

United Concordia Dental Benefits
for STATE OF MARYLAND
Employees and Retirees



Dental Health Maintenance Organization (DHMO)

Dental Preferred Provider Organization (DPPO)



UNITED CONCORDIA[®]
Insuring America's Dental Health

How to Enroll in a Dental Plan from United Concordia

If you are *not currently enrolled* in a dental plan:

If you are NOT currently enrolled in the United Concordia Dental HMO plan or the United Concordia Dental PPO plan, you may select either United Concordia plan by making the appropriate selection during Open Enrollment. To make your selection, you must first enroll through the state's Interactive Voice Response (IVR) system. More information on enrolling through the IVR is available in the **State of Maryland July 2010–June 2011 Benefits Guide**.

If you are enrolling in the United Concordia DHMO plan, you must select a primary dental office (PDO) from United Concordia's Concordia Plus network of participating dentists when you enroll. You must notify United Concordia of your PDO selection by calling 1-888-638-3384. *If we do not receive your selection prior to June 11th, you will be assigned a dentist closest to your home ZIP code.* You are free to change your primary dental office selection at any time. Remember to verify that your dentist participates in the Concordia Plus network before selecting a primary dental office and seeking care. You can do this by calling 1-888-638-3384 or visiting **www.unitedconcordia.com** and entering the **Members** section. Just click on **Clients' Corner** and search for "State of Maryland." Then you can **Search for a Concordia Plus General Dentist** in the DHMO section.

If you are enrolling in the United Concordia PPO plan, you do not need to select a primary dental office (PDO).

If you are *currently enrolled* in a United Concordia dental plan:

DHMO Members

If you are currently enrolled in the United Concordia Dental HMO plan, your coverage will remain the same, unless you: 1) choose to enroll in the United Concordia Dental PPO plan, or 2) cancel your dental coverage.

In addition, your primary dental office (PDO) will remain the same, unless you change your selection. To change your selection, call United Concordia at 1-888-638-3384. You are free to change your PDO selection at any time. Remember to verify that your dentist participates in the Concordia Plus network before selecting a primary dental office and seeking care. You can do this by calling 1-888-638-3384 or visiting **www.unitedconcordia.com** and entering the **Members** section. Just click on **Clients' Corner** and search for "State of Maryland." Then you can **Search for a Concordia Plus General Dentist** in the DHMO section.

PPO Members

If you are currently enrolled in the United Concordia Dental PPO plan, your coverage will remain the same, unless you: 1) choose to enroll in the United Concordia Dental HMO plan, or 2) cancel your dental coverage.

Questions on a United Concordia dental plan?

Call United Concordia at 1-888-638-3384

(TTY Hearing Impaired 1-800-345-3837)

Visit **www.unitedconcordia.com**

UNITED CONCORDIA®

Insuring America's Dental Health

United Concordia Dental Plan Comparison

Plan Characteristics	DHMO	PPO
In-network benefits	Yes	Yes
Must use an assigned dentist	Yes	No
Out-of-network benefits available	No	Yes
Claim required with out-of-network care	No	Yes ¹
Balance billing for covered services out-of-network	No	Yes ¹
Referral required for specialty care	Yes	No
Orthodontia benefits available	Yes (for children and adults)	Yes (for dependent children only)
Orthodontia maximum (lifetime)	None	\$2,000
Benefit maximum (per person)	None	\$1,500 ²
Deductible (per person)	None	\$50 ³
Deductible (per family)	None	\$150 ³

1. Applies when visiting any nonparticipating dentist under this plan.

2. Excludes covered Class I services.

3. Deductible does not apply to Class I–Diagnostic and Preventive Services, and Class IV–Orthodontic Services.

Coverage for dependent children ceases at the end of the year in which the child turns 25.

Benefit maximum and deductibles are for the period of July 1st – June 30th.

All services are subject to the contract, Schedules of Benefits, and the Exclusions and Limitations.

