



UNITED CONCORDIA<sup>®</sup> DENTAL  
Protecting More Than Just Your Smile<sup>®</sup>



## Dental Benefits Summary for XYZ Company

Effective Date: January 1, 2019

Network: Concordia Advantage *Plus*

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2 or 5</sup>
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
The College Tuition Benefit® – College Savings Program <sup>6</sup>	<ul style="list-style-type: none"><li>• Earn Tuition Rewards® points redeemable for tuition discounts</li><li>• Receive 2,000 at signup, then 2,000 points/year</li><li>• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points</li><li>• One Tuition Rewards point = \$1 reduction in full tuition</li><li>• Use Tuition Rewards points at participating private colleges and universities</li></ul>	
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Pregnancy Benefit <sup>3</sup>	<ul style="list-style-type: none"><li>• Covers 1 additional cleaning during pregnancy</li><li>• Covers 1 additional periodontal maintenance</li><li>• Scaling and root planing</li><li>• 4 periodontal surgery procedures</li></ul>	
Smile for Health®--Wellness <sup>3</sup> <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none"><li>• Covers 1 additional periodontal maintenance per year and all are covered at 100%</li><li>• Scaling and root planing are covered at 100%</li><li>• 4 periodontal surgery procedures are covered at 100%</li></ul>	
Annual Maximum Rollover <sup>4</sup>	Members can roll over \$300 of unused benefit dollars to the following plan year	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$1,000 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Advantage <i>Plus</i>	Advantage

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the “Disclaimers” link at [www.UnitedConcordia.com](http://www.UnitedConcordia.com). Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.
4. A member is eligible to roll over \$300 of unused benefit dollars to the next plan year if he/she received an exam, used less than 50% of annual program maximum during plan year, and was enrolled in the dental plan a minimum of 100 days prior to end of plan year. Each covered member can roll over \$300 per year, up to \$1,200 per person.
5. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 80<sup>th</sup> or 90<sup>th</sup> Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
6. Tuition Rewards® is a Registered Trademark of and administered by SAGE Scholars, Inc. Participation in the program is contingent upon enrollment with SAGE Scholars, Inc. Tuition Rewards are not an underwritten benefit but a value-added program. Tuition Rewards not available in all jurisdictions (SAGE). SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. “Points” are credits that may be used to discount the cost of Tuition and have no cash value. UCCI does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。

# Your Plan Includes the Pregnancy Benefit

## Enhanced dental coverage for a healthier pregnancy

With the Pregnancy Benefit, United Concordia Dental members get improved coverage for the extra dental care they may need to stay healthy while pregnant.

Pregnant women are more likely to experience oral health problems, including gum disease, due to the many changes their bodies are going through. Also referred to as periodontal disease, gum disease may go unnoticed in its early stages. If left untreated, the early form of gum disease (gingivitis) may progress to a more serious form of gum disease called periodontitis, which has been linked to prematurity and low birth weight.<sup>1</sup>

The Pregnancy Benefit can make it easier and more affordable for members to prevent, treat or manage all stages of gum disease during pregnancy. By registering for the benefit, members become eligible to receive one extra cleaning covered at 100%. If needed, the benefit also covers the full cost of other procedures necessary to treat or manage gum disease, as detailed in the chart below.

Covered Service* (per plan year)	Amount
Cleaning—one additional during pregnancy	100%**
Periodontal Maintenance—one additional procedure above your plan's standard limit	
Scaling & Root Planing†	
Periodontal Surgery—four procedures‡	

\* If necessary in accordance to United Concordia policies, as demonstrated by your dentist's submitted documentation.

\*\* Your standard plan's frequency limitations (how often services are covered), annual maximum (the maximum amount your plan will pay toward services during the plan year), and other details still apply.

† Note to dentists: Now including CDT Code D4346 (Current Dental Terminology © 2016 American Dental Association. All rights reserved.)

‡ Four procedures related to gingival flap or osseous surgeries.

### How to Register

Members can activate the Pregnancy Benefit at no additional cost by reporting their pregnancy to United Concordia any time after their plan's effective date. Here's how:

- Visit **UnitedConcordia.com/GetMDB** from your desktop or mobile device
- Sign into **My Dental Benefits** (or create an account)
- Click the **Wellness** tab at the top menu
- Click the **+Add a new condition**
- Select **Pregnancy** and complete the fields as prompted
- The condition status will show as **ACTIVE** to confirm your registration

Once registered, talk to your dentist about you may need to keep your mouth as healthy as possible during your pregnancy. In some instances, your dentist may recommend procedures beyond what your benefits will cover. Always confirm your plan's coverage before proceeding to avoid surprise charges. You may or may not need the services covered by the Pregnancy Benefit, but your dentist can recommend which (if any) additional procedures can help the condition of your mouth.

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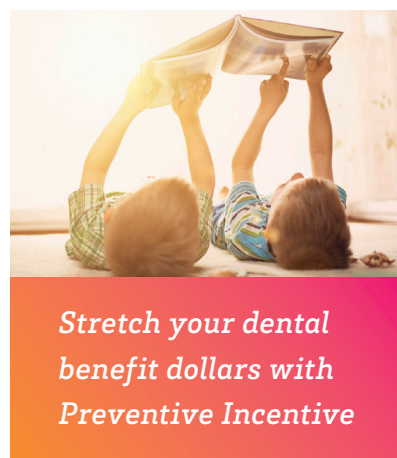
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## Maximize Your Benefits With Preventive Incentive<sup>®</sup>

Who wants the hassle of rollovers, savings accounts or benefits tracking? Preventive Incentive is one way that you can easily stretch your benefit dollars, so you can use them for other covered services. This innovative plan feature is one way that we incentivize you for keeping your mouth healthy. Use this plan feature to get the most out of your dental insurance.

### How it works:

With Preventive Incentive all covered diagnostic and preventive dental services do not count toward your annual plan maximum. Depending on the plan design, these services may include cleanings, exams, x-rays, fluoride treatments and more. It is available from day one—no waiting until the next plan year.



### Assume 100% Coverage for Diagnostic or Preventive Services and \$1,000 Annual Maximum

Annual Preventive Care	You Pay	United Concordia Dental Pays	Annual Maximum Remaining without Preventive Incentive <sup>®</sup>	Annual Maximum Remaining with Preventive Incentive <sup>®</sup>
2 Cleanings	\$0	\$126	\$874	\$1,000
2 Exams	\$0	\$66	\$808	\$1,000
1 Set of X-Rays	\$0	\$40	\$768	\$1,000
<b>Total</b>	<b>\$0</b>	<b>\$232</b>	<b>\$768</b>	<b>\$1,000</b>

For illustrative purposes only. Assumes services provided by United Concordia Dental network dentists; savings will vary by dentist, service and geographic region.

**With Preventive Incentive, you have \$232 more to use on other covered dental services. And, no worries about more out-of-pocket costs.**

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UNITED CONCORDIA® DENTAL

Protecting More Than Just Your Smile®

## Manage your benefits online with **My Dental Benefits**

### After your plan's effective date ...

- Go to [UnitedConcordia.com/mdb](https://UnitedConcordia.com/mdb)
- Select Member
- Enter the ID number found on your insurance card and your birthdate

### A **My Dental Benefits** account helps you:

- Print or view virtual ID cards
- Go paperless with email EOBs
- Check claims and payment status
- See what your plan covers and how much we'll pay
- Evaluate your oral health with *My Dental Assessment*





## Maximize your dental benefits with email from United Concordia Dental

Our member emails help you get the most out of your dental insurance. You'll learn how to use self-service tools to manage your account, and get oral wellness tips to help you maximize your benefits.

