

**Stick with
great
grinsurance.**



Hi, it's time to re-enroll in your dental plan.

At United Concordia Dental, we love smiles—especially yours. We're excited to continue providing the dental insurance you need to keep it healthy and beautiful.

Remember, we make it easy—and affordable—to visit the dentist. Most plans cover:

- ✓ **ROUTINE CARE** including checkups, cleanings and X-rays
- ✓ **BASIC PROCEDURES** like fillings and pulled teeth
- ✓ **MAJOR SERVICES** such as crowns, bridges and dentures

Plus, you'll still have the same handy online tools and friendly customer service you're used to.

To learn more great benefits of re-enrolling in United Concordia, keep reading.

We look forward to having you as a member again this year.

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Evidence of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ In-Network Dentists will charge an additional \$125 for the use of precious (high noble) or semi precious (noble) metal.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0120	Periodic Oral Evaluation - Established Patient	0	D0272	Bitewings - Two Radiographic Images	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0273	Bitewings - Three Radiographic Images	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0274	Bitewings - Four Radiographic Images	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D0330	Panoramic Radiographic Image	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	0
D0180	Comprehensive Periodontal Evaluation	0	D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			TESTS AND EXAMINATIONS		
D0210	Intraoral - Comprehensive Series Of Radiographic Images	0	D0396	3D Printing of a 3D Dental Surface Scan	0
D0220	Intraoral- Periapical First Radiographic Image	0	D0415	Collection Of Microorganisms For Culture And Sensitivity	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D0416	Viral Culture	0
D0240	Intraoral - Occlusal Radiographic Image	0	D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	20
D0250	Extra-oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	0	D0418	Analysis Of Saliva Sample	20
D0251	Extra-oral Posterior Dental Radiographic Image	0	D0422	Collection and Preparation Of Genetic Sample Material For Laboratory Analysis And Report	0
D0270	Bitewing - Single Radiographic Image	0	D0423	Genetic Test for Susceptibility To Diseases - Specimen Analysis	0

ADA Code	ADA Description	Member Pays \$
TESTS AND EXAMINATIONS		
D0425	Caries Susceptibility Tests	0
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	0
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
ORAL PATHOLOGY LABORATORY		
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	15
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	30
D0474	Accession Of Tissue, Gross And Microscopic Examination, Including Assessment Of Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written Report	50
D0502	Other Oral Pathology Procedures, By Report	0
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
DENTAL PROPHYLAXIS		
D1110	Prophylaxis, Adult (1 per 6 months)	0
	Additional adult prophylaxis (maximum of 1 additional per 6 months)	40
D1120	Prophylaxis, Child (1 per 6 months)	0
	Additional child prophylaxis (maximum of 1 additional per 6 months)	30
TOPICAL FLUORIDE TREATMENT (office procedure)		
D1206	Topical Application Of Fluoride Varnish	0
D1208	Topical Application Of Flouride - Excluding Varnish	0
OTHER PREVENTIVE SERVICES		
D1301	Immunization Counseling	0
D1310	Nutritional Counseling For The Control Of Dental Disease	0
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	0
D1353	Sealant Repair - Per Tooth	0

ADA Code	ADA Description	Member Pays \$
OTHER PREVENTIVE SERVICES		
D1354	Application of Caries Arresting Medicament - Per Tooth	15
D1355	Caries preventive medicament application - per tooth	15
SPACE MAINTENANCE (passive appliances)		
D1510	Space maintainer - fixed, unilateral - per quadrant	21
D1516	Space Maintainer - Fixed - bilateral, maxillary	32
D1517	Space Maintainer - Fixed - bilateral, mandibular	32
D1520	Space maintainer - removable, unilateral - per quadrant	40
D1526	Space Maintainer - Removable - bilateral, maxillary	45
D1527	Space Maintainer - Removable - bilateral, mandibular	45
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	0
D1556	Removal of fixed unilateral space maintainer - per quadrant	8
D1557	Removal of fixed unilateral space maintainer - maxillary	8
D1558	Removal of fixed unilateral space maintainer - mandibular	8
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	21
AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - One Surface, Primary Or Permanent	0
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-Based Composite - One Surface, Anterior	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	0
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	0
D2390	Resin-Based Composite Crown, Anterior	0
D2391	Resin-Based Composite - One Surface, Posterior	85
D2392	Resin-Based Composite - Two Surfaces, Posterior	109
D2393	Resin-Based Composite - Three Surfaces, Posterior	133
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	140
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - Metallic - One Surface	62
D2520	Inlay - Metallic - Two Surfaces	70

