

- Please refer to your Certificate of Coverage and to the Exclusions and Limitations, in addition to this Schedule of Benefits, for a complete description of your plan.
- Each enrolled member must select a network Primary Dental Office (PDO) from which to receive covered services.
- **Please note that only the services listed on this Schedule of Benefits are covered.** If a service is not listed, it is not covered, and the member is responsible for the full fee charged by the dentist.
- For procedures that require a copayment, the amount to be paid is shown in the right hand column. These copayments are paid to the United Concordia participating dental office at the time of service.
- Please verify provider participation by calling toll-free **1-866-357-3304** before seeking care at any network PDO.

CODE DESCRIPTION	Member Pays \$	CODE DESCRIPTION	Member Pays \$
Clinical Oral Evaluations		Amalgam Restorations (Including local anesthesia & polishing)	
D0120	0	D1515	0
D0140	0	D1520	0
D0150	0	D1525	0
D0160	0	D1550	0
D0170	0	Resin Restorations (Including local anesthesia)	
Radiographs/Diagnostic Imaging		D2110	0
D0210	0	D2120	0
D0220	0	D2130	0
D0230	0	D2131	0
D0240	0	D2140	0
D0250	0	D2150	0
D0260	0	D2160	0
D0270	0	D2161	0
D0272	0	Inlay/Onlay Restorations	
D0274	0	D2510	16
D0277	0	D2520	72
D0330	0	D2530	72
D0340	0	D2542	78
Dental Prophylaxis		D2543	78
D1110	0	D2544	78
D1120	0	D2610	16
Topical Fluoride Treatment		D2620	72
D1201	0	D2630	72
D1203	0	D2642	60
D1204	0	D2643	78
D1205	0		
Other Preventive Services			
D1310	0		
D1330	0		
D1351	0		
Space Maintenance (Passive appliances)			
D1510	0		

CODE DESCRIPTION	Member Pays \$	CODE DESCRIPTION	Member Pays \$
D2644 Onlay - porcelain/ceramic - four or more surfaces	78	D3347 Retreatment of previous root canal therapy - bicuspid	0
D2650 Inlay - resin-based composite/resin-one surface	16	D3348 Retreatment of previous root canal therapy - molar	0
D2651 Inlay - resin-based composite/resin-two surfaces	72	Apicoectomy/Periradicular Services	
D2652 Inlay - resin-based composite/resin-three or more surfaces	72	D3410 Apicoectomy/periradicular surgery - anterior	0
D2662 Onlay - resin-based composite/resin-two surfaces	60	D3421 Apicoectomy/periradicular surgery - bicuspid (first root)	0
D2663 Onlay - resin-based composite/resin-three surfaces	78	D3425 Apicoectomy/periradicular surgery - molar (first root)	0
D2664 Onlay - resin-based composite/resin-four or more surfaces	78	D3426 Apicoectomy/periradicular surgery - each additional root	0
Crowns - Single Restoration		D3430 Retrograde filling - per root	0
D2710 Crown - resin (laboratory)	34	Other Endodontic Procedures	
D2720 Crown - resin with high noble metal	93	D3920 Hemisection (including any root removal), not including root canal therapy	0
D2721 Crown - resin with predominantly base metal	93	D3950 Canal preparation and fitting of preformed dowel or post	0
D2722 Crown - resin with noble metal	93	Surgical Services	
D2740 Crown - porcelain/ceramic substrate	93	<i>(Including usual postoperative care)</i>	
D2750 Crown - porcelain fused to high noble metal	93	D4210 Gingivectomy or gingivoplasty - per quadrant	56
D2751 Crown - porcelain fused to predominantly base metal	93	D4211 Gingivectomy or gingivoplasty - per tooth	19
D2752 Crown - porcelain fused to noble metal	93	D4220 Gingival curettage, surgical per quadrant	14
D2780 Crown - 3/4 cast high noble metal	70	D4240 Gingival flap procedure, including root planing - per quadrant	17
D2781 Crown - 3/4 cast predominantly base metal	70	D4245 Apically positioned flap	67
D2782 Crown - 3/4 cast noble metal	70	D4260 Osseous surgery (including flap entry and closure) - per quadrant	79
D2783 Crown - 3/4 cast porcelain/ceramic	70	D4266 Guided tissue regeneration - resorbable barrier, per site	45
D2790 Crown - full cast high noble metal	93	D4267 Guided tissue regeneration - nonresorbable barrier, per site	46
D2791 Crown - full cast predominantly base metal	93	D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	34
D2792 Crown - full cast noble metal	93	Non-Surgical Periodontal Services	
D2799 Provisional crown	8	D4341 Periodontal scaling and root planing, per quadrant	17
Other Restorative Services		Other Periodontal Services	
D2910 Recement inlay	0	D4910 Periodontal maintenance procedures (following active therapy)	11
D2920 Recement crown	0	Complete Dentures	
D2930 Prefabricated stainless steel crown - primary tooth	18	<i>(Including routine post delivery care)</i>	
D2940 Sedative filling	0	D5110 Complete denture - maxillary	100
D2950 Core buildup including any pins	18	D5120 Complete denture - mandibular	100
D2951 Pin retention - per tooth, in addition to restoration	3	D5130 Immediate denture - maxillary	107
D2952 Cast post and core in addition to crown	28	D5140 Immediate denture - mandibular	107
D2953 Each additional cast post - same tooth	14	Partial Dentures	
D2954 Prefabricated post and core in addition to crown	19	<i>(Including routine post delivery care)</i>	
D2955 Post removal (not in conjunction w/endodontic therapy)	12	D5211 Upper partial denture - resin base (incl. any conventional clasps, rests & teeth)	107
D2957 Each additional prefabricated post - same tooth	10	D5212 Lower partial denture - resin base (incl. any conventional clasps, rests & teeth)	107
D2970 Temporary crown (fractured tooth)	8	D5213 Upper partial denture - cast metal base (incl. any conventional clasps, rests & teeth)	107
D2980 Crown repair, by report	8	D5214 Lower partial denture - cast metal base (incl. any conventional clasps, rests & teeth)	107
Pulpotomy		D5281 Removable unilateral partial denture - one piece cast metal (incl. clasps & teeth)	63
D3220 Therapeutic pulpotomy (excluding final restoration)	0	Endodontic Therapy	
D3221 Gross pulpal debridement	0	<i>(Including treatment plan, clinical procedures, post-op care)</i>	
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0	D3310 Anterior (excluding final restoration)	0
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0	D3320 Bicuspid (excluding final restoration)	0
Endodontic Therapy		D3330 Molar (excluding final restoration)	0
<i>(Including treatment plan, clinical procedures, post-op care)</i>		Endodontic Re-treatment	
D3310 Anterior (excluding final restoration)	0	<i>(Including root canal therapy)</i>	
D3320 Bicuspid (excluding final restoration)	0	D3346 Retreatment of previous root canal therapy - anterior	0
D3330 Molar (excluding final restoration)	0		