How the United Concordia DHMO Plan Works

- Preventive and diagnostic dental care is covered in full, while restorative and other major services are offered at a reduced cost, when services are received from a Concordia Plus network dentist.
- The **Smile for Health**® Maternity Dental Benefit provides women with an additional dental cleaning during pregnancy. This extra cleaning can help control pregnancy gingivitis and help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies.
- There are no deductibles and no yearly benefit maximums.
- There are no claim forms and you are only responsible for applicable copayment amounts (claim submission is necessary for out-of-area emergency care).
- After enrolling through the state using the Interactive Voice Response (IVR) system (see **State of Maryland July 2010–June 2011 Benefits Guide**), each enrolled family member can select a different primary dental office from the Concordia Plus dental network. This office will provide, or arrange for, all dental care. You, or an enrolled family member, can change your primary dental office at any time. Changes made prior to the 15th of the month are effective the 1st of the following month. You *must* obtain a referral from your primary dental office to see a specialist.
- Orthodontic services are available for both adults and children. This plan does not cover services for orthodontic work-in-progress. Please call United Concordia for details and limitations.
- You must reside in the Maryland service area (DC, DE, MD, PA, VA, WV) to be eligible for the DHMO plan. If you do not reside in the Maryland service area, you must select the PPO plan in order to receive dental benefits.

Out-of-Area Emergencies

United Concordia will pay a maximum of \$50 (difference between the dentist's charge and your copayment) for emergency dental services when you are traveling out of the area (more than 50 miles from your primary dental office). To receive payment for out-of-area emergency care, you must submit a claim form and receipted bill itemizing the charges and services performed to United Concordia for processing.

Financial Responsibility of Plan Member

Before you receive any services, be sure to consult the Concordia Plus Schedule of Benefits to ensure that you have anticipated all out-of-pocket costs and liabilities associated with a particular type of treatment. You are also encouraged to discuss major procedures and your financial liability with your dentist.

Q&A for United Concordia DHMO Members

Must family members go to the same dentist? No. United Concordia allows each family member to select a different participating primary dental office.

Can I change my primary dental office? United Concordia allows members to change primary dental offices at any time. Changes made prior to the 15th of the month are effective the 1st of the following month. Members must call United Concordia and change their primary dental office prior to seeking services from the new office.

If I change my primary dental office, when is the change effective? United Concordia allows members to change primary dental offices at any time. Changes made prior to the 15th of the month allow the member to be seen at the new primary dental office the 1st of the following month. Members must call United Concordia and change their primary dental office prior to seeking services from the new office.

How can I obtain a directory of in-network DHMO dentists? Either call 1-888-638-3384 or visit www.unitedconcordia.com and enter the **Members** section. Then click on **Clients' Corner** and search for "State of Maryland." You can **Search for a Concordia Plus General Dentist** in the DHMO section.

Are there any benefit maximums? Under the United Concordia DHMO plan, there are no dollar limits when care is received from your primary dental office.

Do I have to fill out a claim form after each routine visit? Under the United Concordia DHMO plan, there are no claim forms to worry about. (To receive payment for out-of-area emergency care, submission of a claim form is necessary.)

Are orthodontia benefits available? Orthodontic benefits are available to children and adults under the United Concordia DHMO plan. DHMO members must obtain a referral from their primary dental office to see a participating specialist for orthodontic services. The United Concordia DHMO plan does not cover services for orthodontic work-in-progress. Call 1-888-638-3384 for details and limitations.

How do I obtain care from a specialist? When specialty care is required, your primary dental office will refer you to a participating specialist. Self-referrals or any care received from a nonparticipating specialist are not covered under your DHMO plan.

Are there any procedures that are not covered? Yes, if a procedure is not listed on the Schedule of Benefits, it is not covered. Please see the DHMO Exclusions and Limitations for additional information.

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			

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
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			

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
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:

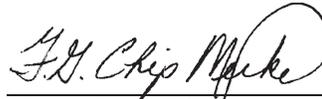
The following limitation is substituted for the limitation on prophylaxis in the Schedule of Exclusions and Limitations:

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

Regulations have been enacted in Maryland under the Health Care Consumer Information and Education Act that requires medical and dental insurers to disclose to enrollees the carrier's compensation methodology and distribution of premium dollars. While the language required by the regulation references physician compensation, the disclosure also pertains to dental providers.