ADA Code	ADA Description	Member Pays \$	
INLAY/ONLAY RESTORATIONS			
D2530	Inlay - Metallic - Three Or More Surfaces	70	◆
D2542	Onlay - Metallic-Two Surfaces	80	◆
D2543	Onlay - Metallic - Three Surfaces	80	◆
D2544	Onlay - Metallic - Four Or More Surfaces	85	◆
CROWNS - SINGLE RESTORATIONS ONLY			
D2710	Crown-Resin-Based Composite (Indirect)	50	
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	50	
D2720	Crown, Resin With High Noble Metal	110	◆
D2721	Crown, Resin With Predominantly Base Metal	110	
D2722	Crown, Resin With Noble Metal	110	◆
D2740	Crown, Porcelain/Ceramic	130	
D2750	Crown, Porcelain Fused To High Noble Metal	110	◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	110	
D2752	Crown, Porcelain Fused To Noble Metal	110	◆
D2753	Crown - porcelain fused to titanium and titanium alloys	110	
D2780	Crown - 3/4 Cast High Noble Metal	110	◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	110	
D2782	Crown - 3/4 Cast Noble Metal	110	◆
D2783	Crown - 3/4 Porcelain/Ceramic	130	
D2790	Crown, Full Cast High Noble Metal	110	◆
D2791	Crown - Full Cast Predominantly Base Metal	110	
D2792	Crown, Full Cast Noble Metal	110	◆
D2794	Crown - titanium and titanium alloys	110	
D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0	
OTHER RESTORATIVE SERVICES			
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0	
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	5	
D2920	Re-Cement Or Re-Bond Crown	5	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	20	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	25	
D2932	Prefabricated Resin Crown	30	
D2933	Prefabricated Stainless Steel Crown With Resin Window	30	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	30	
D2940	Protective Restoration	0	
D2949	Restorative Foundation For An Indirect Restoration	0	
D2950	Core Buildup Including Any Pins When Required	15	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0	

ADA Code	ADA Description	Member Pays \$
OTHER RESTORATIVE SERVICES		
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	22
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	10
D2954	Prefabricated Post And Core In Addition To Crown	19
D2955	Post Removal	0
D2957	Each Additional Prefabricated Post - Same Tooth	10
D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25
D2980	Crown Repair Necessitated By Restorative Material Failure	0
D2981	Inlay Repair Necessitated By Restorative Material Failure	0
D2982	Onlay Repair Necessitated By Restorative Material Failure	0
D2991	Application of Hydroxyapatite Regeneration Medicament – per tooth	45
PULP CAPPING		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
PULPOTOMY		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	9
D3221	Pulpal Debridement, Primary And Permanent Teeth	9
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	9
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	10
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	12
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	40
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	60
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	95
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	55
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	58
D3348	Retreatment Of Previous Root Canal Therapy - Molar	75
APEXIFICATION/RECALCIFICATION PROCEDURES		
D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	90

ADA Code	ADA Description	Member Pays \$
APEXIFICATION/RECALCIFICATION PROCEDURES		
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	75
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	65
D3355	Pulpal Regeneration - Initial Visit	90
D3356	Pulpal Regeneration - Interim Medication Replacement	75
D3357	Pulpal Regeneration - Completion Of Treatment	75
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	55
D3421	Apicoectomy - Premolar (First Root)	55
D3425	Apicoectomy - Molar (First Root)	55
D3426	Apicoectomy (Each Additional Root)	20
D3430	Retrograde Filling - Per Root	0
D3450	Root Amputation - Per Root	0
D3471	Surgical repair of root resorption – anterior	55
D3472	Surgical repair of root resorption – premolar	55
D3473	Surgical repair of root resorption – molar	55
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	55
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	55
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	55
OTHER ENDODONTIC PROCEDURES		
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	0
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	25
D3921	Decoronation or submergence of an erupted tooth	15
D3950	Canal Preparation And Fitting Of Prefomed Dowel Or Post	0
SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	20
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	10
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	35

