillary Denture (Chairside)	90
			D5731	Reline Complete Mandibular Denture (Chairside)	90
			D5740	Reline Maxillary Partial Denture (Chairside)	80
			D5741	Reline Mandibular Partial Denture (Chairside)	80
			D5750	Reline Complete Maxillary Denture (Laboratory)	130
			D5751	Reline Complete Mandibular Denture (Laboratory)	130

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<b>DENTURE RELINE PROCEDURES</b>		
D5760	Reline Maxillary Partial Denture (Laboratory)	130
D5761	Reline Mandibular Partial Denture (Laboratory)	130
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		
D5850	Tissue Conditioning, Maxillary	55
D5851	Tissue Conditioning, Mandibular	55
D5863	Overdenture - Complete Maxillary	375
D5864	Overdenture - Partial Maxillary	425
D5865	Overdenture - Complete Mandibular	375
D5866	Overdenture - Partial Mandibular	425
<b>FIXED PARTIAL DENTURE PONTICS</b>		
D6205	Pontic - Indirect Resin Based Composite	475
D6210	Pontic-Cast High Noble Metal	420 ◆
D6211	Pontic-Cast Predominantly Base Metal	400
D6212	Pontic-Cast Noble Metal	410 ◆
D6214	Pontic - Titanium	400
D6240	Pontic-Porcelain Fused To High Noble Metal	420 ◆
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	400
D6242	Pontic-Porcelain Fused To Noble Metal	410 ◆
D6245	Pontic - Porcelain/Ceramic	475
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		
D6710	Retainer Crown - Indirect Resin Based Composite	475
D6740	Retainer Crown - Porcelain/Ceramic	475
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	420 ◆
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	400
D6752	Retainer Crown, Porcelain Fused To Noble Metal	410 ◆
D6790	Retainer Crown, Full Cast High Noble Metal	420 ◆
D6791	Retainer Crown, Full Cast Predominantly Base Metal	400
D6792	Retainer Crown, Full Cast Noble Metal	410 ◆
D6794	Retainer Crown - Titanium	400
<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	42
<b>EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7111	Extraction, Coronal Remnants - Primary Tooth	14
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	35
<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	60
D7220	Removal Of Impacted Tooth - Soft Tissue	78
D7230	Removal Of Impacted Tooth - Partially Bony	100
D7240	Removal Of Impacted Tooth - Completely Bony	130
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	151
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	76

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<b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7251	Coronectomy-Intentional Partial Tooth Removal	130
<b>OTHER SURGICAL PROCEDURES</b>		
D7280	Exposure Of An Unerupted Tooth	121
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	30
D7288	Brush Biopsy - Transepithelial Sample Collection	45
<b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	60
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	76
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	30
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	81
<b>OTHER REPAIR PROCEDURES</b>		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	108
D7963	Frenuloplasty	54
<b>LIMITED ORTHODONTIC TREATMENT</b>		
D8010	Limited Orthodontic Treatment Of Primary Dentition	750
D8020	Limited Orthodontic Treatment Of Transitional Dentition	750
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	750
D8040	Limited Orthodontic Treatment Of The Adult Dentition	750
<b>INTERCEPTIVE ORTHODONTIC TREATMENT</b>		
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	900
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	900
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	2900
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	2900
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2900
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>		
D8210	Removable Appliance Therapy For Control Of Harmful Habits	375
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	375
<b>OTHER ORTHODONTIC SERVICES</b>		
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	275
⊕	Orthodontic Records Fee	250
<b>UNCLASSIFIED TREATMENT</b>		

ADA Code	ADA Description	Member Pays \$
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**UNCLASSIFIED TREATMENT**

D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	26
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**PROFESSIONAL CONSULTATION**

D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	43
D9311	Consultation With A Medical Health Care Professional	0

**PROFESSIONAL VISITS**

D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9440	Office Visit After Regularly Scheduled Hours	54

**MISCELLANEOUS SERVICES**

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	11
D9987	Cancelled appointment	11
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

**FOOTNOTES**

◆ 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.

⊕ 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.