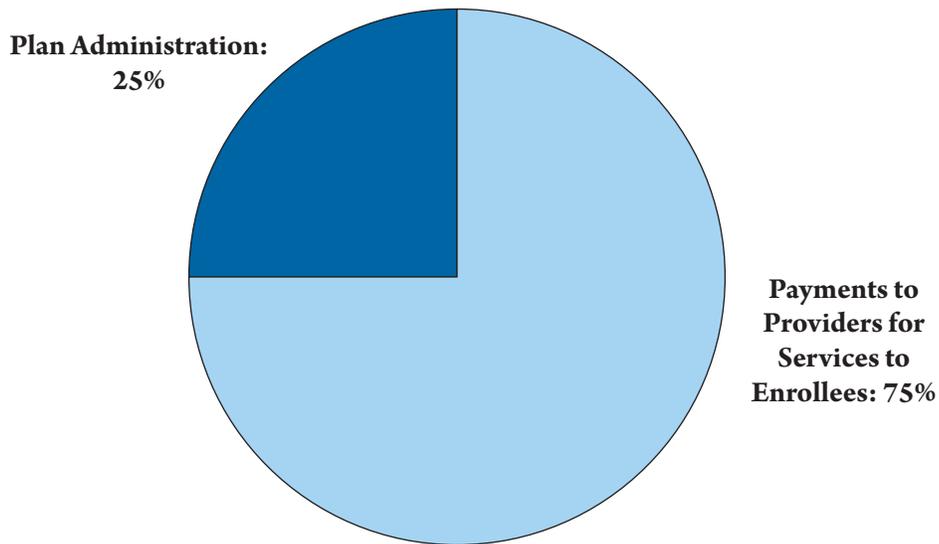
1. Q: What does this information mean to me as a United Concordia member?
A: The purpose of this information is to disclose how United Concordia reimburses dentists and where premium dollars are spent.
2. Q: Is there any change to my coverage or what I have to pay my dentist?
A: No. There is no change in your coverage at all. Your co-pays have not changed as a result of this disclosure.

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call us United Concordia Companies, Inc at 1-800-272-8865 or write to Longview Executive Park, 309 International Circle, Suite 103, Hunt Valley, MD 21030.

UNITED CONCORDIA DENTAL PLANS, INC.

The chart below shows how premium dollars were distributed in 2009. It is based on the proportion of every \$100 in premiums that United Concordia Dental Plans, Inc. used to pay for administrative costs and services.



Our providers are compensated 48.7% by capitation and 51.3% by discounted Fee for Service.

How the United Concordia PPO Plan Works

- Members may utilize participating and/or nonparticipating dentists.
- There is a deductible of \$50 per person/\$150 per family per contract year, excluding Class I–Diagnostic and Preventive Services and Class IV–Orthodontic Services.
- The **Smile for Health**® Maternity Dental Benefit provides women with an additional dental cleaning during pregnancy. This extra cleaning can help control pregnancy gingivitis and help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies.
- There is a maximum benefit of \$1,500 per member per contract year (July 1st–June 30th) for services received under the PPO plan. Your plan includes the Preventive Incentive® feature, in which covered Class I services do not count toward the maximum benefit.
- When care is received from a Concordia Advantage *Plus* network dentist, there are no claim forms to submit and you are only responsible for coinsurance amounts and applicable deductibles. If you receive services from a nonparticipating dentist, claims forms must be submitted and you are subject to balance billing.
- You do not need a referral to receive care from a specialist.
- Orthodontic benefits are available for dependent children. The orthodontia lifetime maximum is \$2,000. Orthodontic services are available from participating and nonparticipating dentists.
- You must select the PPO plan if you reside outside of the Maryland service area (DC, DE, MD, PA, VA, WV). The DHMO plan option is only available to those residing in the Maryland service area.

PPO Network of Dentists

To receive *in-network* benefits, members must receive services from a dentist who participates in the Concordia Advantage *Plus* network. You always have the option of receiving care from non-network dentists under the PPO plan. You can search for a Concordia Advantage *Plus* network dentist by visiting our website, www.unitedconcordia.com, and entering the **Members** section. Then click on **Clients' Corner** and search for "State of Maryland." You can **Search for an Advantage Plus Dentist** in the PPO section.

