

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			OTHER PREVENTIVE SERVICES		
D0120	Periodic oral evaluation - established patient	0	D1330	Oral hygiene instructions	0
D0140	Limited oral evaluation - problem focused	0	D1351	Sealant - per tooth	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	SPACE MAINTENANCE (passive appliances)		
D0150	Comprehensive oral evaluation - new or established patient	0	D1510	Space maintainer - fixed - unilateral	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	D1515	Space maintainer - fixed - bilateral	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D1520	Space maintainer - removable - unilateral	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	D1525	Space maintainer - removable - bilateral	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D1555	Removal of fixed space maintainer	0
D0210	Intraoral - complete series (including bitewings)	0	AMALGAM RESTORATIONS (including polishing)		
D0220	Intraoral - periapical first film	0	D2140	Amalgam - one surface, primary or permanent	0
D0230	Intraoral - periapical each additional film	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0240	Intraoral - occlusal film	0	D2160	Amalgam - three surfaces, primary or permanent	0
D0270	Bitewing - single film	0	D2161	Amalgam - four or more surfaces, primary or permanent	0
D0272	Bitewings - two films	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0273	Bitewings - three films	0	D2330	Resin-based composite - one surface, anterior	0
D0274	Bitewings - four films	0	D2331	Resin-based composite - two surfaces, anterior	0
D0277	Vertical bitewings - 7 to 8 films	0	D2332	Resin-based composite - three surfaces, anterior	0
D0330	Panoramic film	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D0340	Cephalometric film	0	INLAY/ONLAY RESTORATIONS		
TESTS AND EXAMINATIONS			D2510	Inlay - metallic - one surface	215 ♦
D0460	Pulp vitality tests	0	D2520	Inlay - metallic - two surfaces	231 ♦
D0470	Diagnostic casts	0	D2530	Inlay - metallic - three or more surfaces	253 ♦
DENTAL PROPHYLAXIS			D2542	Onlay - metallic - two surfaces	293 ♦
D1110	Prophylaxis - adult	0	D2543	Onlay - metallic - three surfaces	310 ♦
D1120	Prophylaxis - child	0	D2544	Onlay - metallic - four or more surfaces	326 ♦
TOPICAL FLUORIDE TREATMENT (office procedure)			CROWNS - SINGLE RESTORATIONS ONLY		
D1203	Topical application of fluoride - child	0	D2710	Crown - resin-based composite (indirect)	107
D1204	Topical application of fluoride - adult	0	D2712	Crown - 3/4 resin-based composite (indirect)	118
D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	0	D2740	Crown - porcelain/ceramic substrate	309
			D2750	Crown - porcelain fused to high noble metal	298 ♦
			D2751	Crown - porcelain fused to predominantly base metal	268
			D2752	Crown - porcelain fused to noble metal	286 ♦
			D2780	Crown - 3/4 cast high noble metal	305 ♦
			D2781	Crown - 3/4 cast predominantly base metal	305

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D2782	Crown - 3/4 cast noble metal	305◆	D3425	Apicoectomy/periradicular surgery - molar (first root)	182
D2783	Crown - 3/4 porcelain/ceramic	305	D3426	Apicoectomy/periradicular surgery (each additional root)	68
D2790	Crown - full cast high noble metal	291◆	D3450	Root amputation - per root	96
D2791	Crown - full cast predominantly base metal	265	OTHER ENDODONTIC PROCEDURES		
D2792	Crown - full cast noble metal	276◆	D3920	Hemisection (including any root removal), not including root canal therapy	82
D2794	Crown - titanium	268	D3950	Canal preparation and fitting of preformed dowel or post	0
D2799	Provisional crown	0	SURGICAL SERVICES (including usual postoperative care)		
OTHER RESTORATIVE SERVICES			D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	71
D2910	Recement inlay, onlay, or partial coverage restoration	0	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	30
D2915	Recement cast or prefabricated post and core	0	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	90
D2920	Recement crown	0	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	38
D2930	Prefabricated stainless steel crown - primary tooth	0	D4245	Apically positioned flap	121
D2931	Prefabricated stainless steel crown - permanent tooth	0	D4249	Clinical crown lengthening - hard tissue	147