### Here's how to sign up:

- Visit [UnitedConcordia.com](https://UnitedConcordia.com)
- Create a **My Dental Benefits** account (turn over for instructions) or log in to your existing account
- Select **Member-Related Emails**

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## Frequently Asked Questions About Your PPO Dental Plan

**Q: Is my dentist in United Concordia's network?**

A: To search for your dentist, visit **UnitedConcordia.com**. Click on **Find a Dentist** and then select your network (see the enclosed benefits summary) and search preferences.

**Q: Why should I visit a network dentist?**

A: You can save time and money by using a network dentist. Our network dentists agree to file claims for you, and to accept our allowances as full payment for covered services. And, most of our dentists accept our allowances for non-covered services or services above your annual maximum. That means you can save money by visiting a network dentist, because our allowances are typically lower than the dentist's standard charges. United Concordia's network dentists undergo rigorous review, so you can be sure you're receiving quality care.

**Q: Can I still see a non-network dentist?**

A: Yes, you can receive care from any licensed dentist. However, if you visit a non-network dentist your benefits may differ and your out-of-pocket expenses could be higher than if you visit a network dentist. If your dentist is not a part of our network, you can nominate him or her for participation. To nominate your dentist, visit the **Members** section of **UnitedConcordia.com**, select **Forms**, and click **Nominate Your Dentist**.

**Q: What can my dentist bill me for?**

A: It depends whether you visit a network or non-network dentist. United Concordia network dentists can only charge you for applicable deductibles and coinsurance amounts. Non-network dentists can charge you for applicable deductibles and coinsurance amounts, and the difference between their standard charges and United Concordia's allowances.

**Q: What information is available online?**

A: In the **Members** section of **UnitedConcordia.com**, you can access forms, frequently asked questions, a glossary of dental terms, and a dental health center containing articles, brochures, videos and kids' pages. Once your plan is effective, you can find your personal benefits information in our online tool, **My Dental Benefits**. After registering, you can review details of your coverage, eligibility, network, claim status and procedure history; and print an ID card.

**Q: What if I have other questions about my dental plan?**

A: Questions about dental treatment should always be discussed with your dentist. For information about your benefits, visit **UnitedConcordia.com** or call Customer Service at 1-800-332-0366.



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# UNITED CONCORDIA® Dental Enrollment Form

For New Enrollment, please complete ALL sections of this form. For Enrollment Changes, please select the applicable "Type of Activity" in Section A and provide the identification number and employee name in Section C (also complete Section D for dependent changes).

Fill in circles completely:



For best results, print in capital letters and avoid contact with edge of box.

Example:

A	B	C
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## SECTION A: GENERAL INFORMATION

### 1. TYPE OF PROGRAM

☐ FFS—Indemnity, Active PPO, Passive PPO

(Please specify)

- ☐ Concordia Access
- ☐ Concordia Choice
- ☐ Concordia Flex
- ☐ Concordia Preferred
- ☐ Concordia Select
- ☐ Other \_\_\_\_\_

☐ DHMO (Please specify)

- ☐ Concordia Plus
- ☐ Other \_\_\_\_\_

Provider Number (DHMO only)

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### 2. TYPE OF ACTIVITY

☐ New Enrollment

☐ Cancel Coverage

☐ Cancel All Coverage (Employee & All Dependents)

☐ Cancel Dependent(s) Only

(List dependents to be cancelled in Section D)

☐ Cancel Spouse Only

(List spouse to be cancelled in Section D)

☐ Change (Include Group Number in Section B)

☐ Add Dependent

(e.g., spouse, domestic partner, child, etc.)

☐ Change Address

☐ Reinstate Coverage

☐ Change Group Number

☐ Change Provider

☐ Change Name

☐ To COBRA Group

☐ Other \_\_\_\_\_

Effective Date (mm/dd/yyyy)

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## SECTION B: EMPLOYER USE ONLY

Employer Name

Group Number (9 digits)

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UCCI Payroll Location

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## SECTION C: EMPLOYEE INFORMATION—Please print clearly to expedite your request.

Identification Number (Social Security Number)

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Date of Birth (mm/dd/yyyy)

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Sex

Original Employment Date (mm/dd/yyyy)

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First Name

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M.I.

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Last Name

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Home Address

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City

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State

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ZIP Code

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**SECTION D: DEPENDENT INFORMATION**—Please list the added/cancelled dependents in this section. For more than six dependent children, complete and attach an additional form. If dependent children listed in this section are disabled or full-time student age 19 or over, please see your group administrator for a Dependent Certification Form, which should be completed and returned with the Dental Enrollment Form.

Spouse/Domestic Partner

Identification Number (Social Security Number)

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Date of Birth (mm/dd/yyyy)

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Sex

Provider Number (DHMO only)

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#1

First Name

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M.I.

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Last Name

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Dependent

Identification Number (Social Security Number)

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Date of Birth (mm/dd/yyyy)

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Sex

Provider Number (DHMO only)

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#2

First Name

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M.I.

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Last Name

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<b>Dependent Identification Number</b> (Social Security Number)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Sex</b>	<b>Provider Number</b> (DHMO only)
#3 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>Dependent Identification Number</b> (Social Security Number)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Sex</b>	<b>Provider Number</b> (DHMO only)
#4 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>Dependent Identification Number</b> (Social Security Number)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Sex</b>	<b>Provider Number</b> (DHMO only)
#5 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>Dependent Identification Number</b> (Social Security Number)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Sex</b>	<b>Provider Number</b> (DHMO only)
#6 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**SECTION E: OTHER DENTAL COVERAGE**—Do you or your dependent(s) have other Group Dental Coverage? Yes ☐ No ☐  
If your answer is yes, please complete the following information.

<b>Policyholder Name</b> (First, M.I., Last)	<b>Insurance Company</b>
<b>Policy/Identification Number</b>	<b>Effective Date</b> (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>

I represent that all information supplied in this application is true and correct. Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

<b>Employee Signature</b>	<b>Phone Number</b>	<b>Email Address</b>	<b>Date</b>
<b>Employer Signature</b>	<b>Phone Number</b>	<b>Date</b>	

## Program Availability

- Products are not available in any state where prohibited by law or where United Concordia does not have regulatory approval.
- Domestic partner coverage is not permitted in Idaho.