Financial Responsibility of Plan Member

Deductibles and coinsurance are the responsibility of the plan member. Before you receive any services, be sure to review the your dental plan design to ensure that you have anticipated all out-of-pocket costs and liabilities associated with a particular treatment. If your dental treatment is estimated to cost \$500 or more, you may want to ask your dentist to request a predetermination of benefits. You are encouraged to discuss major procedures and your financial liability with your dentist. You may also contact United Concordia's Customer Service Department to determine your financial responsibility. If calling Customer Service, please have the ADA procedure code, dentist's name and dentist's charge available (you can get this information from your dentist).

Q&A for United Concordia PPO Members

Are there any benefit maximums? Yes, there is a benefit maximum of \$1,500 per member per contract year (July 1st–June 30th). There is a lifetime orthodontia maximum of \$2,000 for dependent children. Orthodontia benefits cease at the end of the year in which the dependent child turns 25.

How often can I receive exams and cleanings? Exams and cleanings are covered at a frequency of 2 within a consecutive 12-month period. For example, if you currently have no history of a cleaning and you receive a cleaning on October 4 of this year, you will be eligible for a 2nd cleaning any time during the next 12 months (October 4, 2010–October 2, 2011). However, you will not be eligible for a 3rd cleaning until October 4 of 2011.

1st Cleaning		▶	2nd Cleaning		▶	3rd Cleaning			
Date	Covered?		Date	Covered?		Date	Covered?	Date	Covered?
10/04/10	Yes		05/01/11	Yes		09/25/11	No	10/07/11	Yes

Do I have to fill out claim forms after each routine visit? If you receive care from a Concordia Advantage *Plus* network dentist, you do not need to fill out claim forms—your dentist will take care of the paperwork. Under the PPO plan, you must submit claim forms if you are seeking reimbursement for services performed by an out-of-network dentist.

If my dentist does not participate in the Concordia Advantage *Plus* network, can I still see him or her? Yes, you can receive care from any licensed dentist. If you choose to see a nonparticipating dentist, you will be responsible for the deductible and/or coinsurance amount, as well as any charges over and above United Concordia’s reimbursement for covered services. Concordia Advantage *Plus* network dentists accept United Concordia’s reimbursement as payment in full for covered services, which means you are only responsible for the applicable deductible and/or coinsurance amount.

Can I obtain the charge and coinsurance amount for specific services prior to receiving treatment? Yes, simply obtain the ADA procedure code and dentist’s charge from your dentist’s office. Contact United Concordia’s Customer Service Department at 1-888-638-3384 with this information and they can provide you with your financial responsibility for the service, including any deductibles and coinsurance amounts.

How can I obtain a directory of participating dentists? Either call 1-888-638-3384 or visit www.unitedconcordia.com and enter the **Members** section. Then click on **Clients’ Corner** and search for “State of Maryland.” You can **Search for an Advantage Plus Dentist** in the PPO section. To receive in-network benefits, members must receive services from dentists in the Concordia Advantage *Plus* network. You always have the option of receiving care from non-network dentists under the PPO plan.

Do I have to be referred to a specialist? No. Under the PPO plan, referrals are not required. To maximize your benefits, you may wish to utilize a participating dentist.

Who is eligible to receive fluoride treatments? Eligible dependent children under age 19.

What about orthodontia for children? Orthodontic benefits are available for dependent children that are covered under the United Concordia PPO plan. Orthodontic benefits can be received from participating and nonparticipating dentists. There is a lifetime orthodontic maximum of \$2,000 per dependent child. There is no adult orthodontic coverage under the United Concordia PPO plan.

Concordia PPO Benefit Summary

- Members may utilize participating and/or nonparticipating dentists
- Members can not be balance billed when utilizing in-network dentists
- Deductibles and maximums apply
- Claim submission is required for services provided by nonparticipating (out-of-network) dentists
- Orthodontia benefits are available for dependent children only
- If you have any questions about this plan, please contact Customer Service at 1-888-638-3384