D2940	Protective restoration	0	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	180
D2950	Core buildup, including any pins	0	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	74
D2951	Pin retention - per tooth, in addition to restoration	0	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	102
D2952	Post and core in addition to crown, indirectly fabricated	83	NON-SURGICAL PERIODONTAL SERVICES		
D2953	Each additional indirectly fabricated post - same tooth	45	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	0
D2954	Prefabricated post and core in addition to crown	0	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	0
D2957	Each additional prefabricated post - same tooth	0	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0
D2970	Temporary crown (fractured tooth)	76	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
D2971	Additional procedures to construct new crown under existing partial denture framework	25	OTHER PERIODONTAL SERVICES		
PULP CAPPING			D4910	Periodontal maintenance	0
D3110	Pulp cap - direct (excluding final restoration)	0	COMPLETE DENTURES (including routine post-delivery care)		
D3120	Pulp cap - indirect (excluding final restoration)	0	D5110	Complete denture - maxillary	314
PULPOTOMY			D5120	Complete denture - mandibular	314
D3220	Therapeutic pulpotomy (excluding final restoration)	0	D5130	Immediate denture - maxillary	325
D3221	Pulpal debridement, primary and permanent teeth	0	D5140	Immediate denture - mandibular	325
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0	PARTIAL DENTURES (including routine post-delivery care)		
ENDODONTIC THERAPY ON PRIMARY TEETH			D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	259
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	303
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0	OTHER PERIODONTAL SERVICES		
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)					
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0			
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	0			
D3330	Endodontic therapy, molar (excluding final restoration)	167			
ENDODONTIC RETREATMENT					
D3346	Retreatment of previous root canal therapy - anterior	0			
D3347	Retreatment of previous root canal therapy - bicuspid	0			
D3348	Retreatment of previous root canal therapy - molar	261			
APICOECTOMY/PERIRADICULAR SERVICES					
D3410	Apicoectomy/periradicular surgery - anterior	109			
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	171			

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D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	342	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	341	D6610	Onlay - cast high noble metal, two surfaces	292◆
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	392	D6612	Onlay - cast predominantly base metal, two surfaces	292
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	391	D6614	Onlay - cast noble metal, two surfaces	292◆
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	212	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
ADJUSTMENTS TO DENTURES			D6710	Crown - indirect resin based composite	266
D5410	Adjust complete denture - maxillary	0	D6740	Crown - porcelain/ceramic	266
D5411	Adjust complete denture - mandibular	0	D6750	Crown - porcelain fused to high noble metal	297◆
D5421	Adjust partial denture - maxillary	0	D6751	Crown - porcelain fused to predominantly base metal	265
D5422	Adjust partial denture - mandibular	0	D6752	Crown - porcelain fused to noble metal	285◆
REPAIRS TO COMPLETE DENTURES			D6780	Crown - 3/4 cast high noble metal	289◆
D5510	Repair broken complete denture base	0	D6781	Crown - 3/4 cast predominantly base metal	289
D5520	Replace missing or broken teeth - complete denture (each tooth)	0	D6782	Crown - 3/4 cast noble metal	289◆
REPAIRS TO PARTIAL DENTURES			D6783	Crown - 3/4 porcelain/ceramic	289
D5610	Repair resin denture base	0	D6790	Crown - full cast high noble metal	295◆
D5620	Repair cast framework	0	D6791	Crown - full cast predominantly base metal	263
D5630	Repair or replace broken clasp	0	D6792	Crown - full cast noble metal	287◆
D5640	Replace broken teeth - per tooth	0	D6794	Crown - titanium	263
D5650	Add tooth to existing partial denture	0	OTHER FIXED PARTIAL DENTURE SERVICES		
D5660	Add clasp to existing partial denture	0	D6930	Recement fixed partial denture	34
