

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			D1351	Sealant - per tooth	0
D0120	Periodic oral evaluation - established patient	5	SPACE MAINTENANCE		
D0140	Limited oral evaluation - problem focused	5	(passive appliances)		
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	5	D1510	Space maintainer - fixed - unilateral	35
D0150	Comprehensive oral evaluation - new or established patient	5	D1515	Space maintainer - fixed - bilateral	54
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	5	D1520	Space maintainer - removable - unilateral	43
D0180	Comprehensive periodontal evaluation - new or established patient	5	D1525	Space maintainer - removable - bilateral	86
RADIOGRAPHS/DIAGNOSTIC IMAGING			D1550	Re-cementation of space maintainer	6
(including interpretation)			D1555	Removal of fixed space maintainer	26
D0210	Intraoral - complete series (including bitewings)	0	AMALGAM RESTORATIONS		
D0220	Intraoral - periapical first film	0	(including polishing)		
D0230	Intraoral - periapical each additional film	0	D2140	Amalgam - one surface, primary or permanent	0
D0240	Intraoral - occlusal film	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0270	Bitewing - single film	0	D2160	Amalgam - three surfaces, primary or permanent	0
D0272	Bitewings - two films	0	D2161	Amalgam - four or more surfaces, primary or permanent	0
D0273	Bitewings - three films	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0274	Bitewings - four films	0	D2330	Resin-based composite - one surface, anterior	0
D0277	Vertical bitewings - 7 to 8 films	0	D2331	Resin-based composite - two surfaces, anterior	0
D0330	Panoramic film	0	D2332	Resin-based composite - three surfaces, anterior	0
D0340	Cephalometric film	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
TESTS AND EXAMINATIONS			D2391	Resin-based composite - one surface, posterior	40
D0460	Pulp vitality tests	0	D2392	Resin-based composite - two surfaces, posterior	65
D0470	Diagnostic casts	0	D2393	Resin-based composite - three surfaces, posterior	80
DENTAL PROPHYLAXIS			D2394	Resin-based composite - four or more surfaces, posterior	85
D1110	Prophylaxis - adult	0	INLAY/ONLAY RESTORATIONS		
D1120	Prophylaxis - child	0	D2510	Inlay - metallic - one surface	186 ♦
TOPICAL FLUORIDE TREATMENT			D2520	Inlay - metallic - two surfaces	207 ♦
(office procedure)			D2530	Inlay - metallic - three or more surfaces	256 ♦
D1203	Topical application of fluoride (prophylaxis not included) - child	0	D2542	Onlay - metallic - two surfaces	235 ♦
D1204	Topical application of fluoride (prophylaxis not included) - adult	0	D2543	Onlay - metallic - three surfaces	275 ♦
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	0	D2544	Onlay - metallic - four or more surfaces	302 ♦
OTHER PREVENTIVE SERVICES					
D1330	Oral hygiene instructions	0			

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CROWNS - SINGLE RESTORATIONS ONLY			D3348	Retreatment of previous root canal therapy - molar	313
D2710	Crown - resin-based composite (indirect)	80	APICOECTOMY/PERIRADICULAR SERVICES		
D2712	Crown - 3/4 resin-based composite (indirect)	80	D3410	Apicoectomy/periradicular surgery - anterior	147
D2740	Crown - porcelain/ceramic substrate	400	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	144
D2750	Crown - porcelain fused to high noble metal	350 ◆	D3425	Apicoectomy/periradicular surgery - molar (first root)	144
D2751	Crown - porcelain fused to predominantly base metal	320	D3426	Apicoectomy/periradicular surgery (each additional root)	65
D2752	Crown - porcelain fused to noble metal	330 ◆	D3430	Retrograde filling - per root	0
D2790	Crown - full cast high noble metal	350 ◆	D3450	Root amputation - per root	81
D2791	Crown - full cast predominantly base metal	320	OTHER ENDODONTIC PROCEDURES		
D2792	Crown - full cast noble metal	330 ◆	D3920	Hemisection (including any root removal), not including root canal therapy	76
D2794	Crown - titanium	320	D3950	Canal preparation and fitting of preformed dowel or post	0
D2799	Provisional crown	66	SURGICAL SERVICES (including usual postoperative care)		
OTHER RESTORATIVE SERVICES			D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	173
D2910	Recement inlay, onlay, or partial coverage restoration	12	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	54
D2915	Recement cast or prefabricated post and core	13	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	162
D2920	Recement crown	13	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	65
D2930	Prefabricated stainless steel crown - primary tooth	52	D4249	Clinical crown lengthening - hard tissue	216
D2931	Prefabricated stainless steel crown - permanent tooth	60	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	260
D2950	Core buildup, including any pins	58	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	104
D2951	Pin retention - per tooth, in addition to restoration	10	D4263	Bone replacement graft - first site in quadrant	86
D2952	Post and core in addition to crown, indirectly fabricated	81	D4264	Bone replacement graft - each additional site in quadrant	82
D2953	Each additional indirectly fabricated post - same tooth	41	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	156
D2954	Prefabricated post and core in addition to crown	79	NON-SURGICAL PERIODONTAL SERVICES		
D2957	Each additional prefabricated post - same tooth	40	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	65
D2970	Temporary crown (fractured tooth)	80	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	16
D2971	Additional procedures to construct new crown under existing partial denture framework	25	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35
PULP CAPPING			D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
D3110	Pulp cap - direct (excluding final restoration)	0	OTHER PERIODONTAL SERVICES		
D3120	Pulp cap - indirect (excluding final restoration)	0	D4910	Periodontal maintenance	40
PULPOTOMY			COMPLETE DENTURES (including routine post-delivery care)		
D3220	Therapeutic pulpotomy (excluding final restoration)	35	D5110	Complete denture - maxillary	325
D3221	Pulpal debridement, primary and permanent teeth	26	D5120	Complete denture - mandibular	325
ENDODONTIC THERAPY ON PRIMARY TEETH					
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60			
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	72			
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)					
D3310	Anterior (excluding final restoration)	165			
D3320	Bicuspid (excluding final restoration)	200			
D3330	Molar (excluding final restoration)	273			
ENDODONTIC RETREATMENT					
D3346	Retreatment of previous root canal therapy - anterior	200			
D3347	Retreatment of previous root canal therapy - bicuspid	241			

