United Concordia dental®

Concordia Plus
Schedule of Benefits
Plan CA 31

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.

ADA Code	ADA Description	Member Pays $ In Network
Clinical Oral Evaluations		
D0120	Periodic oral evaluation - established patient	0
D0140	Limited oral evaluation - problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0160	Detailed and extensive oral evaluation – problem focused, by report	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0171	Re-evaluation – post-operative office visit	0
D0180	comprehensive periodontal evaluation – new or established patient	0
Diagnostic Imaging		
D0210	Intraoral – comprehensive 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
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0
D0251	Extra-oral posterior dental 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

ADA Code	ADA Description	Member Pays $ In Network
Diagnostic Imaging		
D0277	Vertical bitewings - 7 to 8 radiographic images	0
D0330	Panoramic radiographic image	0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	0
D0373	Intraoral tomosynthesis – bitewing radiographic image	0
D0374	Intraoral tomosynthesis – periapical radiographic image	0
D0396	3D printing of a 3D dental surface scan	0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	0
D0416	Viral culture	0
D0417	collection and preparation of saliva sample for laboratory analysis	20
D0418	analysis of saliva sample – laboratory	20
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	0
D0423	Genetic test for susceptibility to diseases – specimen analysis	0
D0425	Caries susceptibility tests	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
D0460	Pulp vitality tests	0

ADA Code	ADA Description	Member Pays $ In Network
Tests and Examinations		
D0461	testing for cracked tooth	0
D0470	Diagnostic casts	0
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
D0603	Caries risk assessment and documentation, with a finding of high risk	0
Oral Pathology Laboratory (Use Codes D0472 - D0502)		
D0472	Accession of tissue, gross examination, preparation and transmission of written report	15
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	30
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	50
D0502	Other oral pathology procedures, by report	0
Dental Prophylaxis		
D1110	Prophylaxis, Adult (1 per 6 months)	0 ↗
D1120	Prophylaxis, Child (1 per 6 months)	0 ↗
Topical Fluoride Treatment (Office Procedure)		
D1206	Topical application of fluoride varnish	0
D1208	Topical application of fluoride – excluding varnish	0
Other Preventive Services		
D1301	Immunization counseling	0
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth	0
D1353	Sealant repair – per tooth	0
D1354	Application of caries arresting medicament – per tooth	15
D1355	Caries preventive medicament application – per tooth	15
Space Maintenance (Passive Appliances)		
D1510	Space maintainer - fixed, unilateral – per quadrant	21
D1516	Space maintainer - fixed - bilateral, maxillary	32
D1517	Space maintainer - fixed - bilateral, mandibular	32

ADA Code	ADA Description	Member Pays $ In Network
Space Maintenance (Passive Appliances)		
D1520	Space maintainer - removable, unilateral - per quadrant	40
D1526	Space maintainer - removable - bilateral, maxillary	45
D1527	Space maintainer - removable - bilateral, mandibular	45
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	0
D1556	Removal of fixed unilateral space maintainer - per quadrant	8
D1557	Removal of fixed bilateral space maintainer - maxillary	8
D1558	Removal of fixed bilateral space maintainer - mandibular	8
Space Maintainers		
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	21
Amalgam Restorations (Including Polishing)		
D2140	Amalgam - one surface, primary or permanent	0
D2150	Amalgam - two surfaces, primary or permanent	0
D2160	Amalgam - three surfaces, primary or permanent	0
D2161	Amalgam - four or more surfaces, primary or permanent	0
Resin-Based Composite Restorations - Direct		
D2330	Resin-based composite - one surface, anterior	0
D2331	Resin-based composite - two surfaces, anterior	0
D2332	Resin-based composite - three surfaces, anterior	0
D2335	Resin-based composite - four or more surfaces (anterior)	0
D2390	Resin-based composite crown, anterior	0
D2391	resin-based composite – one surface, posterior	85
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
Inlay/Onlay Restorations		
D2510	Inlay - metallic - one surface	62 ◆
D2520	Inlay - metallic - two surfaces	70 ◆
D2530	Inlay - metallic - three or more surfaces	70 ◆
D2542	Onlay - metallic - two surfaces	80 ◆
D2543	Onlay - metallic - three surfaces	80 ◆
D2544	Onlay - metallic - four or more surfaces	85 ◆