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	224	D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	223	D6972	Prefabricated post and core in addition to fixed partial denture retainer	0
DENTURE REBASE PROCEDURES			D6973	Core build up for retainer, including any pins	0
D5710	Rebase complete maxillary denture	0	D6976	Each additional indirectly fabricated post - same tooth	0
D5711	Rebase complete mandibular denture	0	D6977	Each additional prefabricated post - same tooth	0
D5720	Rebase maxillary partial denture	0	EXTRACTIONS		
D5721	Rebase mandibular partial denture	0	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
DENTURE RELINE PROCEDURES			D7111	Extraction, coronal remnants - deciduous tooth	0
D5730	Reline complete maxillary denture (chairside)	0	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D5731	Reline complete mandibular denture (chairside)	0	SURGICAL EXTRACTIONS		
D5740	Reline maxillary partial denture (chairside)	0	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5741	Reline mandibular partial denture (chairside)	0	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	47
D5750	Reline complete maxillary denture (laboratory)	0	D7220	Removal of impacted tooth - soft tissue	65
D5751	Reline complete mandibular denture (laboratory)	0	D7230	Removal of impacted tooth - partially bony	89
D5760	Reline maxillary partial denture (laboratory)	0	D7240	Removal of impacted tooth - completely bony	103
D5761	Reline mandibular partial denture (laboratory)	0	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	110
OTHER REMOVABLE PROSTHETIC SERVICES			D7250	Surgical removal of residual tooth roots (cutting procedure)	49
D5850	Tissue conditioning, maxillary	33	D7251	Coronectomy - intentional partial tooth removal	103
D5851	Tissue conditioning, mandibular	33	OTHER SURGICAL PROCEDURES		
FIXED PARTIAL DENTURE PONTICS			D7280	Surgical access of an unerupted tooth	89
D6205	Pontic - indirect resin based composite	263	D7283	Placement of device to facilitate eruption of impacted tooth	24
D6210	Pontic - cast high noble metal	294◆	D7288	Brush biopsy - transepithelial sample collection	45
D6211	Pontic - cast predominantly base metal	269			
D6212	Pontic - cast noble metal	282◆			
D6214	Pontic - titanium	270			
D6240	Pontic - porcelain fused to high noble metal	295◆			
D6241	Pontic - porcelain fused to predominantly base metal	262			
D6242	Pontic - porcelain fused to noble metal	284◆			
D6245	Pontic - porcelain/ceramic	263			

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ALVEOLOPLASTY			FOOTNOTES		
(surgical preparation of ridge for dentures)			★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	45	◆	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.	
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	55			
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	24			
OTHER REPAIR PROCEDURES					
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	81			
D7963	Frenuloplasty	40			
LIMITED ORTHODONTIC TREATMENT					
D8010	Limited orthodontic treatment of the primary dentition	599			
D8020	Limited orthodontic treatment of the transitional dentition	759			
D8030	Limited orthodontic treatment of the adolescent dentition	1,071			
D8040	Limited orthodontic treatment of the adult dentition	927			
INTERCEPTIVE ORTHODONTIC TREATMENT					
D8050	Interceptive orthodontic treatment of the primary dentition	885			
D8060	Interceptive orthodontic treatment of the transitional dentition	1,309			
COMPREHENSIVE ORTHODONTIC TREATMENT					
D8070	Comprehensive orthodontic treatment of the transitional dentition	3,190			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3,454			
D8090	Comprehensive orthodontic treatment of the adult dentition	3,540			
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	Removable appliance therapy	433			
D8220	Fixed appliance therapy	537			
OTHER ORTHODONTIC SERVICES					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	343			
UNCLASSIFIED TREATMENT					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	0			
PROFESSIONAL CONSULTATION					
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0			
PROFESSIONAL VISITS					
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0			
MISCELLANEOUS SERVICES					
★	Broken appointment per 15 minutes (without 24-hour notice)	15			