

PPO Plan Deviations

United Concordia proposes to duplicate ASRS's current PPO plans with our deviations as noted:

- *Physical Exam: We may ask you to be examined as often as we require at any time we choose. We will pay for any exam we require.*

United Concordia does not require a physical exam for dental treatment.

- *Vision Plan: You and your covered dependents are eligible for discounted vision services.*

United Concordia is proposing our discount vision program for ASRS participants, offering reductions on certain vision services at participating Davis Vision locations.

- *Type II dental services*

Minor periodontics

Adjunctive Periodontal Service

- *Scaling and Root Planing -- no more than 1 time per area of the mouth in any 24 months in a row. The benefit for three or more quadrants of scaling and root planing, performed during the same appointment, will be limited to benefits equivalent to one quadrant of scaling and root planing. Benefits for prophylaxis and scaling and root planing, performed during the same appointment, will be based on the allowable charge for a prophylaxis. Benefits for scaling and root planing and periodontal maintenance, performed during the same appointment, will be based on the allowable charge for periodontal maintenance.*

Other periodontal services

- *Periodontal Maintenance -- no more than 2 times per Calendar year. Service is deemed to include scaling and root planing, a recall evaluation, charting, polishing of teeth, and oral hygiene instruction. (Frequencies combined with prophylaxis).*

Under United Concordia's standard policy, periodontal maintenance (D4910) will be denied as integral when reported with scaling and root planning on the same day by the same provider.

- *Type III dental services*

Repairs To Complete Dentures, Partial Dentures, Or Fixed Partial Dentures

- *Only if more than 6 months have passed since the initial insertion.*

Adjustment To Dentures

- *No more than 1 time in any 12 months in a row. Only if more than 6 months have passed since the initial insertion.*

Under United Concordia's standard policy, adjustments by the same provider within six months of insertion are denied as integral.

- *Type III dental services*

Major Restorations -- Maintenance -- For applicable procedures, the service is deemed to include local anesthesia, temporary restorations and appliances, and one year follow-up care.

Under United Concordia's standard policy, local anesthesia is integral when in conjunction with procedures; temporary restorations are considered integral; recement/rebond of crowns, inlays, onlays or post and cores are denied as integral when provided within 12 months following insertion by the same provider; and adjustments for complete dentures by the same provider within six months of insertion are denied as integral.

- *Topical Fluoride Treatment*

No more than 1 time in any 12 months in a row. Only for children under age 14 years.

Under United Concordia's standard policy, topical fluoride treatment is covered as one per calendar year.

- *Sealants*

No more than 1 time per tooth per person. Only for children under age 16 years. Only for permanent molar teeth.

Sealants are covered for dependent children through age 15 on permanent first and second molars. The teeth being sealed must be free of caries and there can be no previous restoration on the surface being sealed.

We cover one sealant per tooth within a three-year period. Sealants are denied as integral when provided on the same day or within three years. A sealant provided within 12 months following placement by the same dentist will be denied as integral.

- *Space Maintenance (Passive Appliances)*

Only for children under age 16 years. Service is deemed to include all adjustments made, or recementing done, within 6 months of installation.

Space maintainers are covered once per five years for members under age 14.

Payment limited to specific primary molars and specific permanent first molars.

- *Treatment to Control Harmful Habits*

Not covered if orthodontic related. Once per person. Only for children under age 16 years.

Occlusal guards are not covered; guards are typically covered under our TMD rider.

- *Radiographs-Diagnostic Imaging*

Bitewings no more than 1 time in any 12 months in a row.

Bitewings are covered as one set per 12 months for participants under age 19 and one set per 18 months for participants 19 and older. Two films per occurrence are allowed for patients under age six.

- *Type II Dental Services*

Radiographs-Diagnostic Imaging

Complete Series (Including Bitewings) or Panoramic Film – No more than 1 time in any 60 months in a row. A complete series is deemed to include bitewing x-rays and 10 or more periapical x-rays, or a panoramic film.

- *One of either service no more than 1 time in any 60 months in a row. Benefits for a panoramic film may also be payable in connection with the removal of impacted teeth.*

Periapical – No more than 4 x-rays in any 12 months in a row.

Occlusal Film – No more than 2 films in any 12 months in a row.

Extraoral – No more than 2 films in any 12 months in a row.

Sialography

Full mouth radiographs (D0210 and D0330) are limited to only one of these services in five years. Occlusal film is limited to two images per 24 month period. Extraoral films (D0250, D0251) and sialography are not covered.

