

**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 Evidence 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.
- ▶ In-Network Dentists will charge an additional \$125 for the use of precious (high noble) or semi precious (noble) metal.
- ▶ 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 \$	ADA Code	ADA Description	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>			<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>		
D0120	Periodic Oral Evaluation - Established Patient	0	D0270	Bitewing - Single Radiographic Image	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0272	Bitewings - Two Radiographic Images	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0273	Bitewings - Three Radiographic Images	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0274	Bitewings - Four Radiographic Images	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0330	Panoramic Radiographic Image	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
D0180	Comprehensive Periodontal Evaluation	0	D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	15
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>			D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0
D0210	Intraoral - Comprehensive Series Of Radiographic Images	0	D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	0
D0220	Intraoral- Periapical First Radiographic Image	0	D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	<b>TESTS AND EXAMINATIONS</b>		
D0240	Intraoral - Occlusal Radiographic Image	0	D0396	3D Printing of a 3D Dental Surface Scan	0
D0250	Extra-oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	0	D0415	Collection Of Microorganisms For Culture And Sensitivity	0
D0251	Extra-oral Posterior Dental Radiographic Image	0	D0416	Viral Culture	0
			D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	30
			D0418	Analysis Of Saliva Sample	25

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
<b>TESTS AND EXAMINATIONS</b>			<b>OTHER PREVENTIVE SERVICES</b>		
D0422	Collection and Preparation Of Genetic Sample Material For Laboratory Analysis And Report	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0423	Genetic Test for Susceptibility To Diseases - Specimen Analysis	0	D1330	Oral Hygiene Instruction	0
D0425	Caries Susceptibility Tests	0	D1351	Sealant - Per Tooth	0
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	0	D1353	Sealant Repair - Per Tooth	0
D0460	Pulp Vitality Tests	0	D1354	Application of Caries Arresting Medicament - Per Tooth	15
D0470	Diagnostic Casts	0	D1355	Caries preventive medicament application - per tooth	15
<b>ORAL PATHOLOGY LABORATORY</b>			<b>SPACE MAINTENANCE (passive appliances)</b>		
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	35	D1510	Space maintainer - fixed, unilateral - per quadrant	55
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	55	D1516	Space Maintainer - Fixed - bilateral, maxillary	84
D0474	Accession Of Tissue, Gross And Microscopic Examination, Including Assessment Of Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written Report	75	D1517	Space Maintainer - Fixed - bilateral, mandibular	84
D0502	Other Oral Pathology Procedures, By Report	55	D1520	Space maintainer - removable, unilateral - per quadrant	66
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0	D1526	Space Maintainer - Removable - bilateral, maxillary	85
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0	D1527	Space Maintainer - Removable - bilateral, mandibular	85
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0	D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
<b>DENTAL PROPHYLAXIS</b>			D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
D1110	Prophylaxis, Adult (1 per 6 months)	0	D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	0
	Additional adult prophylaxis (maximum of 1 additional per 6 months)	40	D1556	Removal of fixed unilateral space maintainer - per quadrant	8
D1120	Prophylaxis, Child (1 per 6 months)	0	D1557	Removal of fixed unilateral space maintainer - maxillary	8
	Additional child prophylaxis (maximum of 1 additional per 6 months)	30	D1558	Removal of fixed unilateral space maintainer - mandibular	8
<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>			D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	55
D1206	Topical Application Of Fluoride Varnish	0	<b>AMALGAM RESTORATIONS (including polishing)</b>		
D1208	Topical Application Of Fluoride - Excluding Varnish	0	D2140	Amalgam - One Surface, Primary Or Permanent	14
<b>OTHER PREVENTIVE SERVICES</b>			D2150	Amalgam - Two Surfaces, Primary Or Permanent	15
D1301	Immunization Counseling	0	D2160	Amalgam - Three Surfaces, Primary Or Permanent	16
D1310	Nutritional Counseling For The Control Of Dental Disease	0	D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	20
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0	<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
			D2330	Resin-Based Composite - One Surface, Anterior	19
			D2331	Resin-Based Composite - Two Surfaces, Anterior	21
			D2332	Resin-Based Composite - Three Surfaces, Anterior	25
			D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	31
			D2390	Resin-Based Composite Crown, Anterior	31
			D2391	Resin-Based Composite - One Surface, Posterior	85