ADA Code	ADA Description	Member Pays $ In Network
Crowns - Single Restorations Only		
D2710	Crown - resin-based composite (indirect)	50
D2712	Crown - ¾ resin-based composite (indirect)	50
D2720	Crown - resin with high noble metal	110 ◆
D2721	Crown - resin with predominantly base metal	110
D2722	Crown - resin with noble metal	110 ◆
D2740	Crown - porcelain/ceramic	130
D2750	Crown - porcelain fused to high noble metal	110 ◆
D2751	Crown - porcelain fused to predominantly base metal	110
D2752	Crown - porcelain fused to noble metal	110 ◆
D2753	Crown - porcelain fused to titanium and titanium alloys	110
D2780	Crown - 3/4 cast high noble metal	110 ◆
D2781	Crown - 3/4 cast predominantly base metal	110
D2782	Crown - 3/4 cast noble metal	110 ◆
D2783	Crown - 3/4 porcelain/ceramic	130
D2790	Crown - full cast high noble metal	110 ◆
D2791	Crown - full cast predominantly base metal	110
D2792	Crown - full cast noble metal	110 ◆
D2794	Crown - titanium and titanium alloys	110
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	0
Other Restorative Services		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	5
D2920	Re-cement or re-bond crown	5
D2930	Prefabricated stainless steel crown - primary tooth	20
D2931	Prefabricated stainless steel crown - permanent tooth	25
D2932	Prefabricated resin crown	30
D2933	Prefabricated stainless steel crown with resin window	30
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	30
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	0
D2952	Post and core in addition to crown, indirectly fabricated	22

ADA Code	ADA Description	Member Pays $ In Network
Other Restorative Services		
D2953	Each additional indirectly fabricated post - same tooth	10
D2954	Prefabricated post and core in addition to crown	19
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	0
D2981	Inlay repair necessitated by restorative material failure	0
D2982	Onlay repair necessitated by restorative material failure	0
D2991	Application of hydroxyapatite regeneration medicament – per tooth	45
Pulp Capping		
D3110	Pulp cap - direct (excluding final restoration)	0
D3120	Pulp cap - indirect (excluding final restoration)	0
Pulpotomy		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	9
D3221	Pulpal debridement, primary and permanent teeth	9
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	9
Endodontic Therapy On Primary Teeth		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	10
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	12
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	40
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	60
D3330	Endodontic therapy, molar tooth (excluding final restoration)	95
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy - anterior	55
D3347	Retreatment of previous root canal therapy - premolar	58
D3348	Retreatment of previous root canal therapy - molar	75
Apexification/Recalcification		
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	90

ADA Code	ADA Description	Member Pays $ In Network
Apexification/Recalcification		
D3352	Apexification/recalcification – interim medication replacement	75
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	65
Pulpal Regeneration		
D3355	Pulpal regeneration - initial visit	90
D3356	Pulpal regeneration - interim medication replacement	75
D3357	Pulpal regeneration - completion of treatment	75
Apicoectomy/Periradicular Services		
D3410	Apicoectomy - anterior	55
D3421	Apicoectomy - premolar (first root)	55
D3425	Apicoectomy - molar (first root)	55
D3426	Apicoectomy (each additional root)	20
D3430	Retrograde filling - per root	0
D3450	Root amputation - per root	0
D3471	Surgical repair of root resorption - anterior	55
D3472	Surgical repair of root resorption – premolar	55
D3473	Surgical repair of root resorption – molar	55
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	55
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	55
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	55
Other Endodontic Procedures		
D3910	Surgical procedure for isolation of tooth with rubber dam	0
D3920	Hemisection (including any root removal), not including root canal therapy	25
D3921	Decoronation or submergence of an erupted tooth	15
D3950	Canal preparation and fitting of preformed dowel or post	0
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	20
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	10
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	35

ADA Code	ADA Description	Member Pays $ In Network
Surgical Services (Including Usual Postoperative Care)		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	14
D4245	Apically positioned flap	40
D4249	Clinical crown lengthening – hard tissue	50
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	50
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	20
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)	33
D4286	Removal of non-resorbable barrier	0
Non-Surgical Periodontal Service		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	15
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	4
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	20
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	0
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	43
Other Periodontal Services		
D4910	Periodontal maintenance	20
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	9
D4921	Gingival irrigation with a medicinal agent – per quadrant	25
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	Complete denture - maxillary	150
D5120	Complete denture - mandibular	150
D5130	Immediate denture - maxillary	165
D5140	Immediate denture - mandibular	165
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	90