- *Minor Restorations (Fillings)*

Amalgam and Composite Restorations

- *Replacement of existing minor restoration (filling) is deemed to be a covered dental service only if at least 24 months have passed since existing minor restoration (filling) was placed, unless required by new decay in an additional tooth surface.*
- *The service is deemed to include local anesthesia.*
- *Multiple restorations on one surface are deemed to be a single restoration.*
- *Mesial-lingual, distal-lingual, mesial-facial, and distal-facial resin restorations on anterior teeth are deemed to be single surface restorations.*

Replacement is not to be within 24 months of previous placement of any basic restoration. Restorations provided on a posterior tooth involving two or more surfaces are coded as follows:

- **If the surfaces are non-contiguous (not touching), they are coded as separate single surface restorations.**
 - **If the surfaces are contiguous (touching), they are combined and coded as one multi-surface restoration, regardless of being reported as separate restorations.**
 - **Related procedures to restorations are denied as integral, such as local anesthesia, acid etch, bases/liners, occlusal adjustment, polishing, preparation of gingival tissue, etc.**
 - **A restoration provided within 24 months following a previous restoration is not covered.**
- *Pin Retention – No more than 1 time per restoration. Deemed to be a covered dental service only in conjunction with amalgam or resin restoration.*

An allowance is made for pins per restoration regardless of the number used. Pins provided without a restoration are not covered.

- *Minor Periodontics*

Adjunctive Periodontal Service

- *Provisional Splinting -- covered dental services do not include inlays, onlays, crowns, or other cast or prepared restorations made for the purpose of splinting.*
- *Scaling and Root Planing -- no more than 1 time per area of the mouth in any 24 months in a row. The benefit for three or more quadrants of scaling and root planing, performed during the same appointment, will be limited to benefits equivalent to one quadrant of scaling and root planing. Benefits for prophylaxis and scaling and root planing, performed during the same appointment, will be based on the allowable charge for a prophylaxis. Benefits for scaling and root planing and periodontal maintenance, performed during the same appointment, will be based on the allowable charge for periodontal maintenance.*
- *Occlusal Adjustment -- no more than 1 full mouth treatment in any 12 months in a row. Only when performed with periodontal surgery (regardless of whether the periodontal surgery itself is a covered dental service).*

Intracoronaral and extracoronaral splinting (D4320, D4321) are not covered. Scaling and root planing is limited to once per area of the mouth per 36 months. It is not covered when provided within 36 months following surgical periodontal procedures or scaling and root planing in the same area of the mouth by the same provider.

Scaling and root planing will be denied as integral on the same day by the same provider in the same area as surgical periodontal procedures and is not covered when provided within six months following scaling in the presence of inflammation (D4346).

Occlusal adjustment (D9951, D9952) is not covered. These procedures are covered under our TMD Rider.

- *Other Periodontal Services*

Periodontal Maintenance – no more than 2 times per Calendar year. Service is deemed to include scaling and root planing, a recall evaluation, charting, polishing of teeth, and oral hygiene instruction. (Frequencies combined with prophylaxis.)

Two periodontal maintenance procedures are allowed per calendar year, regardless of which dentist provides them as long as the following criteria are met:

- **The patient has periodontal coverage.**
- **The periodontal maintenance procedures are performed following active periodontal treatment.**

- *Other Type II Services*

Bacteriologic Studies For Determination of Pathologic Agents

Palliative (Emergency) Treatment of Dental Pain - Minor Procedure Deemed to be a separate covered dental service only if no other service is rendered during the visit, except x-rays.

Therapeutic Drug Injection

Accession and examination of tissue

Tests are not covered. Palliative treatment is denied as integral to definitive treatment when provided on the same day by the same provider unless there are extenuating circumstances. Payment is limited to two per 12 months in combination with pulpal debridement; only two of these procedures are allowed in 12 months.

When a definitive procedure, such as a restoration, is reported on the same day by the same dentist as palliative emergency treatment (D9110), the palliative emergency treatment will be denied as an integral procedure eligible once per day.

Therapeutic drugs (D9610, D9612) are not covered.

- *General Exclusions*

Covered dental expenses and covered dental services do not include, and we will not pay benefits for, the following:

treatment performed outside of the United States of America, other than emergency dental treatment. However, for such emergency dental treatment, the benefits payable shall not exceed the allowable charge for the treatment at your employer's principal address (shown in the application for insurance) in the USA.

United Concordia will need to know what services ASRS considers emergency dental treatment in order to administer. Emergency dental treatment must be defined at the procedure code level; all other services performed by a foreign provider will deny as not covered.

United Concordia prices services performed by foreign providers at charge and the member is reimbursed in U.S. dollars.