ADA Code	ADA Description	Member Pays \$
SURGICAL SERVICES (including usual postoperative care)		
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	14
D4245	Apically Positioned Flap	40
D4249	Clinical Crown Lengthening-Hard Tissue	50
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	50
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	20
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	120
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	92
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	33
D4286	Removal of Non-Resorbable Barrier	0
NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	15
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	4
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	20
D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	0
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	43
OTHER PERIODONTAL SERVICES		
D4910	Periodontal Maintenance	20
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	9
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	25
COMPLETE DENTURES (including routine post delivery care)		
D5110	Complete Denture - Maxillary	150
D5120	Complete Denture - Mandibular	150
D5130	Immediate Denture - Maxillary	165
D5140	Immediate Denture - Mandibular	165
PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	90

ADA Code	ADA Description	Member Pays \$
PARTIAL DENTURES (including routine post-delivery care)		
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	90
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	90
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	90
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	125
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	144
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	144
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	90
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	90
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	100
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	100
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	100
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	100

ADJUSTMENTS TO DENTURES

D5410	Adjust Complete Denture - Maxillary	5
D5411	Adjust Complete Denture - Mandibular	5
D5421	Adjust Partial Denture - Maxillary	5
D5422	Adjust Partial Denture - Mandibular	5

REPAIRS TO COMPLETE DENTURES

D5511	Repair Broken Complete Denture Base, Mandibular	10
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ADA Code	ADA Description	Member Pays \$
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REPAIRS TO COMPLETE DENTURES		
D5512	Repair Broken Complete Denture Base, Maxillary	10
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	10

REPAIRS TO PARTIAL DENTURES

D5611	Repair Resin Partial Denture Base, Mandibular	10
D5612	Repair Resin Partial Denture Base, Maxillary	10
D5621	Repair Cast Partial Framework, Mandibular	10
D5622	Repair Cast Partial Framework, Maxillary	10
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	10
D5640	Replace Broken Teeth-Per Tooth	10
D5650	Add Tooth To Existing Partial Denture - Per Tooth	10
D5660	Add Clasp To Existing Partial Denture - Per Tooth	10
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	82
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	82

DENTURE REBASE PROCEDURES

D5710	Rebase Complete Maxillary Denture	7
D5711	Rebase Complete Mandibular Denture	7
D5720	Rebase Maxillary Partial Denture	5
D5721	Rebase Mandibular Partial Denture	5
D5725	Rebase hybrid prosthesis	5

DENTURE RELINE PROCEDURES

D5730	Reline Complete Maxillary Denture (direct)	10
D5731	Reline Complete Mandibular Denture (direct)	10
D5740	Reline Maxillary Partial Denture (direct)	10
D5741	Reline Mandibular Partial Denture (direct)	10
D5750	Reline Complete Maxillary Denture (indirect)	25
D5751	Reline Complete Mandibular Denture (indirect)	25
D5760	Reline Maxillary Partial Denture (indirect)	25
D5761	Reline Mandibular Partial Denture (indirect)	25
D5765	Soft liner for complete or partial removable denture – indirect	10
D5810	Interim Complete Denture (Maxillary)	165
D5811	Interim Complete Denture (Mandibular)	165
D5820	Interim Partial Denture (including retentive/clasping materials, rests and teeth), maxillary	80
D5821	Interim Partial Denture (including retentive/clasping materials, rests and teeth), mandibular	80

OTHER REMOVABLE PROSTHETIC SERVICES

D5850	Tissue Conditioning, Maxillary	5
D5851	Tissue Conditioning, Mandibular	5

ADA Code	ADA Description	Member Pays \$
OTHER REMOVABLE PROSTHETIC SERVICES		
D5863	Overdenture - Complete Maxillary	150
D5864	Overdenture - Partial Maxillary	125
D5865	Overdenture - Complete Mandibular	150
D5866	Overdenture - Partial Mandibular	125
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - Indirect Resin Based Composite	130
D6210	Pontic-Cast High Noble Metal	100 ◆
D6211	Pontic-Cast Predominantly Base Metal	100
D6212	Pontic-Cast Noble Metal	100 ◆
D6214	Pontic - titanium and titanium alloys	100
D6240	Pontic-Porcelain Fused To High Noble Metal	100 ◆
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	100
D6242	Pontic-Porcelain Fused To Noble Metal	100 ◆
D6243	Pontic - porcelain fused to titanium and titanium alloys	100
D6245	Pontic - Porcelain/Ceramic	130
D6250	Pontic, Resin With High Noble Metal	100 ◆
D6251	Pontic, Resin With Predominantly Base Metal	100
D6252	Pontic, Resin With Noble Metal	100 ◆
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	90
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	135
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	90
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	70 ◆
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	70 ◆
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	70
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	70
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	70 ◆
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	70 ◆
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	80 ◆
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	80 ◆
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	80
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	80
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	80 ◆
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	80 ◆
D6624	Retainer Inlay - Titanium	70
D6634	Retainer Onlay - Titanium	85
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Retainer Crown - Indirect Resin Based Composite	130