ADA Code	ADA Description	Member Pays \$
<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
D2392	Resin-Based Composite - Two Surfaces, Posterior	109
D2393	Resin-Based Composite - Three Surfaces, Posterior	133
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	140
<b>INLAY/ONLAY RESTORATIONS</b>		
D2510	Inlay - Metallic - One Surface	62 ◆
D2520	Inlay - Metallic - Two Surfaces	185 ◆
D2530	Inlay - Metallic - Three Or More Surfaces	190 ◆
D2542	Onlay - Metallic-Two Surfaces	174 ◆
D2543	Onlay - Metallic - Three Surfaces	195 ◆
D2544	Onlay - Metallic - Four Or More Surfaces	195 ◆
<b>CROWNS - SINGLE RESTORATIONS ONLY</b>		
D2710	Crown-Resin-Based Composite (Indirect)	69
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	69
D2720	Crown, Resin With High Noble Metal	237 ◆
D2721	Crown, Resin With Predominantly Base Metal	210
D2722	Crown, Resin With Noble Metal	221 ◆
D2740	Crown, Porcelain/Ceramic	237
D2750	Crown, Porcelain Fused To High Noble Metal	237 ◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	210
D2752	Crown, Porcelain Fused To Noble Metal	221 ◆
D2753	Crown - porcelain fused to titanium and titanium alloys	221
D2780	Crown - 3/4 Cast High Noble Metal	224 ◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	197
D2782	Crown - 3/4 Cast Noble Metal	214 ◆
D2783	Crown - 3/4 Porcelain/Ceramic	237
D2790	Crown, Full Cast High Noble Metal	224 ◆
D2791	Crown - Full Cast Predominantly Base Metal	210
D2792	Crown, Full Cast Noble Metal	214 ◆
D2794	Crown - titanium and titanium alloys	210
D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0
<b>OTHER RESTORATIVE SERVICES</b>		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	21
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	21
D2920	Re-Cement Or Re-Bond Crown	21
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	53
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	57

ADA Code	ADA Description	Member Pays \$
<b>OTHER RESTORATIVE SERVICES</b>		
D2932	Prefabricated Resin Crown	55
D2933	Prefabricated Stainless Steel Crown With Resin Window	75
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	75
D2940	Placement of Interim Direct Restoration	0
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	15
D2951	Pin Retention - Per Tooth, In Addition To Restoration	4
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	85
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	10
D2954	Prefabricated Post And Core In Addition To Crown	70
D2955	Post Removal	0
D2956	Removal of an Indirect Restoration on a Natural Tooth	20
D2957	Each Additional Prefabricated Post - Same Tooth	10
D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25
D2980	Crown Repair Necessitated By Restorative Material Failure	25
D2981	Inlay Repair Necessitated By Restorative Material Failure	25
D2982	Onlay Repair Necessitated By Restorative Material Failure	25
D2991	Application of Hydroxyapatite Regeneration Medicament – per tooth	45
<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)	25
D3221	Pulpal Debridement, Primary And Permanent Teeth	25
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	25
<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	30
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	33
<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)</b>		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	60

ADA Code	ADA Description	Member Pays \$
<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)</b>		
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	75
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	175
<b>ENDODONTIC RETREATMENT</b>		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	85
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	95
D3348	Retreatment Of Previous Root Canal Therapy - Molar	125
<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>		
D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	128
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	95
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	120
D3355	Pulpal Regeneration - Initial Visit	128
D3356	Pulpal Regeneration - Interim Medication Replacement	95
D3357	Pulpal Regeneration - Completion Of Treatment	95
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D3410	Apicoectomy - Anterior	90
D3421	Apicoectomy - Premolar (First Root)	90
D3425	Apicoectomy - Molar (First Root)	90
D3426	Apicoectomy (Each Additional Root)	40
D3430	Retrograde Filling - Per Root	0
D3450	Root Amputation - Per Root	0
D3471	Surgical repair of root resorption – anterior	90
D3472	Surgical repair of root resorption – premolar	90
D3473	Surgical repair of root resorption – molar	90
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	90
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	90
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	90
<b>OTHER ENDODONTIC PROCEDURES</b>		
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	0
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	55
D3921	Decoronation or submergence of an erupted tooth	35