BENEFIT CATEGORY	In-Network Plan Pays ¹	Out-of-Network Plan Pays ²
<i>Class I—Diagnostic and Preventive (Excluded from Annual Program Maximum)</i>		
Exams	100%	100%
All X-Rays		
Cleanings (includes 1 additional cleaning during pregnancy)		
Fluoride Treatments		
Sealants		
Palliative Treatment		
<i>Class II—Basic Services</i>		
Basic Restorative	70%	70%
Space Maintainers		
Endodontics		
Nonsurgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures		
Simple Extractions		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia and/or IV Sedation		
<i>Class III—Major Restorative</i>		
Inlays, Onlays, Crowns ³	50%	50%
Implants		
Prosthetics		
<i>Orthodontics (dependent children only)</i>		
Diagnostic, Active, Retention Treatment	50%	50%
<i>Deductibles and Maximums</i>		
\$50/\$150 Deductible (excludes Class I – Diagnostic and Preventive services, and Class IV – Orthodontic Services)		
\$1,500 Contract Maximum per Member during the period of July 1st – June 30th (excludes covered Class I services)		
\$2,000 Lifetime Orthodontia Maximum for dependent children. Orthodontic coverage for dependent children will cease at the end of the month in which the child turns 25.		

1. Plan payments, member coinsurances and deductibles are based on the maximum allowable charge.
In-Network dentists accept the maximum allowable charge as payment in full.
2. Members utilizing out-of-network dentists may be subject to balance billing by their dentist.
3. An alternate benefit provision may be applied (see LIMITATIONS - DPPO).

Schedule of Exclusions and Limitations – PPO

EXCLUSIONS – DPPO Plan

Except as specifically provided in the Certificate, Schedules of Benefits or Riders to the Certificate, no coverage will be provided for services, supplies or charges:

1. Not specifically listed as a Covered Service on the Schedule of Benefits and those listed as not covered on the Schedule of Benefits.
2. Which are necessary due to patient neglect, lack of cooperation with the treating dentist or failure to comply with a professionally prescribed Treatment Plan.
3. Started prior to the Member's Effective Date or after the Termination Date of coverage with the Company, including, but not limited to multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures.
4. Services or supplies that are not deemed generally accepted standards of dental treatment.
5. For hospitalization costs.
6. For prescription or non-prescription drugs, vitamins, or dietary supplements.
7. Administration of nitrous oxide, general anesthesia and i.v. sedation, unless specifically indicated on the Schedule of Benefits.
8. 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.
9. Elective procedures including but not limited to the prophylactic extraction of third molars.
10. For the following which are not included as orthodontic benefits - retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient neglect, or repair of an orthodontic appliance.
11. For congenital mouth malformations or skeletal imbalances, including, but not limited to treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment.
12. For dental implants including placement and restoration of implants unless specifically covered under a rider to the Certificate.
13. For oral or maxillofacial services including but not limited to associated hospital, facility, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth.
14. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under a Rider to the Certificate. 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 the joint.
15. For treatment of fractures and dislocations of the jaw.
16. For treatment of malignancies or neoplasms.
17. 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.
18. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances.
19. For broken appointments.
20. For house or hospital calls for dental services.
21. Replacement of existing crowns, onlays, bridges and dentures that are or can be made serviceable.
22. Preventive restorations in the absence of dental disease.
23. Periodontal splinting of teeth by any method.
24. For duplicate dentures, prosthetic devices or any other duplicative device.
25. For services determined to be furnished as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Health Occupations Article. Prohibited referrals are referrals of a patient to an entity in which the referring dentist, or the dentist's immediate family: (a) owns a beneficial interest; or (b) has a compensation arrangement. The dentist's immediate family includes the spouse, child, child's spouse, parent, spouse's parent, sibling, or sibling's spouse of the dentist, or that dentist in combination.
26. For which in the absence of insurance the Member would incur no charge.
27. For plaque control programs, oral hygiene, and dietary instructions.
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.
29. For training and/or appliance to correct or control harmful habits, including, but not

limited to, muscle training therapy (myofunctional therapy).

30. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service. Failure to furnish the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible and, except in the absence of legal capacity of the Member, not later than 1 year from the time claim is otherwise required.

31. Which are not Dentally Necessary as determined by the Company.

32. For prosthetic services including but not limited to full or partial dentures or fixed bridges, if such services replace one or more teeth missing prior to the Member's eligibility under the Company.

For Group Policies issued and delivered in Maryland, this exclusion does not apply to prosthetic services placed five years after the Member's Effective Date for services.