ADA Code	ADA Description	Member Pays \$
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6720	Retainer Crown, Resin With High Noble Metal	110 ◆
D6721	Retainer Crown, Resin With Predominantly Base Metal	110
D6722	Retainer Crown, Resin With Noble Metal	110 ◆
D6740	Retainer Crown - Porcelain/Ceramic	130
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	110 ◆
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	100
D6752	Retainer Crown, Porcelain Fused To Noble Metal	100 ◆
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	100
D6780	Retainer Crown, 3/4 Cast High Noble Metal	100 ◆
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	100
D6782	Retainer Crown - 3/4 Cast Noble Metal	100 ◆
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	130
D6784	Retainer crown 3/4 - titanium and titanium alloys	100
D6790	Retainer Crown, Full Cast High Noble Metal	100 ◆
D6791	Retainer Crown, Full Cast Predominantly Base Metal	100
D6792	Retainer Crown, Full Cast Noble Metal	100 ◆
D6794	Retainer crown - titanium and titanium alloys	100
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0
D6940	Stress Breaker	100
D6950	Precision Attachment	150
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, Coronal Remnants - Primary Tooth	0
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	0
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	15
D7220	Removal Of Impacted Tooth - Soft Tissue	20
D7230	Removal Of Impacted Tooth - Partially Bony	25
D7240	Removal Of Impacted Tooth - Completely Bony	30
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	40

ADA Code	ADA Description	Member Pays \$
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	10
D7251	Coronectomy-Intentional Partial Tooth Removal, impacted teeth only	30
OTHER SURGICAL PROCEDURES		
D7280	Exposure Of An Unerupted Tooth	16
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	4
D7284	Excisional biopsy of minor salivary glands	245
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	25
D7286	Incisional Biopsy Of Oral Tissue-Soft	25
D7288	Brush Biopsy - Transepithelial Sample Collection	45
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	0
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	15
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	9
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	40
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	125
EXCISION OF BONE TISSUE		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	65
D7472	Removal Of Torus Palatinus	65
D7473	Removal Of Torus Mandibularis	65
D7485	Reduction Of Osseous Tuberosity	130
SURGICAL INCISION		
D7509	Marsupialization of Odontogenic Cyst	245
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	15
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	35
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	25
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	55
REPAIR OF TRAUMATIC WOUNDS		
D7910	Suture Of Recent Small Wounds Up To 5 Cm	30
OTHER REPAIR PROCEDURES		

ADA Code	ADA Description	Member Pays \$
OTHER REPAIR PROCEDURES		
D7961	Buccal / labial frenectomy (frenulectomy)	20
D7962	Lingual frenectomy (frenulectomy)	20
D7963	Frenuloplasty	10
D7970	Excision Of Hyperplastic Tissue - Per Arch	30
D7971	Excision Pericoronal Gingival	15
LIMITED ORTHODONTIC TREATMENT		
D8010	Limited Orthodontic Treatment Of Primary Dentition	1500
D8020	Limited Orthodontic Treatment Of Transitional Dentition	1500
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1500
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1500
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	1500
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	1500
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2000
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D8210	Removable Appliance Therapy For Control Of Harmful Habits	750
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	750
OTHER ORTHODONTIC SERVICES		
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	30
D8670	Periodic Orthodontic Treatment Visit	0
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	240
†	Orthodontic Records Fee	265
UNCLASSIFIED TREATMENT		
D9110	Palliative Treatment Of Dental Pain - per visit	8
D9120	Fixed Partial Denture Sectioning	35
ANESTHESIA		
D9210	Local Anesthesia (Not In Conjunction With Operative Or Surgical Procedures)	0
D9211	Regional Block Anesthesia	0
D9212	Trigeminal Division Block Anesthesia	0
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	0
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	0
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	80
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	80
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	85