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Adjustments to Dentures			
D5410	0	D6752	93
D5411	0	D6780	67
D5421	0	D6781	67
D5422	0	D6782	67
Repairs to Complete & Partial Dentures			
D5510	0	D6783	67
D5520	0	D6790	93
D5610	0	D6791	93
D5620	0	D6792	93
D5630	0	Other Fixed Partial Denture Services	
D5640	0	D6930	0
D5650	0	D6970	28
D5660	0	D6971	25
Denture Rebase Procedures			
D5710	0	D6972	19
D5711	0	D6973	18
D5720	0	D6976	13
D5721	0	D6977	10
Denture Reline Procedures			
D5730	0	D6980	19
D5731	0	Extractions	
D5740	0	<i>(Including local anesthesia and routine post-operative care)</i>	
D5741	0	D7110	0
D5750	0	D7120	0
D5751	0	D7130	0
D5760	0	Surgical Extractions	
D5761	0	<i>(Including local anesthesia and routine post-operative care)</i>	
Fixed Partial Denture Pontics			
D6210	93	D7210	0
D6211	93	D7220	0
D6212	93	D7230	0
D6240	93	D7240	0
D6241	93	D7241	0
D6242	93	D7250	0
D6245	93	Other Surgical Procedures	
D6250	93	D7280	9
D6251	93	D7281	8
D6252	93	Alveoplasty	
D6519	93	<i>(Surgical preparation of ridge for dentures)</i>	
D6520	93	D7310	5
D6530	93	D7320	4
D6543	93	Removal of Tumors, Cysts and Neoplasms	
D6544	93	D7450	25
D6545	35	D7451	40
D6548	35	Other Repair Procedures	
Fixed Partial Denture Retainers - Crowns			
D6720	93	D7971	11
D6721	93		
D6722	93		
D6740	93		
D6750	93		
D6751	93		

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Limited Orthodontic Treatment			
D8010	Limited orthodontic treatment of the primary dentition		252
D8020	Limited orthodontic treatment of the transitional dentition		318
D8030	Limited orthodontic treatment of the adolescent dentition		451
D8040	Limited orthodontic treatment of the adult dentition		383
Interceptive Orthodontic Treatment			
D8050	Interceptive orthodontic treatment of the primary dentition		371
D8060	Interceptive orthodontic treatment of the transitional dentition		514
Comprehensive Orthodontic Treatment (Standard 24-month case)			
D8070	Comprehensive orthodontic treatment of the transitional dentition		1,316
D8080	Comprehensive orthodontic treatment of the adolescent dentition		1,416
D8090	Comprehensive orthodontic treatment of the adult dentition		1,452
Other Orthodontic Services			
D8670	Periodic orthodontic visit (beyond 24 months)		35
D8680	Orthodontic retention		124
Adjunctive General Services			
D9110	Palliative (emergency) treatment of dental pain - minor procedure		0