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D5130	Immediate denture - maxillary	350			
D5140	Immediate denture - mandibular	350			
PARTIAL DENTURES (including routine post-delivery care)			FIXED PARTIAL DENTURE PONTICS		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	245	D6205	Pontic - indirect resin based composite	400
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	245	D6210	Pontic - cast high noble metal	350 ♦
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	D6211	Pontic - cast predominantly base metal	320
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	D6212	Pontic - cast noble metal	330 ♦
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	403	D6214	Pontic - titanium	320
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	403	D6240	Pontic - porcelain fused to high noble metal	350 ♦
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	145	D6241	Pontic - porcelain fused to predominantly base metal	320
ADJUSTMENTS TO DENTURES			D6242	Pontic - porcelain fused to noble metal	330 ♦
D5410	Adjust complete denture - maxillary	16	D6245	Pontic - porcelain/ceramic	400
D5411	Adjust complete denture - mandibular	16	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5421	Adjust partial denture - maxillary	16	D6710	Crown - indirect resin based composite	400
D5422	Adjust partial denture - mandibular	16	D6740	Crown - porcelain/ceramic	400
REPAIRS TO COMPLETE DENTURES			D6750	Crown - porcelain fused to high noble metal	350 ♦
D5510	Repair broken complete denture base	50	D6751	Crown - porcelain fused to predominantly base metal	320
D5520	Replace missing or broken teeth - complete denture (each tooth)	45	D6752	Crown - porcelain fused to noble metal	330 ♦
REPAIRS TO PARTIAL DENTURES			D6790	Crown - full cast high noble metal	350 ♦
D5610	Repair resin denture base	50	D6791	Crown - full cast predominantly base metal	320
D5620	Repair cast framework	65	D6792	Crown - full cast noble metal	330 ♦
D5630	Repair or replace broken clasp	65	D6794	Crown - titanium	320
D5640	Replace broken teeth - per tooth	50	OTHER FIXED PARTIAL DENTURE SERVICES		
D5650	Add tooth to existing partial denture	60	D6930	Recement fixed partial denture	31
D5660	Add clasp to existing partial denture	60	D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	92
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	228	D6972	Prefabricated post and core in addition to fixed partial denture retainer	62
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	228	D6973	Core build up for retainer, including any pins	71
DENTURE REBASE PROCEDURES			D6976	Each additional indirectly fabricated post - same tooth	21
D5710	Rebase complete maxillary denture	130	D6977	Each additional prefabricated post - same tooth	31
D5711	Rebase complete mandibular denture	130	EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5720	Rebase maxillary partial denture	115	D7111	Extraction, coronal remnants - deciduous tooth	11
D5721	Rebase mandibular partial denture	115	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	28
DENTURE RELINE PROCEDURES			SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5730	Reline complete maxillary denture (chairside)	60	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	52
D5731	Reline complete mandibular denture (chairside)	60	D7220	Removal of impacted tooth - soft tissue	64
D5740	Reline maxillary partial denture (chairside)	60	D7230	Removal of impacted tooth - partially bony	86
D5741	Reline mandibular partial denture (chairside)	60	D7240	Removal of impacted tooth - completely bony	106
D5750	Reline complete maxillary denture (laboratory)	85	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	121
D5751	Reline complete mandibular denture (laboratory)	85	D7250	Surgical removal of residual tooth roots (cutting procedure)	50
D5760	Reline maxillary partial denture (laboratory)	85	OTHER SURGICAL PROCEDURES		
D5761	Reline mandibular partial denture (laboratory)	85	D7280	Surgical access of an unerupted tooth	102
OTHER REMOVABLE PROSTHETIC SERVICES			D7283	Placement of device to facilitate eruption of impacted tooth	25
D5850	Tissue conditioning, maxillary	40	D7288	Brush biopsy - transepithelial sample collection	45
D5851	Tissue conditioning, mandibular	40	ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
			D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	49

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D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60	PROFESSIONAL VISITS		
D7321	Aleveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	24	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			D9440	Office visit, after regularly scheduled hours	54
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	76	MISCELLANEOUS SERVICES		
OTHER REPAIR PROCEDURES			★	Broken appointment per 15 minutes (without 24-hour notice)	11
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	100	FOOTNOTES		
D7963	Frenuloplasty	50	†	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.	
LIMITED ORTHODONTIC TREATMENT			★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D8010	Limited orthodontic treatment of the primary 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.	
D8020	Limited orthodontic treatment of the transitional dentition	750			
D8030	Limited orthodontic treatment of the adolescent dentition	750			
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 - minor procedure	26			
PROFESSIONAL CONSULTATION					
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	28			