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
ANESTHESIA			FOOTNOTES		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	85	◆	Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.	
PROFESSIONAL CONSULTATION					
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0			
D9311	Consultation With A Medical Health Care Professional	0			
PROFESSIONAL VISITS			✚	Please Report Under Code D8999 "Unspecified Orthodontic Procedure, By Report." Records Include All Diagnostic Procedures, Such As Cephalometric Films, Full Mouth X-Rays, Models, And Treatment Plans.	
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0			
D9440	Office Visit After Regularly Scheduled Hours	40			
D9450	Case Presentation, Subsequent to Detailed And Extensive Treatment Planning	0			
MISCELLANEOUS SERVICES					
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0			
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0			
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0			
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0			
D9942	Repair And/Or Reline Of Occlusal Guard	45			
D9943	Occlusal Guard Adjustment	38			
D9944	Occlusal Guard - hard appliance, full arch	150			
D9946	Occlusal Guard - hard appliance, partial arch	150			
D9951	Occlusal Adjustment (Limited)	5			
D9952	Occlusal Adjustment (Complete)	25			
D9986	Missed Appointment	20			
D9987	Cancelled appointment	20			
D9990	Certified translation or sign-language services - per visit	0			
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0			
D9992	Dental Case Management - Care Coordination	0			
D9993	Dental Case Management - Motivational Interviewing	0			
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0			
D9997	Dental care management - patients with special health care needs	0			
BLEACHING					
D9975	External Bleaching For Home Application, Per Arch, Includes Materials And Fabrication Of Custom Trays	125			
FOOTNOTES					

EXCLUSIONS:

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

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

20. For elective procedures, including, but not limited to, prophylactic extractions of third molars.
21. Required because of, or in connection with, acts of war, declared or undeclared.

LIMITATIONS

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

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

Governing Administrative Guidelines

Optional Treatment

Most dental conditions can be treated by two or more separately suitable dental procedures.

Sometimes, a condition can be treated with more than one covered service. In such cases, the copayments for the alternative service will apply, based on Your Schedule of Benefits.

Sometimes, a recommended treatment or procedure is not covered, but is suitable to treat the same condition. The cost of the optional, non-covered treatment You and Your provider have agreed to, will be Your responsibility and will be based on the dental office's usual fees for the service.

The cost for optional cosmetic or restorative material upgrades You may request or may be recommended by Your Primary Dental Office will be Your responsibility. Additional charges for cosmetic upgrades to covered crowns or bridges, partials, or dentures, are not covered by the Plan and You will be responsible for the upgraded fee(s) in addition to the Copayments for the covered service(s).

Fixed Prosthetics (Bridges)

Services must be diagnosed and prescribed by the participating provider to be eligible for coverage.

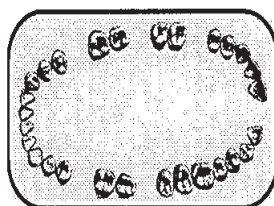
The member is eligible for fixed bridge restoration when:

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

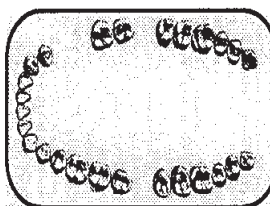
The Plan does not cover a fixed bridge when:

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

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



Bridge Ineligibility



Bridge Eligibility

Frequently Asked Questions About Your DHMO Dental Plan

Q: With my DHMO plan, can I visit any dentist?

A: To receive coverage under your plan, your dental care must be provided or coordinated by your primary dental office (PDO), selected from the Concordia Plus network. If there is a dental emergency, you may seek care from any dentist.

Q: Can family members have different PDOs?

A: You and each family member covered under your DHMO plan can select a different PDO from the Concordia Plus network.

Q: How do I find a primary dental office in the Concordia Plus network?

A: Visit **UnitedConcordia.com** and click on **Find a Dentist**. Type in an office location or dentist's name. Then select **DHMO Concordia Plus General Dentist** from the Dental Network drop-down list. If your dentist isn't part of our network, you can nominate him or her to join. Just scroll down and click on **Recommend a Dentist**.

Q: Can I change my primary dental office (PDO) after I enroll?

A: Yes. You and your dependents can change your PDOs once a month, if you have no balance due and aren't in the middle of treatment with your current dentist.

Q: When is a PDO update effective?

A: PDO updates for Concordia Plus, KHPE/AH, and the Automotive plans is the 28th of the month for an effective date of the 1st of the following month. Any changes made after the 28th of the month are effective 2 months after.

EXAMPLE 1—The PDO update is made August 1–28th: The member is assigned to the new PDO effective September 1st

EXAMPLE 2—The PDO update is made August 29th: The member is assigned to the new PDO effective October 1st

Q: What if I need to see a specialist?