## State Mandated Provisions

CA: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.	NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
FL: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.	OR: Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
AZ, All statements made by a Policyholder or by any Insured GA, KY, Member shall be deemed representations and not NE warranties, and no statements made for the purpose of & NH: effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.	OR: Contestability is limited to two years as stated in the Group Policy.
KS: Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.	TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	UT: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the Rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.
NJ: All statements made by applicant are true and complete to the best of the applicant's knowledge and belief. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.	VA: Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

## United Concordia operates as a wholly owned subsidiary under the name listed below in the following states:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• United Concordia Dental Corporation of Alabama—AL</li> <li>• United Concordia Dental Plans, Inc.—DC, MD, NJ</li> <li>• United Concordia Dental Plans of California, Inc.—CA</li> <li>• United Concordia Dental Plans of Florida, Inc.—FL</li> <li>• United Concordia Dental Plans of Kentucky, Inc.—KY</li> <li>• United Concordia Dental Plans of the Midwest, Inc.—MI, MO, OH</li> <li>• United Concordia Dental Plans of Pennsylvania, Inc.—PA</li> </ul> | <ul style="list-style-type: none"> <li>• United Concordia Dental Plans of Texas, Inc.—TX</li> <li>• United Concordia Insurance Company—AK, AR, AZ, CA, CO, CT, FL, GA, HI, IA, ID, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NE, NH, NV, NM, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</li> <li>• United Concordia Life and Health Insurance Company—DE, DC, IL, KY, MD, MO, NC, NJ, PA</li> <li>• United Concordia Insurance Company of New York—NY</li> </ul> |
|---|--|



This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Our Legal Duty

United Concordia Companies, Inc., and its subsidiaries (referred to as United Concordia) are committed to protecting your privacy and are required by applicable federal and state laws to maintain the privacy of your protected health information. "Protected health information" is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse, that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

We are required to give you this notice about our privacy practices, which describes how we may use, disclose, collect, handle and protect our members' protected health information; our legal duties; and your rights concerning your protected health information. We are required to maintain the privacy of your protected health information and inform you of your right to be notified following a breach of your unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 9/23/2013 and will remain in effect until we replace it.

We will continually review our privacy practices to ensure the privacy of our members' protected health information. Due to changing circumstances, it may become necessary to revise our privacy practices and the terms of this notice at any time, provided that changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices, and the new terms of our notice will become effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will revise this notice and notify all affected members in advance of the change. Changes to this notice will be posted on our website, and we will provide you with either the revised notice or information about the changes and how to obtain a revised notice.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

## Uses and Disclosures of Protected Health Information

In order to administer our benefit programs effectively, we collect, use and disclose protected health information for certain of our activities, including payment and health care operations. The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations.

**Payment and Health Care Operations:** We may use and disclose your protected health information to pay claims for services provided to you by providers covered by your plan to: determine your eligibility for benefits, coordinate benefits, examine medical necessity, obtain premiums and/or issue explanations of benefits. We may use and disclose your protected health information to: conduct quality assessment and improvement activities, engage in care coordination or case management, manage our business and rate our risk and determine the premium for your health plan. However, we may not use or disclose your protected health information that is genetic information for underwriting purposes. We may use and/or disclose your protected health information for all activities that are included within the definition of "payment" and "health care operations," but we have not listed all of the activities in this notice so please refer to 45 C.F.R. § 164.501 for a complete list.

**Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf, or to provide certain types of services (such as member service support, utilization management or subrogation). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

**Other Covered Entities:** In addition, we may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

## Other Possible Uses and Disclosures of Protected Health Information

In addition to uses and disclosures for payment and health care operations, we may use and/or disclose your protected health information for the following purposes.

**To Plan Sponsors:** We may disclose your protected health information and the protected health information of others enrolled in your group plan to the plan sponsor to perform plan administration functions. We may also disclose summary health information to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan, or to decide whether to modify, amend or terminate your group health plan. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administration functions for your group plan.

**Benefits and Services:** We may use your protected health information to contact you with information about health-related benefits and services, or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities.

**Others Involved in Your Health Care:** Unless you object, we may release protected health information about you to a friend or family member who is involved in your health care, or to someone who helps pay for your care. We may also disclose protected health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status or location.

**Research, Death:** We may use or disclose your protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, medical examiner or funeral director.

**Public Health and Safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the healthcare system, or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law. For example we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

**Legal Proceedings and Enforcement:** We may disclose your protected health information in response to a court or administrative proceeding or order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, we may disclose your protected health information to law enforcement official to locate or identify a suspect, fugitive, material witness, crime victim or missing person.

**Inmates:** If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official to provide health care to you, for your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for audits, investigations, inspections,

licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws.

**Military and National Security:** We may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence and other national security activities.

**Workers' Compensation:** We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**To You and on Your Authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice below. You may give us written permission to use your protected health information or to disclose it to anyone for any purpose. We may use or disclose to a business associate or to an institutionally related foundation, your protected health information for the purpose of raising funds on our behalf. With each fundraising communication we will provide you with the opportunity to elect not to receive any further fundraising communications. Uses and disclosures for marketing purposes, disclosures that constitute a sale of protected health information and other uses and disclosures not described within this notice will only be made with your written authorization. If you give us authorization, you may change your mind at any time. Your decision to revoke your prior authorization will not affect any use or disclosures made while it was in effect.

Individual Rights

**Access:** You have the right to inspect and copy protected health information about you in a designated record set that may be used to make decisions about your care. To inspect and copy protected health information, you must submit your request in writing to the Privacy Office. You may request that we provide copies in a format other than paper. We will use the format you request unless we cannot practicably do so. We may charge a fee for the costs of copying, mailing or other costs associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If your request is denied, you may request a review of that decision. Under certain conditions, our denial will not be reviewable and we will inform you of that with our decision. The healthcare professional conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

**Accounting:** You have the right to receive a list of instances in which we disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. Your request may be for disclosures made up to 6 years before the date of your request. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure and certain other information. The first list you request will be free. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact the Privacy Office for information on these fees.

**Restriction:** You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these restrictions. If we do, we will follow our agreement, unless the information is needed to provide emergency treatment to you. A request to restrict your protected health information, must be made in writing and must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We will notify you if we end our agreement with you to restrict your protected health information.

**Confidential Communications:** If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example you may ask that we contact you only at your work address or via your work e-mail. Your request must be in writing and must state that the information could endanger you if it is not communicated in confidence by the alternative means or location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may submit in writing a statement disagreeing with the denial, which we will add to the information you wanted to amend. If we accept your request, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Paper Copy of This Notice:** You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time. You may obtain an electronic copy of this notice on our website.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights or you disagree with: (1) a decision we made about access to your protected health information, (2) our response to a request you made to amend or restrict the use or disclosure of your protected health information, or (3) our response to your request to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Office:** United Concordia Privacy Dept.  
**Telephone:** (866) 215-2352 (Toll Free)  
**Fax:** (717) 260-7494  
**Website:** www.UnitedConcordia.com  
**Address:** 4401 Deer Path Road  
Harrisburg, PA 17110

United Concordia Companies, Inc., and Subsidiaries

United Concordia Dental Plans, Inc.  
United Concordia Dental Corporation of Alabama  
United Concordia Dental Plans of California, Inc.  
United Concordia Dental Plans of Kentucky, Inc.  
United Concordia Dental Plans of the Midwest, Inc.  
United Concordia Dental Plans of Pennsylvania, Inc.  
United Concordia Dental Plans of Texas, Inc.  
United Concordia Insurance Company  
United Concordia Life and Health Insurance Company  
United Concordia Insurance Company of New York

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。



[plan name]

## Dental Plan Schedule of Benefits

Members of the [PLAN NAME] Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- [ • No waiting Periods]
- No Deductibles
- No claim forms to submit

The Member co-payments listed are offered by a Participating Provider. The member receives:

- Most diagnostic and preventive care at no charge
- Cosmetic & orthodontia treatment covered

Members can locate a Participating Provider at

**[www.SolsticeBenefits.com](http://www.SolsticeBenefits.com)**

Member Services Department: 1.877.760.2247

The member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a Network Provider. We urge all of our Members to verify all fees for proposed treatment via the Schedule of Benefits and/or with our Member Services Department prior to treatment.

