

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 Certificate 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.
- 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 **1-888-638-3384** or access Our Website at **www.unitedconcordia.com**.

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
CLINICAL ORAL EVALUATIONS			SPACE MAINTENANCE (passive appliances)		
D0120	Periodic oral evaluation - established patient	0	D1510	Space maintainer - fixed - unilateral	0
D0140	Limited oral evaluation - problem focused	0	D1515	Space maintainer - fixed - bilateral	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D1520	Space maintainer - removable - unilateral	0
D0150	Comprehensive oral evaluation - new or established patient	0	D1555	Removal of fixed space maintainer	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	AMALGAM RESTORATIONS (including polishing)		
D0180	Comprehensive periodontal evaluation - new or established patient	0	D2140	Amalgam - one surface, primary or permanent	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D2150	Amalgam - two surfaces, primary or permanent	0
D0210	Intraoral - complete series (including bitewings)	0	D2160	Amalgam - three surfaces, primary or permanent	0
D0220	Intraoral - periapical first film	0	D2161	Amalgam - four or more surfaces, primary or permanent	0
D0230	Intraoral - periapical each additional film	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0240	Intraoral - occlusal film	0	D2330	Resin-based composite - one surface, anterior	0
D0270	Bitewing - single film	0	D2331	Resin-based composite - two surfaces, anterior	0
D0272	Bitewings - two films	0	D2332	Resin-based composite - three surfaces, anterior	0
D0273	Bitewings - three films	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	70
D0274	Bitewings - four films	0	D2391	Resin-based composite - one surface, posterior	40
D0277	Vertical bitewings - 7 to 8 films	0	D2392	Resin-based composite - two surfaces, posterior	60
D0330	Panoramic film	0	D2393	Resin-based composite - three surfaces, posterior	72
D0340	Cephalometric film	0	D2394	Resin-based composite - four or more surfaces, posterior	84
TESTS AND EXAMINATIONS			INLAY/ONLAY RESTORATIONS		
D0460	Pulp vitality tests	0	D2510	Inlay - metallic - one surface	60
D0470	Diagnostic casts	0	D2520	Inlay - metallic - two surfaces	100
DENTAL PROPHYLAXIS			D2530	Inlay - metallic - three or more surfaces	120
D1110	Prophylaxis - adult	0	D2542	Onlay - metallic - two surfaces	20
D1120	Prophylaxis - child	0	D2543	Onlay - metallic - three surfaces	30
TOPICAL FLUORIDE TREATMENT (office procedure)			D2544	Onlay - metallic - four or more surfaces	50
D1203	Topical application of fluoride - child	0	CROWNS - SINGLE RESTORATIONS ONLY		
D1204	Topical application of fluoride - adult	0	D2710	Crown - resin-based composite (indirect)	77
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	0	D2712	Crown - 3/4 resin-based composite (indirect)	86
OTHER PREVENTIVE SERVICES			D2740	Crown - porcelain/ceramic substrate	270
D1330	Oral hygiene instructions	0	D2750	Crown - porcelain fused to high noble metal	276
D1351	Sealant - per tooth	0	D2751	Crown - porcelain fused to predominantly base metal	258
			D2752	Crown - porcelain fused to noble metal	270
			D2780	Crown - 3/4 cast high noble metal	228
			D2781	Crown - 3/4 cast predominantly base metal	228
			D2782	Crown - 3/4 cast noble metal	228