LIMITATIONS - DPPO

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

1. Full mouth x-rays – one every five years.
2. One set(s) of bitewing x-rays per six months through age thirteen, and one set(s) of bitewing x-rays per twelve months for age fourteen and older.
3. Periodic oral evaluation – two per consecutive twelve month period.
4. Limited oral evaluation (problem focused) – limited to one per dentist per twelve months.
5. Prophylaxis – two per twelve consecutive month period. One (1) additional for Members under the care of a medical professional during pregnancy.
6. Fluoride treatment – two per consecutive twelve month period through age 18.
7. Space maintainers - only eligible for Members through age eighteen when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not develop.
8. Prefabricated stainless steel crowns - one per tooth per lifetime for age fourteen years and younger.
9. Crown lengthening - one per tooth per lifetime.
10. Periodontal maintenance following active periodontal therapy – two per twelve months in addition to routine prophylaxis.
11. Periodontal scaling and root planing - one per two year period per area of the mouth.
12. Placement or replacement of single crowns, inlays, onlays, single and abutment buildups and post and cores, bridges, full and partial dentures – not within five years of previous placement.
13. Denture relining, rebasing or adjustments - are included in the denture charges if provided within six months of insertion by the same dentist.
14. Subsequent denture relining or rebasing – limited to one every three year(s) thereafter.
15. Surgical periodontal procedures - one per two year period per area of the mouth.
16. Sealants - one per tooth per three year(s) through age fifteen on permanent first and second molars.
17. Pulpal therapy - through age five on primary anterior teeth and through age eleven on primary posterior molars.
18. Root canal treatment and retreatment – one per tooth per lifetime.
19. Recementations by the same dentist who initially inserted the crown or bridge during the first twelve months are included in the crown or bridge benefit, then one per twelve months thereafter; one per twelve months for other than the dentist who initially inserted the crown or bridge.
20. Replacement restorations – limited to one per twelve months.
21. Contiguous surface posterior restorations not involving the occlusal surface will be payable as one surface restoration.
22. Posts are only covered as part of a post buildup.
23. An Alternate Benefit Provision (ABP) will be applied 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

Implantology

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

SCHEDULE OF BENEFITS

The Company will pay implantology benefits for eligible Members for the following Covered Services equal to 50% of the Maximum Allowable Charge.

Implantology Services

Surgical Services

- D6010 surgical placement of implant body: endosteal implant
- D6040 surgical placement: eposteal implant
- D6050 surgical placement: transosteal implant
- D6100 implant removal, by report

Supporting Structures

- D6055 dental implant supported connecting bar
- D6056 prefabricated abutment – includes placement
- D6057 custom abutment – includes placement

Implant/Abutment Supported Removable Dentures

- D6053 implant/abutment supported removable denture for completely edentulous arch
- D6054 implant/abutment supported removable denture for partially edentulous arch

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

- D6078 implant/abutment supported fixed denture for completely edentulous arch
- D6079 implant/abutment supported fixed denture for partially edentulous arch

Single Crowns, Abutment Supported

- D6058 abutment supported porcelain/ceramic crown
- D6059 abutment supported porcelain fused to metal crown (high noble metal)
- D6060 abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 abutment supported porcelain fused to metal crown (noble metal)
- D6062 abutment supported cast metal crown (high noble metal)
- D6063 abutment supported cast metal crown (predominantly base metal)
- D6064 abutment supported cast metal crown (noble metal)
- D6094 abutment supported crown – (titanium)

Single Crowns, Implant Supported

- D6065 implant supported porcelain/ceramic crown
- D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 implant supported metal crown (titanium, titanium alloy, high noble metal)

Fixed Partial Denture, Abutment Supported

- D6068 abutment supported retainer for porcelain/ceramic FPD
- D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 abutment supported retainer for cast metal FPD (high noble metal)
- D6073 abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 abutment supported retainer for cast metal FPD (noble metal)
- D6194 abutment supported retainer crown for FPD – (titanium)

R-Implant (03/07)

Current Dental Terminology © American Dental Association.

Fixed Partial Denture, Implant Supported

- D6075 implant supported retainer for ceramic FPD
- D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

Other Repair Procedures

- D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
- D7951 sinus augmentation with bone or bone substitutes
- D7953 bone replacement graft for ridge preservation – per site

Deductible(s)

The annual Deductibles indicated on the Schedule of Benefits will be applied to implantology services.