ADA Code	ADA Description	Member Pays \$
<b>OTHER ENDODONTIC PROCEDURES</b>		
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	65
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	30
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	55
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	22
D4245	Apically Positioned Flap	70
D4249	Clinical Crown Lengthening-Hard Tissue	75
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	100
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	40
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	120
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	92
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	50
D4286	Removal of Non-Resorbable Barrier	0
<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	35
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	9
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	40
D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	35

ADA Code	ADA Description	Member Pays \$
<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	43
<b>OTHER PERIODONTAL SERVICES</b>		
D4910	Periodontal Maintenance	40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	30
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	25
<b>COMPLETE DENTURES (including routine post delivery care)</b>		
D5110	Complete Denture - Maxillary	294
D5120	Complete Denture - Mandibular	294
D5130	Immediate Denture - Maxillary	307
D5140	Immediate Denture - Mandibular	307
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	250
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	250
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	345
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	345
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	250
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	250
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	345
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	345
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	397
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	397
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	250
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	250

ADA Code	ADA Description	Member Pays \$
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	148
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	148
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	148
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	148
<b>ADJUSTMENTS TO DENTURES</b>		
D5410	Adjust Complete Denture - Maxillary	13
D5411	Adjust Complete Denture - Mandibular	18
D5421	Adjust Partial Denture - Maxillary	18
D5422	Adjust Partial Denture - Mandibular	18
<b>REPAIRS TO COMPLETE DENTURES</b>		
D5511	Repair Broken Complete Denture Base, Mandibular	35
D5512	Repair Broken Complete Denture Base, Maxillary	35
D5520	Replace Missing Or Broken Teeth- Complete Denture Per Tooth	29
<b>REPAIRS TO PARTIAL DENTURES</b>		
D5611	Repair Resin Partial Denture Base, Mandibular	34
D5612	Repair Resin Partial Denture Base, Maxillary	34
D5621	Repair Cast Partial Framework, Mandibular	35
D5622	Repair Cast Partial Framework, Maxillary	35
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	35
D5640	Replace Missing or Broken Teeth- Partial Denture-Per Tooth	32
D5650	Add Tooth To Existing Partial Denture-Per Tooth	37
D5660	Add Clasp To Existing Partial Denture - Per Tooth	44
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	225
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	225
<b>DENTURE REBASE PROCEDURES</b>		
D5710	Rebase Complete Maxillary Denture	97
D5711	Rebase Complete Mandibular Denture	105
D5720	Rebase Maxillary Partial Denture	52
D5721	Rebase Mandibular Partial Denture	67
D5725	Rebase hybrid prosthesis	67