A: Your primary dentist may determine that you need a specialist's care. For specialist services to be covered, get a specialty referral form from your primary dentist, and present it with your copayment at the time of the specialty service. Certain procedures may require preauthorization.

Q: What can my dentist bill me for?

A: When you receive care from a Concordia Plus network dentist, your dentist will charge you the appropriate copayment for each service, as shown on your copayment schedule. Your DHMO plan has no deductibles or maximums, and your primary dentist will handle all the paperwork for you.

Q: What information is available online?

A: In the **My Benefits** section of **UnitedConcordia.com**, you can access forms, FAQs, an oral health resources center filled with info on taking good care of your mouth, plus links to apps, a dental health quiz and more. Once your plan is effective, you can view your plan details online in your **MyDentalBenefits** account. After registering, you can check your covered services and claims status, plus chat live with customer service if you need help.

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 1-866-357-3304.

**California DHMO
Enhanced Coverage**

YOUR DHMO PLAN INCLUDES EXTRA CLEANINGS

Enhanced dental coverage when recommended by your dentist

You may or may not need extra cleanings to help keep your mouth healthy. Your dentist and dental hygienist can recommend how often to get your teeth cleaned based on your oral and medical history. Only your dentist can prescribe these services if necessary.

Who may need extra cleanings?

Extra cleanings may be recommended if you have certain medical conditions, take certain medications or have certain oral health needs. Talk to your dentist to find out exactly how often your teeth need to be cleaned.



ENHANCED COVERAGE FOR CLEANINGS* (per plan year)	MEMBER PAYS
Adults	
Routine cleaning – 1 per 6 months (D1110 Prophylaxis)	\$0
Additional routine cleaning* – max. 1 per 6 months	\$40
Children	
Routine cleaning – 1 per 6 months (D1120 Prophylaxis)	\$0
Additional routine cleaning* – max. 1 per 6 months	\$30

Check your coverage

Always confirm your plan’s coverage before scheduling dental procedures to avoid surprise charges. You can find details about your specific dental plan coverage in your **MyDentalBenefits** account or by calling customer service.

**If you have questions about your DHMO plan, call our customer service team.
1-866-357-3304**

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)。

This advertisement is intended only for California DHMO members. Dental plans only cover group dental benefits, and are administered by United Concordia Companies Inc. and underwritten by United Concordia Dental Plans of California, Inc. Administrative and claims offices are located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (888-483-9930). United Concordia Dental Plans of California, Inc, NIAC Company Code 95789, is licensed in California and maintains its statutory address at 21700 Oxnard Street, Suite 500, Woodland Hills, California, 91367.

Dental plans begin on the agreed effective date and renews subject to the Contract terms. Either the employer/group or dental plan may elect not to renew the Contract by providing written notice to the other party at least 60 days prior to renewal as indicated in the Contract. The dental plan may terminate the Contract with 60 days written notice as indicated in the Contract if the employer/group fails to pay premium. The dental plan may adjust rates or benefits or terminate the Contract on any premium due date with 60 days advance notice as indicated in the Contract if minimum participation requirements are not achieved or the nature of the risk changes significantly. Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restriction as required by the Group Contract terms. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits paid and cost depend upon the plan selected. Certain dental plans and their provisions may vary or be unavailable in some states. Consult the contract, or contact your agent or account representative for specific provisions and details of availability.

Concordia Plus members must select or will be assigned a primary care provider. Care must be provided by a network provider unless authorized by the company or a Point of Service plan is purchased. In-network specialty services require a referral from the patient's assigned primary care provider.

Davis Vision: savings you can see

Eye health plays a big role in full-body wellness. That's why we've partnered with Davis Vision to make eye care more affordable.

Thanks to this partnership, United Concordia Dental members can get discounted eye exams, lenses, frames and other eyewear options at more than 35,000 locations nationwide.

The program includes:


- Industry's only FREE breakage warranty (12 months)
- Your Hearing Network savings program—provides members access to hearing care professionals and savings up to 40% off retail.
- Laser vision correction—save up to 25% off usual and customary fees or 5% off a center's advertised special, through our network of preeminent physicians affiliated with Eye Centers of Excellence.

How it works

Just visit a participating vision provider, then present your discount card with control code to receive special pricing (complete and cut out the card on this sheet). If your current health plan already includes vision coverage, visit a network provider for the exam, then use a Davis Vision contracted provider for eyewear purchases (please verify that the eyewear provider accepts outside prescriptions prior to the appointment).