The following Member Copayments apply when a Participating Dentist who is a General Dentist performs the services. An "\*" or a "+" denotes limitations on certain benefits. See the Limitations section below for details.

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
<b>CLINICAL ORAL EVALUATIONS</b>			D0273	*Bitewings - three radiographic images	[0-15]
D0120	*Periodic oral evaluation - established patient	[0-15]	D0274	*Bitewings - four radiographic images	[0-15]
D0140	Limited oral evaluation - problem focused	[0-15]	D0277	*Vertical bitewings - 7 to 8 radiographic images	[0-39]
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	[0-15]	D0310	Sialography	[0-180]
D0150	*Comprehensive oral evaluation - new or established patient	[0-15]	D0320	Temporomandibular joint arthrogram, including injection	[0-300]
D0160	*Detailed and extensive oral evaluation - problem focused, by report	[0-15]	D0321	Other temporomandibular joint radiographic images, by report	[0-180]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[0-15]	D0322	Tomographic survey	[0-180]
D0171	Re-evaluation - post-operative office visit	[0-15]	D0330	*Panoramic radiographic image	[0-60]
D0180	*Comprehensive periodontal evaluation - new or established patient	[0-15]	D0340	2d cephalometric radiographic image - acquisition, measurement and analysis	[0-195]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[0-30]	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	[0-24]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[0-6]	D0364	*Cone beam ct capture and interpretation with limited field of view - less than one whole jaw	[0-203]
D9440	Office visit - after regularly scheduled hours	[0-42]	D0365	*Cone beam ct capture and interpretation with field of view of one full dental arch - mandible	[0-179]
D9450	Case presentation, detailed and extensive treatment planning	[0-0]	D0366	*Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	[0-171]
D9986	Missed appointment	[0-30]	D0367	*Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium	[0-225]
<b>DIAGNOSTIC IMAGING</b>			D0368	*Cone beam ct capture and interpretation for tmj series including two or more exposures	[0-221]
D0210	*Intraoral - complete series of radiographic images	[0-15]	D0369	*Maxillofacial mri capture and interpretation	[0-231]
D0220	Intraoral - periapical first radiographic image	[0-15]	D0370	*Maxillofacial ultrasound capture and interpretation	[0-227]
D0230	Intraoral - periapical each additional radiographic image	[0-15]	D0371	*Sialoendoscopy capture and interpretation	[0-207]
D0240	Intraoral - occlusal radiographic image	[0-15]	D0380	*Cone beam ct image capture with limited field of view - less than one whole jaw	[0-203]
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	[0-15]	D0381	*Cone beam ct image capture with field of view of one full dental arch - mandible	[0-179]
D0251	*Extra-oral posterior dental radiographic image	[0-15]	D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	[0-171]
D0270	*Bitewing - single radiographic image	[0-15]	D0383	*Cone beam ct image capture with field of view of both jaws; with or without cranium	[0-225]
D0272	*Bitewings - two radiographic images	[0-15]	D0384	*Cone beam ct image capture for tmj series including two or more exposures	[0-221]



CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0385	*Maxillofacial mri image capture	[0-207]	D2161	Amalgam - four or more surfaces, primary or permanent	[0-84]
D0386	*Maxillofacial ultrasound image capture	[0-207]	D2330	Resin-based composite - one surface, anterior	[0-54]
D0393	*Treatment simulation using 3d image volume	[0-15]	D2331	Resin-based composite - two surfaces, anterior	[0-78]
D0394	*Digital subtraction of two or more images or image volumes of the same modality	[0-15]	D2332	Resin-based composite - three surfaces, anterior	[0-90]
D0395	*Fusion of two or more 3d image volumes of one or more modalities	[0-15]	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[0-106]
<b>TESTS AND EXAMINATIONS</b>			D2390	Resin-based composite crown, anterior	[0-156]
D0415	Collection of microorganisms for culture and sensitivity	[0-24]	D2391	Resin-based composite - one surface, posterior	[0-87]
D0425	Caries susceptibility tests	[0-24]	D2392	Resin-based composite - two surfaces, posterior	[0-99]
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	[0-90]	D2393	Resin-based composite - three surfaces, posterior	[0-117]
D0460	Pulp vitality tests	[0-12]	D2394	Resin-based composite - four or more surfaces, posterior	[0-147]
D0470	Diagnostic casts	[0-30]	<b>GOLD FOIL RESTORATIONS</b>		
<b>ORAL PATHOLOGY LABORATORY</b>			D2410	Gold foil - one surface	[0-90]
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[0-0]	D2420	Gold foil - two surfaces	[0-114]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[0-0]	D2430	Gold foil - three surfaces	[0-150]
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	[0-0]	<b>INLAY/ONLAY RESTORATIONS</b>		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	[0-0]	D2510	Inlay - metallic - one surface	[0-348]
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	[0-0]	D2520	Inlay - metallic - two surfaces	[0-360]
D0502	Other oral pathology procedures, by report	[0-0]	D2530	Inlay - metallic - three or more surfaces	[0-384]
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	[0-0]	D2542	Onlay - metallic - two surfaces	[0-420]
D0601	Caries risk assessment and documentation, with a finding of low risk	[0-0]	D2543	Onlay - metallic - three surfaces	[0-450]
D0602	Caries risk assessment and documentation, with a finding of moderate risk	[0-0]	D2544	Onlay - metallic - four or more surfaces	[0-420]
D0603	Caries risk assessment and documentation, with a finding of high risk	[0-0]	D2610	Inlay - porcelain/ceramic - one surface	[0-420]
D0999	Unspecified diagnostic procedure, by report	[0-0]	D2620	Inlay - porcelain/ceramic - two surfaces	[0-450]
<b>DENTAL PROPHYLAXIS</b>			D2630	Inlay - porcelain/ceramic - three or more surfaces	[0-450]
D1110	*Prophylaxis - adult	[0-0]	D2642	Onlay - porcelain/ceramic - two surfaces	[0-492]
D1110	Additional prophylaxis - adult	[0-48]	D2643	Onlay - porcelain/ceramic - three surfaces	[0-528]
D1120	*Prophylaxis - child	[0-0]	D2644	Onlay - porcelain/ceramic - four or more surfaces	[0-540]
D1120	Additional prophylaxis - child	[0-30]	D2650	Inlay - resin-based composite - one surface	[0-294]
<b>TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)</b>			D2651	Inlay - resin-based composite - two surfaces	[0-300]
D1206	*Topical application of fluoride varnish	[0-30]	D2652	Inlay - resin-based composite - three or more surfaces	[0-330]
D1208	*Topical application of fluoride - excluding varnish	[0-0]	D2662	Onlay - resin-based composite - two surfaces	[0-297]
D9910	*Application of desensitizing medicament	[0-24]	D2663	Onlay - resin-based composite - three surfaces	[0-324]
<b>OTHER PREVENTIVE SERVICES</b>			D2664	Onlay - resin-based composite - four or more surfaces	[0-345]
D1310	Nutritional counseling for control of dental disease	[0-0]	<b>CROWNS - SINGLE RESTORATIONS ONLY</b>		
D1320	Tobacco counseling for the control and prevention of oral disease	[0-0]	D2710	*Crown - resin-based composite (indirect)	[0-234]
D1330	Oral hygiene instructions	[0-0]	D2712	*Crown - ¾ resin-based composite (indirect)	[0-234]
D1351	*Sealant - per tooth	[0-0]	D2720	*Crown - resin with high noble metal	[0-750]
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	[0-0]	D2721	*Crown - resin with predominantly base metal	[0-605]
D1353	Sealant repair - per tooth	[0-0]	D2722	*Crown - resin with noble metal	[0-695]
D1354	*Interim caries arresting medicament application - per tooth	[0-24]	D2740	*Crown - porcelain/ceramic	[0-835]
<b>SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>			D2750	*Crown - porcelain fused to high noble metal	[0-795]
D1510	Space maintainer - fixed - unilateral	[0-0]	D2751	*Crown - porcelain fused to predominantly base metal	[0-630]
D1516	Space maintainer - fixed - bilateral, maxillary	[0-0]	D2752	*Crown - porcelain fused to noble metal	[0-750]
D1517	Space maintainer - fixed - bilateral, mandibular	[0-0]	D2780	*Crown - 3/4 cast high noble metal	[0-725]
D1520	Space maintainer - removable - unilateral	[0-0]	D2781	*Crown - 3/4 cast predominantly base metal	[0-615]
D1526	Space maintainer - removable - bilateral, maxillary	[0-0]	D2782	*Crown - 3/4 cast noble metal	[0-690]
D1527	Space maintainer - removable - bilateral, mandibular	[0-0]	D2783	*Crown - 3/4 porcelain/ceramic	[0-760]
D1550	Re-cement or re-bond space maintainer	[0-30]	D2790	*Crown - full cast high noble metal	[0-795]
D1555	Removal of fixed space maintainer	[0-30]	D2791	*Crown - full cast predominantly base metal	[0-630]
D1575	Distal shoe space maintainer - fixed - unilateral	[0-0]	D2792	*Crown - full cast noble metal	[0-755]
<b>AMALGAMS RESTORATIONS (INCLUDING POLISHING)</b>			D2794	*Crown - titanium	[0-745]
D2140	Amalgam - one surface, primary or permanent	[0-20]	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	[0-156]
D2150	Amalgam - two surfaces, primary or permanent	[0-27]	<b>OTHER RESTORATIVE SERVICES</b>		
D2160	Amalgam - three surfaces, primary or permanent	[0-72]	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[0-30]