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
D2783	Crown - 3/4 porcelain/ceramic	228	D3425	Apicoectomy/periradicular surgery - molar (first root)	107
D2790	Crown - full cast high noble metal	228	D3426	Apicoectomy/periradicular surgery (each additional root)	41
D2791	Crown - full cast predominantly base metal	258	D3450	Root amputation - per root	50
D2792	Crown - full cast noble metal	264	OTHER ENDODONTIC PROCEDURES		
D2794	Crown - titanium	290	D3920	Hemisection (including any root removal), not including root canal therapy	41
OTHER RESTORATIVE SERVICES			SURGICAL SERVICES (including usual postoperative care)		
D2910	Recement inlay, onlay, or partial coverage restoration	15	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	125
D2920	Recement crown	15	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50
D2930	Prefabricated stainless steel crown - primary tooth	48	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	135
D2931	Prefabricated stainless steel crown - permanent tooth	56	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	54
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	48	D4245	Apically positioned flap	110
D2940	Sedative filling	0	D4249	Clinical crown lengthening - hard tissue	105
D2950	Core buildup, including any pins	100	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	210
D2951	Pin retention - per tooth, in addition to restoration	10	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	110
D2952	Post and core in addition to crown, indirectly fabricated	108	D4263	Bone replacement graft - first site in quadrant	115
D2953	Each additional indirectly fabricated post - same tooth	45	D4271	Free soft tissue graft procedure (including donor site surgery)	100
D2954	Prefabricated post and core in addition to crown	108	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	45
D2957	Each additional prefabricated post - same tooth	45	D4275	Soft tissue allograft	100
D2970	Temporary crown (fractured tooth)	65	D4276	Combined connective tissue and double pedicle graft, per tooth	100
D2971	Additional procedures to construct new crown under existing partial denture framework	25	NON-SURGICAL PERIODONTAL SERVICES		
PULP CAPPING			D4320	Provisional splinting - intracoronal	40
D3110	Pulp cap - direct (excluding final restoration)	0	D4321	Provisional splinting - extracoronal	40
D3120	Pulp cap - indirect (excluding final restoration)	0	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	60
PULPOTOMY			D4342	Periodontal scaling and root planing - one to three teeth per quadrant	16
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	25	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	50
D3221	Pulpal debridement, primary and permanent teeth	15	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	25	OTHER PERIODONTAL SERVICES		
ENDODONTIC THERAPY ON PRIMARY TEETH			D4910	Periodontal maintenance	30
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	40	COMPLETE DENTURES (including routine post-delivery care)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55	D5110	Complete denture - maxillary	264
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			D5120	Complete denture - mandibular	264
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	108	D5130	Immediate denture - maxillary	288
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	144	D5140	Immediate denture - mandibular	288
D3330	Endodontic therapy, molar (excluding final restoration)	198	OTHER PERIODONTAL SERVICES		
ENDODONTIC RETREATMENT			D4910	Periodontal maintenance	30
D3346	Retreatment of previous root canal therapy - anterior	198	COMPLETE DENTURES (including routine post-delivery care)		
D3347	Retreatment of previous root canal therapy - bicuspid	234	D5110	Complete denture - maxillary	264
D3348	Retreatment of previous root canal therapy - molar	288	D5120	Complete denture - mandibular	264
APICOECTOMY/PERIRADICULAR SERVICES			D5130	Immediate denture - maxillary	288
D3410	Apicoectomy/periradicular surgery - anterior	107	D5140	Immediate denture - mandibular	288
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	107			