ADA Code	ADA Description	Member Pays \$		ADA Code	ADA Description	Member Pays \$	
<b>DENTURE RELINE PROCEDURES</b>				<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>			
D5730	Reline Complete Maxillary Denture (direct)	70		D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	207	
D5731	Reline Complete Mandibular Denture (direct)	70		D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	138	
D5740	Reline Maxillary Partial Denture (direct)	53		D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	185	◆
D5741	Reline Mandibular Partial Denture (direct)	56		D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	190	◆
D5750	Reline Complete Maxillary Denture (indirect)	75		D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	185	
D5751	Reline Complete Mandibular Denture (indirect)	75		D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	190	
D5760	Reline Maxillary Partial Denture (indirect)	65		D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	185	◆
D5761	Reline Mandibular Partial Denture (indirect)	65		D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	190	◆
D5765	Soft liner for complete or partial removable denture – indirect	70		D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	174	◆
D5810	Interim Complete Denture (Maxillary)	307		D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	195	◆
D5811	Interim Complete Denture (Mandibular)	307		D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	174	
D5820	Interim Partial Denture (including retentive/clasping materials, rests and teeth), maxillary	125		D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	195	
D5821	Interim Partial Denture (including retentive/clasping materials, rests and teeth), mandibular	125		D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	174	◆
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>				D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	195	◆
D5850	Tissue Conditioning, Maxillary	30		D6624	Retainer Inlay - Titanium	190	
D5851	Tissue Conditioning, Mandibular	30		D6634	Retainer Onlay - Titanium	195	
D5863	Overdenture - Complete Maxillary	294		<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>			
D5864	Overdenture - Partial Maxillary	345		D6710	Retainer Crown - Indirect Resin Based Composite	237	
D5865	Overdenture - Complete Mandibular	294		D6720	Retainer Crown, Resin With High Noble Metal	237	◆
D5866	Overdenture - Partial Mandibular	345		D6721	Retainer Crown, Resin With Predominantly Base Metal	210	
<b>FIXED PARTIAL DENTURE PONTICS</b>				D6722	Retainer Crown, Resin With Noble Metal	221	◆
D6205	Pontic - Indirect Resin Based Composite	201		D6740	Retainer Crown - Porcelain/Ceramic	237	
D6210	Pontic-Cast High Noble Metal	210	◆	D6750	Retainer Crown, Porcelain Fused To High Noble Metal	237	◆
D6211	Pontic-Cast Predominantly Base Metal	200		D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	214	
D6212	Pontic-Cast Noble Metal	210	◆	D6752	Retainer Crown, Porcelain Fused To Noble Metal	223	◆
D6214	Pontic - titanium and titanium alloys	200		D6753	Retainer crown - porcelain fused to titanium and titanium alloys	223	
D6240	Pontic-Porcelain Fused To High Noble Metal	225	◆	D6780	Retainer Crown, 3/4 Cast High Noble Metal	210	◆
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	210		D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	210	
D6242	Pontic-Porcelain Fused To Noble Metal	225	◆	D6782	Retainer Crown - 3/4 Cast Noble Metal	210	◆
D6243	Pontic - porcelain fused to titanium and titanium alloys	225		D6783	Retainer Crown - 3/4 Porcelain/Ceramic	237	
D6245	Pontic - Porcelain/Ceramic	201		D6784	Retainer crown 3/4 - titanium and titanium alloys	210	
D6250	Pontic, Resin With High Noble Metal	225	◆	D6790	Retainer Crown, Full Cast High Noble Metal	219	◆
D6251	Pontic, Resin With Predominantly Base Metal	210					
D6252	Pontic, Resin With Noble Metal	225	◆				
<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>							
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	138					

ADA Code	ADA Description	Member Pays \$
----------	-----------------	----------------

FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6791	Retainer Crown, Full Cast Predominantly Base Metal	210
D6792	Retainer Crown, Full Cast Noble Metal	210
D6794	Retainer crown - titanium and titanium alloys	210

OTHER FIXED PARTIAL DENTURE SERVICES		
--------------------------------------	--	--

D6930	Re-Cement Or Re-Bond Fixed Partial Denture	32
D6940	Stress Breaker	130
D6950	Precision Attachment	222
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	25

EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
--	--	--

D7111	Extraction, Coronal Remnants - Primary Tooth	6
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	15

SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
---	--	--

D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	35
D7220	Removal Of Impacted Tooth - Soft Tissue	40
D7230	Removal Of Impacted Tooth - Partially Bony	45
D7240	Removal Of Impacted Tooth - Completely Bony	50
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	55
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	30
D7251	Coronectomy-Intentional Partial Tooth Removal, impacted teeth only	50
D7259	Nerve Dissection	20

OTHER SURGICAL PROCEDURES		
---------------------------	--	--

D7280	Exposure Of An Unerupted Tooth	32
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	8
D7284	Excisional biopsy of minor salivary glands	245
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	78
D7286	Incisional Biopsy Of Oral Tissue-Soft	90
D7288	Brush Biopsy - Transepithelial Sample Collection	45

ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
--	--	--

D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	25
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	15

ADA Code	ADA Description	Member Pays \$
----------	-----------------	----------------

ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	35
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	14

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
--	--	--

D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	55
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	250