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[0-30]		<b>ENDODONTIC RETREATMENT</b>	
D2920	Re-cement or re-bond crown	[0-33]	D3346	Retreatment of previous root canal therapy - anterior	[0-450]
D2921	Reattachment of tooth fragment, incisal edge or cusp	[0-33]	D3347	Retreatment of previous root canal therapy - premolar	[0-540]
D2929	*Prefabricated porcelain/ceramic crown – primary tooth	[0-119]	D3348	Retreatment of previous root canal therapy - molar	[0-648]
D2930	Prefabricated stainless steel crown - primary tooth	[0-63]		<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>	
D2931	Prefabricated stainless steel crown - permanent tooth	[0-114]	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	[0-132]
D2932	Prefabricated resin crown	[0-114]	D3352	Apexification/recalcification – interim medication replacement	[0-132]
D2933	Prefabricated stainless steel crown with resin window	[0-174]	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[0-132]
D2940	Protective restoration	[0-48]		<b>APICOECTOMY/PERIRADICULAR SERVICES</b>	
D2941	Interim therapeutic restoration – primary dentition	[0-24]	D3410	Apicoectomy - anterior	[0-318]
D2949	Restorative foundation for an indirect restoration	[0-24]	D3421	Apicoectomy - premolar (first root)	[0-378]
D2950	Core buildup, including any pins when required	[0-102]	D3425	Apicoectomy - molar (first root)	[0-420]
D2951	Pin retention - per tooth, in addition to restoration	[0-27]	D3426	Apicoectomy (each additional root)	[0-132]
D2952	Post and core in addition to crown, indirectly fabricated	[0-162]	D3427	Periradicular surgery without apicoectomy	[0-318]
D2953	Each additional indirectly fabricated post - same tooth	[0-126]	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	[0-57]
D2954	Prefabricated post and core in addition to crown	[0-144]	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	[0-51]
D2955	Post removal	[0-45]	D3430	Retrograde filling - per root	[0-102]
D2957	Each additional prefabricated post - same tooth	[0-36]	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	[0-180]
D2960	Labial veneer (resin laminate) - chairside	[0-240]	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	[0-180]
D2961	Labial veneer (resin laminate) - laboratory	[0-320]	D3450	Root amputation - per root	[0-234]
D2962	Labial veneer (porcelain laminate) - laboratory	[0-510]	D3460	Endodontic endosseous implant	[0-659]
D2971	Additional procedures to construct new crown under existing partial denture framework	[0-54]	D3470	Intentional reimplantation (including necessary splinting)	[0-210]
D2975	Coping	[0-114]		<b>OTHER ENDODONTIC PROCEDURES</b>	
D2980	Crown repair necessitated by restorative material failure	[0-114]	D3910	Surgical procedure for isolation of tooth with rubber dam	[0-114]
D2981	Inlay repair necessitated by restorative material failure	[0-114]	D3920	Hemisection (including any root removal), not including root canal therapy	[0-174]
D2982	Onlay repair necessitated by restorative material failure	[0-114]	D3950	Canal preparation and fitting of preformed dowel or post	[0-90]
D2983	Veneer repair necessitated by restorative material failure	[0-114]		<b>SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)</b>	
D2990	Resin infiltration of incipient smooth surface lesions	[0-35]	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	[0-234]
	<b>PULP CAPPING</b>		D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[0-143]
D3110	Pulp cap - direct (excluding final restoration)	[0-39]	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[0-84]
D3120	Pulp cap - indirect (excluding final restoration)	[0-39]	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[0-276]
	<b>PULPOTOMY</b>		D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[0-267]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[0-78]	D4245	Apically positioned flap	[0-180]
D3221	Pulpal debridement, primary and permanent teeth	[0-114]	D4249	Clinical crown lengthening – hard tissue	[0-300]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[0-90]	D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces	[0-540]
	<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	[0-504]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[0-84]	D4263	Bone replacement graft – retained natural tooth – first site in quadrant	[0-540]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[0-72]	D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	[0-390]
	<b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES &amp; FOLLOW-UP CARE)</b>		D4265	Biologic materials to aid in soft and osseous tissue regeneration	[0-390]
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	[0-372]	D4266	Guided tissue regeneration - resorbable barrier, per site	[0-390]
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	[0-450]	D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	[0-390]
D3330	Endodontic therapy, molar tooth (excluding final restoration)	[0-582]	D4268	Surgical revision procedure, per tooth	[0-0]
D3331	Treatment of root canal obstruction; non-surgical access	[0-102]	D4270	Pedicle soft tissue graft procedure	[0-431]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[0-180]	D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	[0-501]
D3333	Internal root repair of perforation defects	[0-150]	D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[0-162]