ADA Code	ADA Description	Member Pays $ In Network
Partial Dentures (Including Routine Post-Delivery Care)		
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	90
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	90
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	90
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	144
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	144
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	90
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	90
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	100
D5283	Removable unilateral partial denture – one piece cast metal (including rententive/clasping materias, rests, and teeth), mandibular	100
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	100
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	100
Adjustments To Dentures		
D5410	Adjust complete denture - maxillary	5
D5411	Adjust complete denture - mandibular	5
D5421	Adjust partial denture - maxillary	5
D5422	Adjust partial denture - mandibular	5
Repairs To Complete Dentures		
D5511	Repair broken complete denture base, mandibular	10

ADA Code	ADA Description	Member Pays $ In Network
Repairs To Complete Dentures		
D5512	Repair broken complete denture base, maxillary	10
D5520	Replace missing or broken teeth – complete denture – per tooth	10
Repairs To Partial Dentures		
D5611	Repair resin partial denture base, mandibular	10
D5612	Repair resin partial denture base, maxillary	10
D5621	Repair cast partial framework, mandibular	10
D5622	Repair cast partial framework, maxillary	10
D5630	Repair or replace broken retentive clasping materials – per tooth	10
D5640	Replace missing or broken teeth – partial denture – per tooth	10
D5650	Add tooth to existing partial denture – per tooth	10
D5660	Add clasp to existing partial denture - per tooth	10
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	82
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	82
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	7
D5711	Rebase complete mandibular denture	7
D5720	Rebase maxillary partial denture	5
D5721	Rebase mandibular partial denture	5
D5725	Rebase hybrid prosthesis	5
Denture Reline Procedures		
D5730	Reline complete maxillary denture (direct)	10
D5731	Reline complete mandibular denture (direct)	10
D5740	Reline maxillary partial denture (direct)	10
D5741	Reline mandibular partial denture (direct)	10
D5750	Reline complete maxillary denture (indirect)	25
D5751	Reline complete mandibular denture (indirect)	25
D5760	Reline maxillary partial denture (indirect)	25
D5761	Reline mandibular partial denture (indirect)	25
Other Removable Prosthetic Services		
D5765	Soft liner for complete or partial removable denture – indirect	10
D5850	Tissue conditioning, maxillary	5
D5851	Tissue conditioning, mandibular	5
D5863	overdenture – complete maxillary – natural tooth borne	150
D5864	overdenture – partial maxillary – natural tooth borne	125

ADA Code	ADA Description	Member Pays $ In Network
Other Removable Prosthetic Services		
D5865	overdenture – complete mandibular – natural tooth borne	150
D5866	overdenture – partial mandibular – natural tooth borne	125
Interim Prosthesis		
D5810	Interim complete denture (maxillary)	165
D5811	Interim complete denture (mandibular)	165
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	80
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	80
Fixed Partial Denture Pontics		
D6205	Pontic - indirect resin based composite	130
D6210	Pontic - cast high noble metal	100 ◆
D6211	Pontic - cast predominantly base metal	100
D6212	Pontic - cast noble metal	100 ◆
D6214	Pontic - titanium and titanium alloys	100
D6240	Pontic - porcelain fused to high noble metal	100 ◆
D6241	Pontic - porcelain fused to predominantly base metal	100
D6242	Pontic - porcelain fused to noble metal	100 ◆
D6243	Pontic - porcelain fused to titanium and titanium alloys	100
D6245	Pontic - porcelain/ceramic	130
D6250	Pontic - resin with high noble metal	100 ◆
D6251	Pontic - resin with predominantly base metal	100
D6252	Pontic - resin with noble metal	100 ◆
Fixed Partial Denture Retainers - Inlays/Onlays		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	90
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	135
D6549	Retainer – resin bonded fixed prosthesis	90
D6602	Retainer inlay - cast high noble metal, two surfaces	70 ◆
D6603	Retainer inlay - cast high noble metal, three or more surfaces	70 ◆
D6604	Retainer inlay - cast predominantly base metal, two surfaces	70
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	70
D6606	Retainer inlay - cast noble metal, two surfaces	70 ◆
D6607	Retainer inlay - cast noble metal, three or more surfaces	70 ◆
D6610	Retainer onlay - cast high noble metal, two surfaces	80 ◆
D6611	Retainer onlay - cast high noble metal, three or more surfaces	80 ◆