EXCISION OF BONE TISSUE		
-------------------------	--	--

D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	250
D7472	Removal Of Torus Palatinus	250
D7473	Removal Of Torus Mandibularis	250
D7485	Reduction Of Osseous Tuberosity	385

SURGICAL INCISION		
-------------------	--	--

D7509	Marsupialization of Odontogenic Cyst	245
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	50
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	95
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	75
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	115

REPAIR OF TRAUMATIC WOUNDS		
----------------------------	--	--

D7910	Suture Of Recent Small Wounds Up To 5 Cm	100
-------	--	-----

OTHER REPAIR PROCEDURES		
-------------------------	--	--

D7961	Buccal / labial frenectomy (frenulectomy)	23
D7962	Lingual frenectomy (frenulectomy)	23
D7963	Frenuloplasty	12
D7970	Excision Of Hyperplastic Tissue - Per Arch	66
D7971	Excision Pericoronal Gingival	36

LIMITED ORTHODONTIC TREATMENT		
-------------------------------	--	--

D8010	Limited Orthodontic Treatment Of Primary Dentition	1500
D8020	Limited Orthodontic Treatment Of Transitional Dentition	1500
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1500
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1500

COMPREHENSIVE ORTHODONTIC TREATMENT		
-------------------------------------	--	--

D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	1500
-------	---	------

ADA Code	ADA Description	Member Pays \$
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	1500
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2000
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>		
D8210	Removable Appliance Therapy For Control Of Harmful Habits	750
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	750
<b>OTHER ORTHODONTIC SERVICES</b>		
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	40
D8670	Periodic Orthodontic Treatment Visit	0
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	240
†	Orthodontic Records Fee	265
<b>UNCLASSIFIED TREATMENT</b>		
D9110	Palliative Treatment Of Dental Pain - per visit	8
D9120	Fixed Partial Denture Sectioning	70
<b>ANESTHESIA</b>		
D9210	Local Anesthesia (Not In Conjunction With Operative Or Surgical Procedures)	0
D9211	Regional Block Anesthesia	0
D9212	Trigeminal Division Block Anesthesia	0
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	0
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	0
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	80
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	80
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	85
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	85
<b>PROFESSIONAL CONSULTATION</b>		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0
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
D9440	Office Visit After Regularly Scheduled Hours	40

ADA Code	ADA Description	Member Pays \$
<b>PROFESSIONAL VISITS</b>		
D9450	Case Presentation, Subsequent to Detailed And Extensive Treatment Planning	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
D9942	Repair And/Or Reline Of Occlusal Guard	65
D9943	Occlusal Guard Adjustment	50
D9944	Occlusal Guard - hard appliance, full arch	200
D9946	Occlusal Guard - hard appliance, partial arch	200
D9951	Occlusal Adjustment (Limited)	15
D9952	Occlusal Adjustment (Complete)	60
D9986	Missed Appointment	20
D9987	Cancelled appointment	20
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
D9997	Dental care management - patients with special health care needs	0
<b>BLEACHING</b>		
D9975	External Bleaching For Home Application, Per Arch, Includes Materials And Fabrication Of Custom Trays	172
<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.	

ADA Code	ADA Description	Member Pays \$
----------	-----------------	----------------

**FOOTNOTES**

⊕ 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.

# Schedule of Exclusions and Limitations

## Dental Managed Care

### EXCLUSIONS:

Except as specifically provided in this Certificate, no coverage will be provided for services, supplies or charges:

1. Not specifically listed in the **Schedule of Benefits** as a Covered Service.
2. Provided to Members outside of the office in which the Member is enrolled, or by a non-Network dentist, and which are not approved by the Company (including specialty care services).
3. Which in the opinion of the treating dentist, or the Company, are not clinically necessary, or do not have a reasonable, favorable prognosis.
4. That are necessary due to lack of cooperation with the treating dentist, or failure to comply with a professionally prescribed Treatment Plan.
5. Started or incurred prior to the Member's eligibility under the Company or after the Termination Date of coverage with the Company.
6. For consultations by a Specialty Care Dentist for services not specifically listed on the Schedule of Benefits as a Covered Service, or not referred by the Member's enrolled office
7. That do not meet accepted standards of dental treatment, which are Experimental or Investigational in nature or are considered enhancements or optional upgrades to standard dental treatment as determined by the Company.
8. For hospitalization and associated costs for rendering services in a hospital.
9. Determined by the Company to be the responsibility of Worker's Compensation or employer's liability or health care plan, or payable under any Federal Government or state program, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy, or for services for which benefits are payable under any other insurance.
10. For prescription or non-prescription drugs, home care items, vitamins, or dietary supplements.
11. Which are principally Cosmetic in nature, including, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures as determined by the Company.
12. For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint (TMJ) syndrome and craniomandibular disorders or other conditions of the joint linking the mandible and the complex of muscles, nerves and other tissues related to that joint.
13. For services and/or appliances that alter the vertical dimension or alter, restore, or maintain the occlusion, including, but not limited to, full mouth rehabilitation, splinting, appliances, or any other method.
14. That restore tooth structure lost due to attrition, erosion, or abrasion in the absence of pain, sensitivity, decay, or fracture.
15. For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices, or any duplicative device.
16. For extractions that are specifically for orthodontic purposes.
17. For the following, which are not included as orthodontic benefits - retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, replacement of lost or stolen appliances, special appliances (including, but not limited to, headgears, orthopedic appliances, bite planes, functional appliances, clear aligners, or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, and treatment in excess of twenty-four (24) months.
18. For orthodontic services that are not performed under the direct supervision of a dentist licensed in the Member's State of residence, and self-administered (DIY) orthodontic services.
19. For surgical insertion and/or removal of implants, and any appliances and/or prosthetics attached to implants.
20. For elective procedures, including, but not limited to, prophylactic extractions of third molars.
21. For detailed and extensive evaluation (D0160) when for sleep related breathing disorders
22. Required because of, or in connection with, acts of war, declared or undeclared.

### LIMITATIONS

The following services will be subject to Limitations as set forth below:

1. Referral to a Specialty Care Dentist is limited to orthodontics, oral surgery, periodontics, endodontics, and pediatric dentists.
2. Eligibility for referral to and coverage for services by a pediatric Specialty Care Dentist ends on a Member's 7th birthday. However, exceptions for physical or mental handicaps or medically compromised children, when confirmed by a physician, may be considered on an individual basis with prior approval from the Company.
3. Member must remain in the Plan during the period of time they are undergoing orthodontic treatment. Any early termination can result in additional charges for all unfinished work. This limitation only applies to subscriber termination, not group termination.
4. Sealants one (1) per tooth per three (3) year period through age ten (10) on permanent first molars and through age fifteen (15) on permanent second molars.
5. Application of Caries Arresting and Caries Preventing medicament - limited to one (1) per six consecutive months through age eighteen (18).
6. Fluoride treatment - one (1) per six (6) consecutive months through age eighteen (18)
7. Application of Hydroxyapatite Regeneration Medicament - per tooth-limited to two (2) per tooth per 12 months to age 6; one (1) per tooth per 12 months ages 7-12. Excluded for members aged 13 and over.
8. In the case a Dental Emergency involving pain or a condition requiring immediate treatment occurring more than fifty (50) miles from the Member's home, the Plan covers necessary diagnostic and therapeutic dental procedures administered by a dentist up to a maximum of \$100 for each emergency visit.
9. Periodontal maintenance following active periodontal therapy - two (2) per twelve (12) consecutive months in combination with routine prophylaxis.
10. Scaling in the presence of generalized inflammation – one per twelve (12) Months.
11. Periodontal scaling and root planing - one (1) per twenty-four (24) consecutive month period per area of the mouth.
12. Surgical periodontal procedures - one (1) per thirty-six (36) consecutive month period per area of the mouth.
13. Root canal retreatment - one (1) per tooth per lifetime.
14. Panoramic or full mouth x-rays - one (1) every three (3) years.
15. One (1) set of bitewing x-rays per six (6) consecutive months.
16. Prophylaxis - one (1) per six (6) consecutive months, unless otherwise specified in the Schedule of Benefits.
17. Crown lengthening - one (1) per tooth per lifetime.
18. Denture relining or rebasing - integral if provided within six(6) months of insertion by the same dentist. This limitation does not apply to immediate dentures.
19. Subsequent denture relining or rebasing - limited to one (1) every thirty-six (36) consecutive months thereafter.
20. Administration of I.V. sedation or general anesthesia is limited to the covered extractions of one or more impacted teeth (soft tissue, partial bony or complete bony impactions).
21. Nerve Dissection - Integral when reported with a complicated full-bony impacted tooth extraction (D7241).
22. Teledentistry - only problem focused, initial limited oral evaluation and re-evaluation, are reportable and covered when performed via acceptable Teledentistry methods. Must be an accepted form of dental practice in the State of Member's residence.