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D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	[0-603]	D5283	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	[0-690]
D4276	Combined connective tissue and double pedicle graft, per tooth	[0-78]	<b>ADJUSTMENTS TO DENTURES</b>		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	[0-408]	D5410	Adjust complete denture - maxillary	[0-24]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	[0-90]	D5411	Adjust complete denture - mandibular	[0-24]
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	[0-447]	D5421	Adjust partial denture - maxillary	[0-24]
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	[0-471]	D5422	Adjust partial denture - mandibular	[0-24]
<b>NON SURGICAL PERIODONTAL SERVICE</b>			<b>REPAIRS TO COMPLETE DENTURES</b>		
D4320	Provisional splinting - intracoronal	[0-138]	D5511	*Repair broken complete denture base, mandibular	[0-125]
D4321	Provisional splinting - extracoronal	[0-126]	D5512	*Repair broken complete denture base, maxillary	[0-125]
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	[0-96]†	D5520	*Replace missing or broken teeth - complete denture (each tooth)	[0-120]
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	[0-72]†	<b>REPAIRS TO PARTIAL DENTURES</b>		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	[0-78]	D5611	*Repair resin partial denture base, mandibular	[0-100]
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	[0-78]†	D5612	*Repair resin partial denture base, maxillary	[0-100]
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	[0-84]†	D5621	*Repair cast partial framework, mandibular	[0-107]
<b>OTHER PERIODONTAL SERVICES</b>			D5622	*Repair cast partial framework, maxillary	[0-107]
D4910	*Periodontal maintenance	[0-87]	D5630	*Repair or replace broken retentive clasping materials – per tooth	[0-137]
D4910	Additional Periodontal maintenance procedures	[0-120]	D5640	*Replace broken teeth - per tooth	[0-95]
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	[0-30]	D5650	*Add tooth to existing partial denture	[0-122]
D4921	Gingival irrigation – per quadrant	[0-18]	D5660	*Add clasp to existing partial denture - per tooth	[0-137]
D4999	Unspecified periodontal procedure, by report	[0-0]	D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	[0-270]
<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	[0-270]
D5110	*Complete denture - maxillary	[0-850]	D5710	*Rebase complete maxillary denture	[0-245]
D5120	*Complete denture - mandibular	[0-850]	D5711	*Rebase complete mandibular denture	[0-245]
D5130	*Immediate denture - maxillary	[0-920]	D5720	*Rebase maxillary partial denture	[0-225]
D5140	*Immediate denture - mandibular	[0-920]	D5721	*Rebase mandibular partial denture	[0-225]
<b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			D5730	*Reline complete maxillary denture (chairside)	[0-167]
D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	[0-675]	D5731	*Reline complete mandibular denture (chairside)	[0-167]
D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	[0-675]	D5740	*Reline maxillary partial denture (chairside)	[0-152]
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[0-880]	D5741	*Reline mandibular partial denture (chairside)	[0-152]
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[0-880]	D5750	*Reline complete maxillary denture (laboratory)	[0-202]
D5221	*Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	[0-695]	D5751	*Reline complete mandibular denture (laboratory)	[0-202]
D5222	*Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	[0-695]	D5760	*Reline maxillary partial denture (laboratory)	[0-202]
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[0-900]	D5761	*Reline mandibular partial denture (laboratory)	[0-202]
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[0-900]	<b>INTERIM PROSTHESIS</b>		
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[0-880]	D5810	*Interim complete denture (maxillary)	[0-300]
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[0-880]	D5811	*Interim complete denture (mandibular)	[0-300]
D5282	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	[0-690]	D5820	*Interim partial denture (maxillary)	[0-300]

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D5821	*Interim partial denture (mandibular)	[0-300]	D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	[0-2,252]
	<b>OTHER REMOVABLE PROSTHESIS</b>		D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	[0-2,252]
D5850	Tissue conditioning, maxillary	[0-66]		<b>OTHER IMPLANT SERVICES</b>	
D5851	Tissue conditioning, mandibular	[0-66]	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	[0-216]
D5862	Precision attachment, by report	[0-180]	D6090	Repair implant supported prosthesis, by report	[0-480]
D5899	Unspecified removable prosthodontic procedure, by report	[0-0]	D6092	Re-cement or re-bond implant/abutment supported crown	[0-54]
	<b>NON-CLINICAL PROCEDURES</b>		D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	[0-78]
D5982	Surgical stent	[0-550]	D6095	Repair implant abutment, by report	[0-264]
D5987	Commissure splint	[0-550]	D6096	Remove broken implant retaining screw	[0-600]
D5988	Surgical splint	[0-550]		<b>FIXED PARTIAL DENTURE PONTICS</b>	
	<b>PRE-SURGICAL SERVICES</b>		D6205	*Pontic - indirect resin based composite	[0-954]
D6190	Radiographic/surgical implant index, by report	[0-282]	D6210	*Pontic - cast high noble metal	[0-795]
	<b>SURGICAL SERVICES</b>		D6211	*Pontic - cast predominantly base metal	[0-630]
D6010	*Surgical placement of implant body: endosteal implant	[0-1,320]	D6212	*Pontic - cast noble metal	[0-750]
D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	[0-1,320]	D6214	*Pontic - titanium	[0-750]
D6100	Implant removal, by report	[0-840]	D6240	*Pontic - porcelain fused to high noble metal	[0-795]
	<b>IMPLANT SUPPORTED PROSTHETICS</b>		D6241	*Pontic - porcelain fused to predominantly base metal	[0-630]
D6056	*Prefabricated abutment – includes modification and placement	[0-624]	D6242	*Pontic - porcelain fused to noble metal	[0-750]
D6057	*Custom fabricated abutment – includes placement	[0-768]	D6245	*Pontic - porcelain/ceramic	[0-805]
D6058	*Abutment supported porcelain/ceramic crown	[0-1,008]	D6250	*Pontic - resin with high noble metal	[0-755]
D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	[0-1,008]	D6251	*Pontic - resin with predominantly base metal	[0-615]
D6060	*Abutment supported porcelain fused to metal crown (predominantly)	[0-1,008]	D6252	*Pontic - resin with noble metal	[0-695]
D6061	*Abutment supported porcelain fused to metal crown (noble metal)	[0-1,008]	D6253	*Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	[0-0]
D6062	*Abutment supported cast metal crown (high noble metal)	[0-1,008]		<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>	
D6063	*Abutment supported cast metal crown (predominantly base metal)	[0-1,008]	D6545	Retainer - cast metal for resin bonded fixed prosthesis	[0-468]
D6064	*Abutment supported cast metal crown (noble metal)	[0-1,008]	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	[0-805]
D6065	*Implant supported porcelain/ceramic crown	[0-1,008]	D6600	Retainer inlay - porcelain/ceramic, two surfaces	[0-594]
D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	[0-1,008]	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[0-594]
D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	[0-1,008]	D6602	Retainer inlay - cast high noble metal, two surfaces	[0-570]
D6068	*Abutment supported retainer for porcelain/ceramic fpd	[0-1,008]	D6603	Retainer inlay - cast high noble metal, three or more surfaces	[0-570]
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	[0-1,008]	D6604	Retainer inlay - cast predominantly base metal, two surfaces	[0-486]
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	[0-1,008]	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[0-486]
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	[0-1,008]	D6606	Retainer inlay - cast noble metal, two surfaces	[0-540]
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	[0-1,008]	D6607	Retainer inlay - cast noble metal, three or more surfaces	[0-540]
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	[0-1,008]	D6608	Retainer onlay - porcelain/ceramic, two surfaces	[0-594]
D6074	*Abutment supported retainer for cast metal fpd (noble metal)	[0-1,008]	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[0-594]
D6075	*Implant supported retainer for ceramic fpd	[0-1,008]	D6610	Retainer onlay - cast high noble metal, two surfaces	[0-570]
D6076	*Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)	[0-1,008]	D6611	Retainer onlay - cast high noble metal, three or more surfaces	[0-620]
D6077	*Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)	[0-1,008]	D6612	Retainer onlay - cast predominantly base metal, two surfaces	[0-486]
D6094	*Abutment supported crown - (titanium)	[0-1,008]	D6613	Retainer onlay - cast predominantly base metal, three or more	[0-486]
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	[0-1,614]	D6614	Retainer onlay - cast noble metal, two surfaces	[0-540]
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	[0-1,614]	D6615	Retainer onlay - cast noble metal, three or more surfaces	[0-540]
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	[0-1,302]	D6624	Retainer inlay - titanium	[0-615]
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	[0-1,302]	D6634	Retainer onlay - titanium	[0-540]
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	[0-4,734]		<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>	
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	[0-4,734]	D6710	*Retainer crown - indirect resin based composite	[0-500]
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	[0-2,814]	D6720	*Retainer crown - resin with high noble metal	[0-755]
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	[0-2,814]	D6721	*Retainer crown - resin with predominantly base metal	[0-615]