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PARTIAL DENTURES (including routine post-delivery care)			SURGICAL SERVICES		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	174	D6010	Surgical placement of implant body: endosteal implant	1983
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	174	D6040	Surgical placement: eposteal implant	1983
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	270	D6050	Surgical placement: transosteal implant	1783
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	270	D6100	Implant removal, by report	172
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	350	IMPLANT SUPPORTED PROSTHETICS		
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	350	D6058	Abutment supported porcelain/ceramic crown	1030
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	78	D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1030
ADJUSTMENTS TO DENTURES			D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	970
D5410	Adjust complete denture - maxillary	7	D6061	Abutment supported porcelain fused to metal crown (noble metal)	985
D5411	Adjust complete denture - mandibular	7	D6062	Abutment supported cast metal crown (high noble metal)	1036
D5421	Adjust partial denture - maxillary	7	D6063	Abutment supported cast metal crown (predominantly base metal)	925
D5422	Adjust partial denture - mandibular	7	D6064	Abutment supported cast metal crown (noble metal)	985
REPAIRS TO COMPLETE DENTURES			D6065	Implant supported porcelain/ceramic crown	1030
D5510	Repair broken complete denture base	21	D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1030
D5520	Replace missing or broken teeth - complete denture (each tooth)	28	D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	1036
REPAIRS TO PARTIAL DENTURES			D6094	Abutment supported crown - (titanium)	987
D5610	Repair resin denture base	23	OTHER IMPLANT SERVICES		
D5620	Repair cast framework	33	D6092	Recement implant/abutment supported crown	66
D5630	Repair or replace broken clasp	23	D6095	Repair implant abutment, by report	166
D5640	Replace broken teeth - per tooth	18	FIXED PARTIAL DENTURE PONTICS		
D5650	Add tooth to existing partial denture	23	D6205	Pontic - indirect resin based composite	290
D5660	Add clasp to existing partial denture	33	D6210	Pontic - cast high noble metal	276
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	147	D6211	Pontic - cast predominantly base metal	258
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	147	D6212	Pontic - cast noble metal	264
DENTURE REBASE PROCEDURES			D6214	Pontic - titanium	297
D5710	Rebase complete maxillary denture	55	D6240	Pontic - porcelain fused to high noble metal	276
D5711	Rebase complete mandibular denture	55	D6241	Pontic - porcelain fused to predominantly base metal	258
D5720	Rebase maxillary partial denture	48	D6242	Pontic - porcelain fused to noble metal	264
D5721	Rebase mandibular partial denture	48	D6245	Pontic - porcelain/ceramic	258
DENTURE RELINE PROCEDURES			FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D5730	Reline complete maxillary denture (chairside)	40	D6610	Onlay - cast high noble metal, two surfaces	150
D5731	Reline complete mandibular denture (chairside)	40	D6612	Onlay - cast predominantly base metal, two surfaces	100
D5740	Reline maxillary partial denture (chairside)	40	D6614	Onlay - cast noble metal, two surfaces	125
D5741	Reline mandibular partial denture (chairside)	40	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5750	Reline complete maxillary denture (laboratory)	55	D6710	Crown - indirect resin based composite	290
D5751	Reline complete mandibular denture (laboratory)	55	D6740	Crown - porcelain/ceramic	258
D5760	Reline maxillary partial denture (laboratory)	55	D6750	Crown - porcelain fused to high noble metal	276
D5761	Reline mandibular partial denture (laboratory)	55	D6751	Crown - porcelain fused to predominantly base metal	258
INTERIM PROSTHESIS			D6752	Crown - porcelain fused to noble metal	264
D5810	Interim complete denture (maxillary)	125	D6790	Crown - full cast high noble metal	276
D5811	Interim complete denture (mandibular)	125	D6791	Crown - full cast predominantly base metal	258
D5820	Interim partial denture (maxillary)	105	D6792	Crown - full cast noble metal	264
D5821	Interim partial denture (mandibular)	105	D6794	Crown - titanium	290
OTHER REMOVABLE PROSTHETIC SERVICES			OTHER FIXED PARTIAL DENTURE SERVICES		
D5850	Tissue conditioning, maxillary	25	D6930	Recement fixed partial denture	17
D5851	Tissue conditioning, mandibular	25			