### Optional Treatment

All diagnosis and treatment planning is provided by Your Primary Dental Office. Occasionally, You and Your Primary Dental Office may consider different treatment options. Instances may arise when a condition can be treated with more than one suitable treatment option, that may or may not be covered by Your plan. The cost of any covered treatment recommended by the Provider and accepted by You will be based on the Copayment listed on the Schedule of Benefits.

The cost of any optional, non-covered treatment will be based on the Provider's usual fees for the optional treatment.

Additional charges for cosmetic upgrades to covered crowns or bridges, partials, or dentures, are not covered by the Plan and You will be responsible for the upgraded fee(s) in addition to the copayments for the covered service(s). Examples include, but are not limited to, porcelain margins or cosmetic clasps for teeth. Upgraded (enhanced) ceramic crowns are considered optional and not covered and You may be responsible for the Primary Dental office's usual fees, as long as You have been given the option of a non-upgraded ceramic crown (porcelain or porcelain fused to metal) but have agreed to the enhanced, upgraded ceramic crown.

Your Primary Dental Office is responsible to discuss the treatment plan, including all suitable covered treatments, optional treatments and upgrades including any costs with You. Your Primary Dental Office should also seek Your informed consent for any treatment, in writing, before the services are performed.

### Fixed Prosthetics (Bridges)

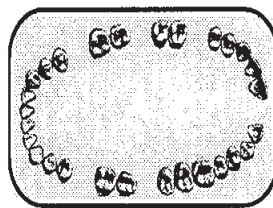
**Services must be diagnosed and prescribed by the participating provider to be eligible for coverage. The member is eligible for fixed bridge restoration when:**

- there is a posterior one-sided space involving one or two adjacent teeth, and front and back anchor teeth;
- the bridge will replace incisor teeth missing in the upper or lower anterior segments defined as cuspid to cuspid (#6-11 or #22-27);
- anchor teeth and occlusion are clinically healthy, resulting in a favorable prognosis.

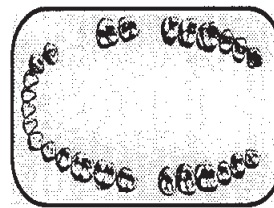
**The Plan does not cover a fixed bridge when:**

- there are missing teeth on both sides of the mouth in the same arch (bridges currently in place are not considered missing teeth unless unserviceable). \*
- anterior (front) and posterior (back) spaces (missing teeth) are present in the same arch. In this case, a partial denture is the covered benefit.\*
- replacing a serviceable partial denture or fixed bridge;
- the bridge is used to realign misaligned teeth, including diastemas (spaces between teeth);
- the member is under the age of 16 and having permanent teeth replaced;
- one or more anchor teeth is an implant.
- Any restorative process that requires either replacement and/or restoration with bridge(s) or crowns, involving seven (7) or more posterior units, or more than ten (10) units total, will be considered full mouth rehabilitation, and not covered.

\*Note: The term "missing teeth" does not include third molars (wisdom teeth) for the purpose of this guideline. In addition, missing teeth do not apply to this guideline if the resultant space is closed to less than 1/2 of the width of a bicuspid tooth (on average 7.5mm)



**Bridge Ineligibility**



**Bridge Eligibility**

**Important:** When a member is not eligible for a fixed partial denture (bridge), and when a removable partial denture (partial) is a clinically acceptable service, if a bridge is elected to replace the missing teeth, then the fees for the bridge become the Member's financial responsibility.