ADA Code	ADA Description	Member Pays $ In Network
Fixed Partial Denture Retainers - Inlays/Onlays		
D6612	Retainer onlay - cast predominantly base metal, two surfaces	80
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	80
D6614	Retainer onlay - cast noble metal, two surfaces	80 ◆
D6615	Retainer onlay - cast noble metal, three or more surfaces	80 ◆
D6624	Retainer inlay - titanium	70
D6634	Retainer onlay - titanium	85
Fixed Partial Denture Retainers - Crowns		
D6710	Retainer crown - indirect resin based composite	130
D6720	Retainer crown - resin with high noble metal	110 ◆
D6721	Retainer crown - resin with predominantly base metal	110
D6722	Retainer crown - resin with noble metal	110 ◆
D6740	Retainer crown - porcelain/ceramic	130
D6750	Retainer crown - porcelain fused to high noble metal	110 ◆
D6751	Retainer crown - porcelain fused to predominantly base metal	100
D6752	Retainer crown - porcelain fused to noble metal	100 ◆
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	100
D6780	Retainer crown - 3/4 cast high noble metal	100 ◆
D6781	Retainer crown - 3/4 cast predominantly base metal	100
D6782	Retainer crown - 3/4 cast noble metal	100 ◆
D6783	Retainer crown - 3/4 porcelain/ceramic	130
D6784	Retainer crown ¾ - titanium and titanium alloys	100
D6790	Retainer crown - full cast high noble metal	100 ◆
D6791	Retainer crown - full cast predominantly base metal	100
D6792	Retainer crown - full cast noble metal	100 ◆
D6794	Retainer crown - titanium and titanium alloys	100
Other Fixed Partial Denture Services		
D6930	Re-cement or re-bond fixed partial denture	0
D6940	Stress breaker	100
D6950	Precision attachment	150
D6980	Fixed partial denture repair necessitated by restorative material failure	0
Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)		
D7111	Extraction, coronal remnants – primary tooth	0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0

ADA Code	ADA Description	Member Pays $ In Network
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	15
D7220	Removal of impacted tooth - soft tissue	20
D7230	Removal of impacted tooth - partially bony	25
D7240	Removal of impacted tooth - completely bony	30
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	40
D7250	Removal of residual tooth roots (cutting procedure)	10
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	30
Other Surgical Procedures		
D7259	Nerve dissection	20
D7280	Exposure of an unerupted tooth	16
D7283	Placement of device to facilitate eruption of impacted tooth	4
D7284	Excisional biopsy of minor salivary glands	245
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	25
D7286	incisional biopsy of oral tissue – soft	25
D7288	Brush biopsy - transepithelial sample collection	45
Alveoloplasty - Preparation of Ridge		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	15
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	9
Excision of Intra-Osseous Lesions		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	40
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	125
Excision of Bone Tissue		
D7471	Removal of lateral exostosis (maxilla or mandible)	65
D7472	Removal of torus palatinus	65
D7473	Removal of torus mandibularis	65
D7485	Reduction of osseous tuberosity	130
Surgical Incision		
D7509	Marsupialization of odontogenic cyst	245

ADA Code	ADA Description	Member Pays $ In Network
Surgical Incision		
D7510	Incision and drainage of abscess - intraoral soft tissue	15
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	35
D7520	Incision and drainage of abscess - extraoral soft tissue	25
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	55
Repair of Traumatic Wounds		
D7910	Suture of recent small wounds up to 5 cm	30
Other Repair Procedures		
D7961	Buccal / labial frenectomy (frenulectomy)	20
D7962	Lingual frenectomy (frenulectomy)	20
D7963	Frenuloplasty	10
D7970	Excision of hyperplastic tissue - per arch	30
D7971	Excision of pericoronal gingiva	15
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	1500
D8020	Limited orthodontic treatment of the transitional dentition	1500
D8030	Limited orthodontic treatment of the adolescent dentition	1500
D8040	Limited orthodontic treatment of the adult dentition	1500
Comprehensive Orthodontic Treatment		
D8070	Comprehensive orthodontic treatment of the transitional dentition	1500
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1500
D8090	Comprehensive orthodontic treatment of the adult dentition	2000
Minor Treatment To Control Harmful Habits		
D8210	Removable appliance therapy	750
D8220	Fixed appliance therapy	750
Other Orthodontic Services		
D8660	Pre-orthodontic treatment examination to monitor growth and development	30
D8670	Periodic orthodontic treatment visit	0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	240
✞	Orthodontic Records Fee	265
Unclassified Treatment		
D9110	Palliative treatment of dental pain – per visit	8
D9120	Fixed partial denture sectioning	35
Anesthesia		