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EXTRACTIONS			INTERCEPTIVE ORTHODONTIC TREATMENT		
<i>(includes local anesthesia, suturing, if needed, and routine postoperative care)</i>			D8050	Interceptive orthodontic treatment of the primary dentition	650
D7111	Extraction, coronal remnants - deciduous tooth	8	D8060	Interceptive orthodontic treatment of the transitional dentition	750
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20	COMPREHENSIVE ORTHODONTIC TREATMENT *		
SURGICAL EXTRACTIONS			D8070	Comprehensive orthodontic treatment of the transitional dentition	1,800
<i>(includes local anesthesia, suturing, if needed, and routine postoperative care)</i>			D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,950
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	27	D8090	Comprehensive orthodontic treatment of the adult dentition	2,200
D7220	Removal of impacted tooth - soft tissue	45	MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D7230	Removal of impacted tooth - partially bony	55	D8210	Removable appliance therapy	390
D7240	Removal of impacted tooth - completely bony	65	D8220	Fixed appliance therapy	370
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	80	OTHER ORTHODONTIC SERVICES		
D7250	Surgical removal of residual tooth roots (cutting procedure)	35	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	150
OTHER SURGICAL PROCEDURES			†	Orthodontic records fee	150
D7280	Surgical access of an unerupted tooth	52	UNCLASSIFIED TREATMENT		
D7283	Placement of device to facilitate eruption of impacted tooth	13	D9110	Palliative (emergency) treatment of dental pain - minor procedure	15
D7285	Biopsy of oral tissue - hard (bone, tooth)	35	ANESTHESIA		
D7286	Biopsy of oral tissue - soft	28	D9210	Local anesthesia not in conjunction with operative or surgical procedures	20
D7288	Brush biopsy - transepithelial sample collection	45	D9211	Regional block anesthesia	26
ALVEOLOPLASTY			D9212	Trigeminal division block anesthesia	15
<i>(surgical preparation of ridge for dentures)</i>			D9215	Local anesthesia	18
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	23	D9220	Deep sedation/general anesthesia - first 30 minutes	205
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30	D9221	Deep sedation/general anesthesia - each additional 15 minutes	103
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30	D9241	Intravenous conscious sedation/analgesia - first 30 minutes	205
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	100
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	60	PROFESSIONAL CONSULTATION		
EXCISION OF BONE TISSUE			D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
D7471	Removal of lateral exostosis (maxilla or mandible)	60	PROFESSIONAL VISITS		
D7472	Removal of torus palatinus	60	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D7473	Removal of torus mandibularis	60	D9440	Office visit, after regularly scheduled hours	30
D7485	Surgical reduction of osseous tuberosity	60	DRUGS		
SURGICAL INCISION			D9630	Other drugs and/or medicaments, by report	20
D7510	Incision and drainage of abscess - intraoral soft tissue	35	MISCELLANEOUS SERVICES		
OTHER REPAIR PROCEDURES			D9951	Occlusal adjustment - limited	20
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	53	D9952	Occlusal adjustment - complete	45
D7963	Frenuloplasty	27	FOOTNOTES		
D7972	Surgical reduction of fibrous tuberosity	60	†	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.	
LIMITED ORTHODONTIC TREATMENT					
D8010	Limited orthodontic treatment of the primary dentition	380			
D8020	Limited orthodontic treatment of the transitional dentition	405			
D8030	Limited orthodontic treatment of the adolescent dentition	430			
D8040	Limited orthodontic treatment of the adult dentition	455			

Schedule of Exclusions and Limitations – DHMO

EXCLUSIONS

Except as specifically provided in this Certificate, Schedules of Benefits, Riders to the 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 by Out-of-Network Dentists except when immediate dental treatment is required as a result of a Dental Emergency occurring more than 50 miles from the Member's home.
3. Which in the opinion of the treating dentist, or the Company, are not clinically necessary, or do not have a reasonable, favorable prognosis.

This exclusion does not apply to Group Contracts and Certificates issued and delivered in Maryland.
4. That are necessary due to lack of cooperation with Primary Dental Office, or failure to comply with a professionally prescribed Treatment Plan.
5. Started or incurred prior to the Member's Effective Date of Coverage with the Company or started 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.
7. Services or supplies that are not deemed generally accepted standards of dental treatment.
8. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy. The Company's benefits would be in excess to the third party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.