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D6722	*Retainer crown - resin with noble metal	[0-695]	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	[0-1,188]
D6740	*Retainer crown - porcelain/ceramic	[0-805]		<b>SURGICAL EXCISION OF SOFT TISSUE LESIONS</b>	
D6750	*Retainer crown - porcelain fused to high noble metal	[0-795]	D7410	Excision of benign lesion up to 1.25 cm	[0-30]
D6751	*Retainer crown - porcelain fused to predominantly base metal	[0-630]	D7411	Excision of benign lesion greater than 1.25 cm	[0-60]
D6752	*Retainer crown - porcelain fused to noble metal	[0-750]	D7412	Excision of benign lesion, complicated	[0-66]
D6780	*Retainer crown - 3/4 cast high noble metal	[0-725]		<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>	
D6781	*Retainer crown - 3/4 cast predominantly base metal	[0-615]	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to	[0-78]
D6782	*Retainer crown - 3/4 cast noble metal	[0-690]	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[0-114]
D6783	*Retainer crown - 3/4 porcelain/ceramic	[0-715]		<b>EXCISION OF BONE TISSUE</b>	
D6790	*Retainer crown - full cast high noble metal	[0-610]	D7471	Removal of lateral exostosis (maxilla or mandible)	[0-114]
D6791	*Retainer crown - full cast predominantly base metal	[0-630]	D7472	Removal of torus palatinus	[0-114]
D6792	*Retainer crown - full cast noble metal	[0-750]	D7473	Removal of torus mandibularis	[0-114]
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	[0-156]	D7485	Reduction of osseous tuberosity	[0-114]
D6794	*Retainer crown - titanium	[0-565]		<b>SURGICAL INCISION</b>	
	<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		D7510	Incision and drainage of abscess - intraoral soft tissue	[0-66]
D6930	Re-cement or re-bond fixed partial denture	[0-48]	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	[0-24]
D6940	Stress breaker	[0-150]	D7520	Incision and drainage of abscess - extraoral soft tissue	[0-24]
D6950	Precision attachment	[0-234]	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	[0-24]
D6980	Fixed partial denture repair necessitated by restorative material failure	[0-96]		<b>REPAIR OF TRAUMATIC WOUNDS</b>	
	<b>EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)</b>		D7910	Suture of recent small wounds up to 5 cm	[0-42]
D7111	Extraction, coronal remnants – primary tooth	[0-84]		<b>OTHER REPAIR PROCEDURES</b>	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[0-90]	D7921	Collection and application of autologous blood concentrate product	[0-150]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[0-144]	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	[0-420]
	<b>OTHER SURGICAL PROCEDURES</b>		D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	[0-960]
D7220	Removal of impacted tooth - soft tissue	[0-150]	D7952	Sinus augmentation via a vertical approach	[0-420]
D7230	Removal of impacted tooth - partially bony	[0-168]	D7953	Bone replacement graft for ridge preservation - per site	[0-120]
D7240	Removal of impacted tooth - completely bony	[0-195]	D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[0-135]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[0-216]	D7963	Frenuloplasty	[0-135]
D7250	Removal of residual tooth roots (cutting procedure)	[0-114]	D7970	Excision of hyperplastic tissue - per arch	[0-168]
D7251	Coronectomy – intentional partial tooth removal	[0-324]	D7971	Excision of pericoronal gingiva	[0-123]
D7260	Oroantral fistula closure	[0-192]	D7972	Surgical reduction of fibrous tuberosity	[0-150]
D7261	Primary closure of a sinus perforation	[0-330]		<b>LIMITED ORTHODONTIC TREATMENT</b>	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[0-114]	D8010	Limited orthodontic treatment of the primary dentition	[0-1,650]
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	[0-120]	D8020	Limited orthodontic treatment of the transitional dentition	[0-1,650]
D7280	Exposure of an unerupted tooth	[0-150]	D8030	Limited orthodontic treatment of the adolescent dentition	[0-1,650]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[0-150]	D8040	Limited orthodontic treatment of the adult dentition	[0-2,160]
D7283	Placement of device to facilitate eruption of impacted tooth	[0-96]		<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>	
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	[0-186]	D8070	Comprehensive orthodontic treatment of the transitional dentition	[0-3,180]
D7286	Incisional biopsy of oral tissue-soft	[0-120]	D8080	Comprehensive orthodontic treatment of the adolescent dentition	[0-3,330]
D7287	Exfoliative cytological sample collection	[0-102]	D8090	Comprehensive orthodontic treatment of the adult dentition	[0-3,450]
D7288	Brush biopsy - transepithelial sample collection	[0-30]		<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	[0-114]	D8210	Removable appliance therapy	[0-124]
	<b>ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE</b>		D8220	Fixed appliance therapy	[0-124]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[0-114]		<b>OTHER ORTHODONTIC SERVICES</b>	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[0-114]	D8660	Pre-orthodontic treatment examination to monitor growth and development	[0-42]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[0-228]	D8670	Periodic orthodontic treatment visit	[0-0]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[0-228]	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	[0-360]
	<b>VESTIBULOPLASTY</b>		D8681	Removable orthodontic retainer adjustment	[0-0]
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	[0-444]	D8693	Re-cement or re-bond fixed retainer	[0-0]