Find a provider and access program information

- Online**
- Visit **DavisVision.com** and click the **Member Log In** button in the top right corner.
 - Enter **7602** in the **Client code** field, then click **Submit**.
 - Here you can find a provider, review benefits, access forms, buy replacement contacts and more
- By Phone**
- Call **1-877-923-2847** and enter **client code 7602** when prompted



This card entitles the bearer and family to special discounted pricing.

Name _____

Group **United Concordia** Client Code **7602**

Signature _____



Davis Vision discount schedule

Member cost

Eye examination

Complete examination	15% off usual and customary
Contact lens examination	15% off usual and customary

Frame

Frame—up to \$70 retail	\$40
Frame—over \$70 retail	\$40 plus 10% off the amount over \$70

Spectacle lenses

Single vision lenses	\$35
Bifocal lenses	\$55
Trifocal lenses	\$65
Lenticular lenses	\$110

Options (add to spectacle lenses prices)

Standard progressive lenses	\$75
Premium progressive lenses	\$125
Polarized	\$75
High index lenses	\$55
Glass lenses	\$18
Polycarbonate lenses	\$30
Blended invisible bifocals	\$20
Intermediate vision lenses	\$30
Scratch resistant coating	\$15
Anti-reflective treatment	\$45
Ultraviolet coating	\$15
Solid tint	\$10
Gradient tint	\$12
PGX lenses	\$35
Plastic photosensitive lenses	\$65

Contact lenses

Conventional	20% off usual and customary
Disposable/planned replacement	10% off usual and customary

Other products

Non-prescription sunglasses	20% off usual and customary
Other ancillary products/solutions	10% off usual and customary
Laser vision correction	Up to 25% off usual and customary

Note: Any special lens designs, materials, powers and frames may require additional payment.

Envision a world with better hearing.

Your Hearing Network savings program

Hearing tests are simple, painless and widely available. Get the hearing health care you and your family need from Your Hearing Network, available through the Davis Vision discount program.

The signs of hearing loss

The signs of hearing loss can be vague and develop slowly. Or they can be obvious and start suddenly. Regardless, struggling to hear certain sounds or syllables is a telltale symptom of hearing loss.

If you notice signs of hearing loss in yourself or a loved one, it's important to get help. Get started by scheduling a hearing test with Your Hearing Network Provider today.

Start your hearing health journey

Exclusive discounts to get you started on your way to better hearing.

Hearing Exam	FREE
Trial Period	60-day money-back guarantee
Follow-up Care	1 Year
Warranty	4-Year service, including 1 year of loss and damage
Batteries	4-Year supply included with each hearing aid purchase



Quality

A highly skilled network of credentialed hearing care professionals provide you with quality care.

Savings

Get significant savings including up to 40% off premium hearing aids.

Accessibility

The national Your Hearing Network offers licensed hearing care providers near you.

Schedule an appointment with a hearing care professional

Visit davisvision.yourhearing.com, or call **1-888-809-0044** to make an appointment or learn more about hearing aid discounts.

Hearing health care services administered by Your Hearing Network

The Davis Vision discount program and Your Hearing Network Savings Plan are NOT INSURANCE and do not make payments directly to providers of services offered under the programs. Members are obligated to pay providers for all services received. Members are entitled to pay predetermined fees or fees at a discounted percentage at a discount of provider's typical charges when using a participating provider.

Vision discount program is administered by Davis Vision Insurance Administrators in CA and by Davis Vision, Inc. in all other states. Your Hearing Network Savings Plan is administered by Your Hearing Network. Vision discounts are not insurance and are available only from Davis Vision contracted providers. Hearing savings plan and discounts are also not insurance and are available only from EPIC Hearing contracted providers. United Concordia Insurance Company (UCIC) is not responsible for the services rendered by providers under these discount programs.

Just tap the app

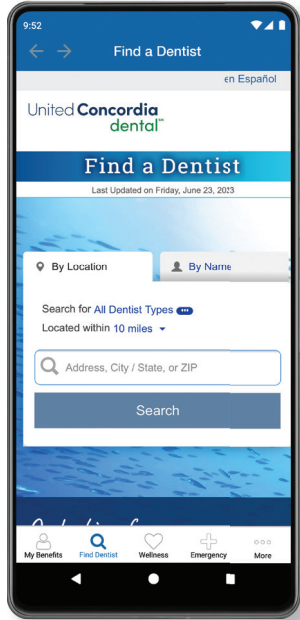
Get the United Concordia Dental mobile app

It's easy to pull up your dental plan info on your smartphone or tablet—anytime, anywhere.