For Group Contracts and Certificates issued and delivered in Missouri and New Jersey, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

For Group Contracts and Certificates issued and delivered in Texas, only services that are the responsibility of the employer's liability insurance, or for treatment of any automobile related injury shall be excluded from this Plan.

For Group Contracts and Certificates delivered in Maryland, only services related to Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

For Group Contracts and Certificates issued and delivered in Florida, only services that are paid by Workers' Compensation or the employer's liability insurance, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy shall be excluded from this Plan.

9. Services and/or appliances that alter the vertical dimension, including, but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

This exclusion does not apply to Group Contracts and Certificates issued in Pennsylvania if the dental condition is as a result of an accidental injury.

10. For periodontal splinting of teeth by any method.
11. For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices or any duplicative device.
12. For replacement of existing dentures that are, or can be made serviceable.
13. For prosthetic reconstruction or other services which require a prosthodontist.
14. For assistant at surgery.
15. For elective procedures, including prophylactic extraction of third molars.
16. For congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery, including orthodontic treatment, and oral and maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth. This exclusion shall not apply to newly born children of Members as defined in the definition of Dependent.

For Group Contracts and Certificates issued and delivered in Kentucky and Pennsylvania, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent including newly adoptive children, regardless of age.

For Group Contracts and Certificates issued and delivered in Indiana and New Jersey, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent.

For Group Contracts and Certificates issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age.

For Group Contracts and Certificates issued in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of TMD rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease, or injury and such procedures are covered under a Rider to the Certificate or the Schedule of Benefits.

17. For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint.
18. For implants, surgical insertion and/or removal of, and any appliances and/or crowns attached to implants.
19. 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, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of 24 months.

For Group Contracts and Certificates issued in Florida, this exclusion does not apply to diagnostic and surgical dental (not medical) procedures for treatment of TMD rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease, or injury and such procedures are covered under a Rider to the Certificate or the Schedule of Benefits.
20. For active orthodontic treatment if started prior to a Member's effective date.
21. For prescription or nonprescription drugs, home care items, vitamins or dietary supplements.
22. For hospitalization and associated costs for rendering services in a hospital.

23. For house or hospital calls for dental services.
24. For any dental or medical services performed by a physician and/or services which benefits are otherwise provided under a health care plan of the employer.

25. Which are Cosmetic in nature as determined by the Company, including, but not limited to bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures.

This exclusion does not apply to Group Contracts and Certificates issued and delivered in Pennsylvania for Cosmetic services required as the result of an accidental injury.

This exclusion does not apply to Group Contracts and Certificates issued and delivered in New Jersey for Cosmetic services for newly-born children of Members as defined in the definition of Dependent.

For Group Contracts and Certificates issued and delivered in Maryland services which are Cosmetic in nature, including, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures.

26. For broken appointments.
27. Arising from any intentionally self-inflicted injury or contusion when the injury is a consequence of the Member's commission of or attempt to commit a felony or engagement in an illegal occupation or of the Member's being intoxicated or under the influence of illicit narcotics.

This exclusion does not apply to Group Contracts and Certificates issued and delivered in Maryland and Ohio.
28. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the national guard or in the armed forces of any country or international authority.

LIMITATIONS - DHMO

The following services, **if listed on the Schedule of Benefits**, will be subject to limitations as set forth below:

1. Bitewing x-rays – one set(s) per six consecutive months through age 13, and one set(s) of bitewing x-rays per 12 consecutive months for age 14 and older.
2. Panoramic or full mouth x-rays – one per three-year period.
3. Prophylaxis – two per twelve consecutive month period.
4. Routine prophylaxis and periodontal maintenance procedures are limited to no more than any combination of two each per twelve consecutive month period.
5. Sealants – one per tooth per three year(s) through age 15 on permanent first and second molars.
6. Fluoride treatment – two per twelve consecutive months through age 18.
7. Space maintainers only eligible for Members through age 18 when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.
8. Crowns, bridges, inlays, onlays, buildups, post and cores – one per tooth in a five-year period.
9. Crown lengthening – one per tooth per lifetime.
10. Referral for specialty care is limited to orthodontics, oral surgery, periodontics, endodontics, and pediatric dentists.