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<b>UNCLASSIFIED TREATMENT</b>			D9933	Cleaning and inspection of removable complete denture, mandibular	[0-0]
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[0-0]	D9934	Cleaning and inspection of removable partial denture, maxillary	[0-0]
D9120	Fixed partial denture sectioning	[0-0]	D9935	Cleaning and inspection of removable partial denture, mandibular	[0-0]
<b>ANESTHESIA</b>			D9942	Repair and/or relining of occlusal guard	[0-48]
D9210	Local anesthesia not in conjunction with operative or surgical procedures	[0-0]	D9943	Occlusal guard adjustment	[0-30]
D9211	Regional block anesthesia	[0-0]	D9944	*Occlusal guard – hard appliance, full arch	[0-300]
D9212	Trigeminal division block anesthesia	[0-0]	D9945	*Occlusal guard – soft appliance, full arch	[0-300]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[0-0]	D9946	*Occlusal guard – hard appliance, partial arch	[0-300]
D9222	Deep sedation/general anesthesia – first 15 minutes	[0-60]	D9950	Occlusion analysis - mounted case	[0-90]
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	[0-60]	D9951	Occlusal adjustment - limited	[0-36]
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	[0-24]	D9952	Occlusal adjustment - complete	[0-165]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[0-78]	D9972	External bleaching - per arch - performed in office	[0-180]
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	[0-78]	D9973	External bleaching - per tooth	[0-36]
D9248	Non-intravenous conscious sedation	[0-18]	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	[0-288]
<b>DRUGS</b>			D9973	External bleaching - per tooth	[0-36]
D9610	Therapeutic parenteral drug, single administration	[0-18]	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	[0-288]
D9630	Drugs or medicaments dispensed in the office for home use	[0-18]	D9991	Dental case management – addressing appointment compliance barriers	[0-0]
<b>MISCELLANEOUS SERVICES</b>			D9992	Dental case management – care coordination	[0-0]
D9910	*Application of desensitizing medicament	[0-24]	D9993	Dental case management – motivational interviewing	[0-0]
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	[0-0]	D9994	Dental case management – patient education to improve oral health literacy	[0-0]
D9932	Cleaning and inspection of removable complete denture, maxillary	[0-0]			



Certain dental procedures that the provider may consider and propose as an upgraded procedure, may require additional costs of material and laboratory fees in addition to the stated copayment.

#### Specialty Services

- 1 The Schedule of Benefits applies when listed Dental Services are performed by a Participating General Dentist, unless otherwise authorized by Solstice.
- 2 Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
- 3 The Participating General Dentist you select may not perform all Dental Procedures listed. The Copayments shown apply to Participating Dentists who do perform these Dental Services. Therefore, you are encouraged to secure availability of the scheduled Dental Services with your Participating General Dentist
- 4 Should the services of a Specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care by obtaining written authorization from Solstice and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments
- [5] [Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a Network Specialty Dentist with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment. ]
- [6] [Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at [www.solsticebenefits.com](http://www.solsticebenefits.com) under "Locate A Provider."]

#### Exclusions

- 1 Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.
- 2 Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
- 3 We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.
- 4 We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.
- 6 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 7 Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

#### Limitations

- 1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation
- 2 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- 3 The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
- 4 Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
- 5 Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
- 6 Harmful habit appliances are limited to one (1) time per person under the age of 16.
- 7 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 8 New dentures include one (1) relines within the first six (6) months
- 9 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years. These restorative services will be provided more frequently if
- 10 When crown , implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 11 Copayments for endodontic procedures do not include the cost of the final restoration.
- 12 Copayments marked by "+" are not eligible at a specialist.
- 13 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 14 Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 15 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 16 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
- 17 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 18 A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
- 19 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
- 20 Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
- 21 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruism.
- 22 D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.
- 23 Diagnostic and restorative services will be provided more frequently if determined to be medically necessary .

[www.SolsticeBenefits.com](http://www.SolsticeBenefits.com)



# A Happy Mouth, A Happy Body

## An Oral Health Connection to Overall Health

90% of medical illnesses have oral manifestation.

Infections present significant **health risks**.

Periodontal disease is the most chronic infection affecting Americans.

**Periodontal disease** is the most significant disease affecting adults. It's a chronic bacterial infection that impacts the gums and bone that support teeth. About **80%** of Americans currently have some form of periodontal disease. Severity increases with age. It is also linked to systemic disease.

### Medical and dental relationships:

**What you may not realize...**

Dental health is linked to other health issues such as heart disease and diabetes, and an increased risk of stroke.

### Pregnancy and Periodontal Disease

- Increased risk of low birth weight and seven times more likely to deliver prematurely. Treating **gum disease** may reduce these risks.

Women who receive preventive dental care have fewer birth complications than women who receive no treatment.

	Receiving dental treatment	Not receiving dental treatment
Preterm delivery rate	8.6%	10.1%
Low birth weight rate	4.6%	5.0%

### Cost Implications of Premature Birth

**\$49,000** average first-year cost of medical care for premature newborn.

**\$4,551** average first-year cost for medical care for newborn.

Average cost for newborn (first year)

**\$4,551**

Average cost for premature newborn (first year)

**\$49,000**

### Heart Disease and Periodontal Disease

- 1.5 to 4 times** increased likelihood of heart disease



**85%** of heart attack patients have periodontal disease

- Twice** the risk of fatal heart attack
- Increased risk of stroke

### Diabetes and Periodontal Disease

- Seventh leading cause of death for those with diabetes. Periodontal disease worsens diabetes and vice versa
- Gum disease patients have twice the prevalence of diabetes

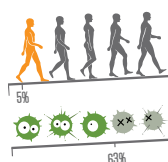
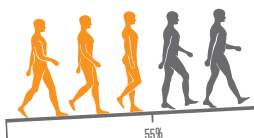
### Additional Complications

#### Oral Cancer

- 37,000** new cases annually
- 5-year survival rate just **55%**
- Early detection is key (**80-90%** cured)
- Primarily diagnosed by dentist

#### Pancreatic Cancer

- Most lethal type of cancer
- 42,000** new cases annually, **35,000** deaths
- 5%** survival rate
- Genetic markers found in saliva
- Men with gum disease **63%** more likely to develop pancreatic cancer



Dental care is **crucial**.

Be **responsible**. Know the symptoms--and risks.

[www.SolsticeBenefits.com](http://www.SolsticeBenefits.com)



# BREAK free from ROSTERS!

We have re-defined dental and vision care.

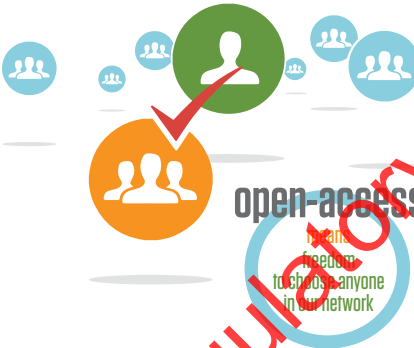
**Solstice**  
has taken the best  
qualities of the  
most popular plan  
styles



and  
combined  
them into a  
unique,  
**hybrid**  
EPO plan

that's  
preferred  
by both  
Employer  
Groups and  
Providers  
alike.

**Solstice** has developed  
**a network**



you can say  
**goodbye**  
to frustrating  
rosters and

**hello** to  
**satisfied**  
employees  
by providing access  
to quality, affordable  
care.

**2,340**

Respondents



**& 8**

Fortune 500  
Companies



were interviewed about their  
experiences with their dental plan\*.

**THE FINDINGS?**

**4x** ★★★★★

Those enrolled in fee-for-service / non-capitated plans were  
**FOUR** times more likely to be very satisfied with their dental  
plans than those in capitated plans.

**16x** ★★★★★★★★★★

The fee-for-service / non-capitated plan enrollees were  
**SIXTEEN** times more likely to be very satisfied with their  
dentists than were those in capitated plans.

More than **50%**



More than 50% of capitation plan participants  
reported dissatisfaction with the plans<sup>1</sup>



longer average appointment delays were  
related to acceptance of capitation models<sup>2</sup>



Capitation has the potential to increase a patient's  
health risk because there are incentives to reduce  
services and incentives to defer care<sup>3</sup>



[www.SolsticeBenefits.com](http://www.SolsticeBenefits.com)

\*Journal of the American Dental Association  
1 American Dental Association Health Policy Publication  
2 Department of Health Services Study  
3 University of California Department of Medicine study