Simply download the United Concordia Dental mobile app. It puts the details you need right in the palm of your hand.

Use the app to:

- See claims, deductible info and coverage details
- Find in-network dentists near you
- View your digital member ID card
- Learn what to do in a dental emergency
- Download our Chomper Chums® brushing app for kids



Scan to get started

Create a *MyDentalBenefits* account first

To view your personal plan info on the app, you'll need to sign in with your *MyDentalBenefits* user name and password. If you don't have an account, create one now at UnitedConcordia.com/GetMDB. Make sure to have your member ID number or social security number handy.



Download the United Concordia mobile app in the **Apple App Store** and on **Google Play**.



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)。

MEM-0541-0322 • MX2649500 • The Group Policy or Contract and Certificate of Insurance/Coverage ("Plan Documents") include a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. PPO products are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company and United Concordia Insurance Company of New York. Not all products available in all jurisdictions. United Concordia policies are limited benefit policies covering dental benefits only. Administrative and claims offices located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).



Get the max out of your dental plan

Create a *MyDentalBenefits* account

It's the online hub where you can check your coverage details, see claims and payments, print extra ID cards and more.



Scan to create your *MyDentalBenefits* account

Set up an account after your plan's effective date. When you're ready, simply visit **UnitedConcordia.com/GetMDB**. Make sure to have your member ID or social security number handy.

Visit in-network dentists

You'll save money by staying in network for your dental care. Just visit **UnitedConcordia.com/FindADentist** to locate an in-network dentist near home or work.



Scan to find an in-network dentist

Download the United Concordia Dental app

The app lets you access your *MyDentalBenefits* info from your smartphone or tablet. You can log in with the same user ID and password.

Get our Chomper Chums® app for kids

No more nagging—children love brushing alongside their favorite Chomper Chum. A built-in timer ensures they brush, floss and rinse for a full two minutes.

Sign up for tips via email

Each month, we'll send pointers to help you understand your dental plan and keep your mouth healthy. Sign up for emails when you create your *MyDentalBenefits* account.

Go paperless

Sign up to get an email when you have a new Explanation of Benefits. View or print it from your *MyDentalBenefits* account.



Learn more at **UnitedConcordia.com/GetStarted**

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)。



The hub for all your dental insurance info

Create a *MyDentalBenefits* account

With *MyDentalBenefits*, you can find all your coverage info in one place online. You'll see a quick overview right when you log in. Then just click to get details on everything from covered services to claims.

You can create your own account after your plan's effective date.

MyDentalBenefits makes it easy to:

- ✓ See what your plan covers and how much we'll pay
- ✓ Estimate your costs before getting dental care
- ✓ Check the status of dental claims
- ✓ Find in-network dentists near you
- ✓ Chat live or upgrade to a phone call with customer service
- ✓ Print extra ID cards
- ✓ Rate your oral health with the My Dental Assessment quiz
- ✓ Opt in to get paperless Explanation of Benefits (EOBs)

How to create an account:

1. Go to **UnitedConcordia.com/GetMDB**
2. Enter your **Member ID** number and your **Birthdate**
(You can also use the policyholder's SSN instead of the ID)
3. Create a username and password to log in

Chat live with customer service

Connect directly to a real person. Chat live while using your *MyDentalBenefits* account.

Get the United Concordia Dental app

Sign in with your *MyDentalBenefits* login info.



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UNITED CONCORDIA® DENTAL

You have a right to language assistance services at no charge to you, including translation of certain plan documents in Spanish and interpretation in any language regarding your dental treatment. If you need language assistance for dental care or if you want to tell us your spoken and written language preference, please call United Concordia at **(866) 357-3304** or visit our Web site at www.unitedconcordia.com or inform your dentist.

Usted tiene derecho a recibir servicios de asistencia idiomática sin cargo alguno, incluso a la traducción de ciertos documentos del plan al español e interpretación a cualquier idioma en lo que respecta a su tratamiento dental. Si necesita asistencia idiomática durante su atención dental o quiere indicarnos en qué idioma prefiere que se le hable y escriba, llame a United Concordia al **(866) 357-3304**, visite nuestro sitio de Internet en www.unitedconcordia.com o informe a su dentista.