This limitation does not apply to Group Policies and Certificates issued in Maryland if the service was provided as a result of a standing or non-network referral as described in the Certificate of Coverage.
11. Coverage for referral to a pediatric Specialty Care Dentist ends on a Member's seventh birthday.
12. Pupal therapy – through age five on primary anterior teeth and through age 11 on primary posterior teeth.
13. Root canal treatment – one per tooth per lifetime.
14. Root canal retreatment – one per tooth per lifetime.
15. Periodontal scaling and root planing – one per 24 consecutive month period per area of the mouth.
16. Surgical periodontal procedures – one per 24 consecutive month period per area of the mouth.
17. Full and partial dentures – one per arch in a five-year period.
18. Denture relining, rebasing or adjustments – are included in the denture charges if provided within six months of insertion by the same dentist.
19. Subsequent denture relining or rebasing – limited to one every 36 consecutive months thereafter.
20. Oral surgery services are limited to surgical exposure of teeth, removal of teeth, preparation of the mouth for dentures, removal of tooth generated cysts up to 1.25cm, frenectomy and crown lengthening.
21. Wisdom teeth (third molars) extracted for Members under age 15 or over age 30 are not eligible for payment in the absence of specific pathology.
22. If for any reason orthodontic services are terminated or coverage under the Company is terminated before completion of the approved orthodontic treatment, the responsibility of the Company will cease with payment through the month of termination.

For Group Contracts and Certificates issued and delivered in Maryland, services will continue for 60 days after termination if paid monthly, or until the later of 60 days after termination or the end of the quarter in progress if paid quarterly. This extension of orthodontic payment does not apply if coverage was terminated due to failure to pay required Premium, fraud, or if succeeding coverage is provided by another health plan and the cost is less than or equal to the cost of coverage during the extension and there is no interruption of benefits.
23. Comprehensive orthodontic treatment plan – one per lifetime.
24. In the case of a Dental Emergency involving pain or a condition requiring immediate treatment, the Plan covers necessary diagnostic and therapeutic dental procedures administered by an Out-of-Network Dentist up to the difference between the Out-of-Network Dentist's charge and the Member Copayment up to a maximum of \$50 for each emergency visit.

This limitation does not apply to Group Contracts and Certificates issued and delivered in California and Texas.
25. Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving one or more impacted teeth (soft tissue, partial bony or complete bony impactions).
26. An Alternate Benefit Provision (ABP) may be applied by the Primary Dental Office if a dental condition can be treated by means of a professionally acceptable procedure, which is less costly than the treatment recommended by the dentist. The ABP does not commit the Member to the less costly treatment. However, if the Member and the dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed for the ABP.

United Concordia

Rider to Schedule of Benefits and Schedule of Exclusions and Limitations

Maternity Dental Benefit

This Rider is effective on July 1, 2009 and is attached to and made a part of the Schedules of Benefits and Schedule of Exclusions and Limitations.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS:

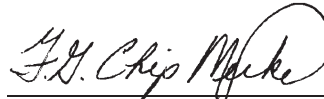
The following limitation is substituted for the limitation on prophylaxis in the Schedule of Exclusions and Limitations:

Prophylaxis – **two** per **twelve** consecutive months, unless otherwise specified in the Schedule of Benefits. One additional Prophylaxis in a twelve consecutive month period for Members under the care of a medical professional for pregnancy.

SCHEDULE OF BENEFITS:

Member Copayments on the Schedule of Benefits shall apply to the additional prophylaxis provided to a Member under the care of a medical professional for pregnancy.

UNITED CONCORDIA DENTAL PLANS, INC.



Authorized Officer