ADA Code	ADA Description	Member Pays $ In Network
Anesthesia		
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	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	80
D9223	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	80
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	120
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	120
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	85
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	85
Professional Consultation		
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
Professional Visits		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	Office visit - after regularly scheduled hours	40
D9450	Case presentation, subsequent to detailed and extensive treatment planning	0
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
D9942	Repair and/or reline of occlusal guard	45
D9943	Occlusal guard adjustment	38
D9944	Occlusal guard – hard appliance, full arch	150
D9946	Occlusal guard – hard appliance, partial arch	150
D9951	Occlusal adjustment - limited	5
D9952	Occlusal adjustment - complete	25

ADA Code	ADA Description	Member Pays $ In Network
Miscellaneous Services		
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	125
Non-Clinical Procedures		
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 case management - patients with special health care needs	0
Foot Notes		
♂	Additional Child prophylaxis (maximum of 1 additional per 6 months)	30
♂	Additional adult prophylaxis (maximum of 1 additional per 6 months)	40
✞	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.	
◆	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.	

SCHEDULE OF EXCLUSIONS & 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 an Out-of- 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, cosmetic orthodontics, 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, appliance therapy, or any other method that restores tooth structure lost due to attrition, erosion, or abrasion in the absence of pain, sensitivity, decay, or fracture.
14. For replacement of lost, missing, stolen or damaged prosthetic device or for duplicate dentures, prosthetic devices, or any duplicative device.
15. For same-day crowns, and for replacement of crowns, bridges, appliances, partials, and dentures which, in the opinion of the treating dentist, are serviceable (repairable).
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 for self-administered (DIY) orthodontics.
19. For surgical insertion and/or removal of implants, and any appliances, restorations and/or prosthetics attached to implants.
20. For elective procedures, including, but not limited to, prophylactic extractions of third molars.
21. 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 In-Network orthodontics, oral surgery, periodontics, endodontics, and pediatric dentistry.
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. Members must remain in the Plan while they are undergoing orthodontic treatment. Any early termination can result in additional charges by the orthodontist 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. Excluded for members aged sixteen (16) and over.
5. Application of Caries Arresting and Caries Preventing medicament - limited to one (1) per six (6) consecutive months through age eighteen (18). Excluded for members aged nineteen (19) and over.
6. Fluoride treatment - one (1) per six (6) consecutive months through age eighteen (18). Excluded for members aged nineteen (19) and over.
7. Application of Hydroxyapatite Regeneration Medicament - limited to two (2) per tooth per twelve (12) months through age six (6); one (1) per tooth per twelve (12) months ages seven (7) through twelve (12). Excluded for members aged thirteen (13) and over.
8. Periodontal maintenance following active periodontal therapy – two (2) per twelve (12) consecutive months.
9. Scaling in the presence of generalized inflammation – one (1) per six (6) months in combination with routine prophylaxis.
10. Periodontal scaling and root planing – one (1) per twenty-four (24) consecutive month period per area of the mouth.
11. Surgical periodontal procedures – one (1) per twenty-four (24) consecutive month period per area of the mouth, with a history of periodontal scaling and root planning, periodontal maintenance, or comprehensive periodontal evaluation within the previous twenty-four (24) months.
12. Root canal retreatment – one (1) per tooth per lifetime.
13. Panoramic or full mouth x-rays – one (1) every three (3) years.
14. Bitewing x-rays – one (1) set per six (6) consecutive months.
15. Prophylaxis – one (1) per six (6) consecutive months, unless otherwise specified in the Schedule of Benefits in combination with scaling in the presence of generalized inflammation.
16. Crown lengthening – one (1) per tooth per lifetime.
17. 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.
18. Subsequent denture relining or rebasing - limited to one (1) every thirty-six (36) consecutive months thereafter.
19. Administration of I.V. sedation or general anesthesia is limited to the covered extractions of one (1) or more impacted teeth (soft tissue, partial bony or complete bony impactions).
20. Administration of Nitrous Oxide is covered for pediatric members up to age seven (7). Excluded for members aged eight (8) and over.
21. 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.
22. Teledentistry - only problem focused, initial limited oral evaluation and re- evaluation, are reportable and covered when performed via acceptable Teledentistry methods.