Maximum(s)

The annual Maximum indicated on the Schedule of Benefits will be applied to implantology services.

Waiting Period(s)

No Waiting Period will be applied to implantology services.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

The Schedule of Exclusions and Limitations is amended as follows:

Exclusions

Any exclusions relating to implantology services are deleted.

The following exclusion is added to the Schedule of Exclusions and Limitations:

Implantology services are excluded if such services replace one (1) or more teeth missing prior to Member's eligibility under the Group Policy.

Limitations

The following limitation does not apply to the above listed implantology procedures:

An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist.

The following limitations are added to the Schedule of Exclusions and Limitations:

Implantology services are limited to one (1) per tooth per lifetime.

Implantology services are limited to Member's age eighteen (18) and older.

R-Implant (03/07)

Regulations have been enacted in Maryland under the Health Care Consumer Information and Education Act that requires medical and dental insurers to disclose to enrollees the carrier's compensation methodology and distribution of premium dollars. While the language required by the regulation references physician compensation, the disclosure also pertains to dental providers.

1. Q: What does this information mean to me as a United Concordia member?
A: The purpose of this information is to disclose how United Concordia reimburses dentists and where premium dollars are spent.

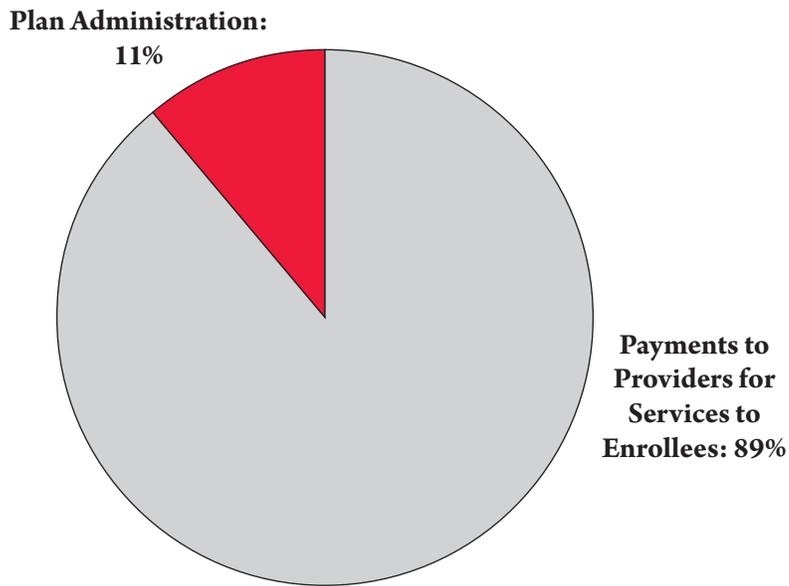
2. Q: Is there any change to my coverage or what I have to pay my dentist?
A: No. There is no change in your coverage at all. Your co-pays have not changed as a result of this disclosure.

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call us United Concordia Companies, Inc at 1-800-272-8865 or write to Longview Executive Park, 309 International Circle, Suite 103, Hunt Valley, MD 21030.

UNITED CONCORDIA INSURANCE COMPANY

The chart below shows how premium dollars were distributed in 2009. It is based on the proportion of every \$100 in premiums that United Concordia Dental Plans, Inc. used to pay for administrative costs and services.



Our providers are compensated 100% by discounted Fee for Service.



Your dental plan includes **Preventive Incentive®** and the **Smile for Health® Maternity Dental Benefit**

▶ **With Preventive Incentive**, all Class I Diagnostic and Preventive services—such as cleanings, exams, x-rays and more—**do not count toward your annual maximum**. This leaves you with more benefit dollars to use for other covered dental procedures.

Preventive Incentive is an easy-to-understand way to get more out of your benefits, immediately. This program promotes good oral health and saves you money. It's that simple.

▶ **The Smile for Health Maternity Dental Benefit** provides pregnant women with an additional dental cleaning during pregnancy. This extra cleaning can help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies, as well as help control pregnancy gingivitis.



Coinsurances apply. Services received from non-network dentists are subject to balance billing.
SMF_MPL_0210

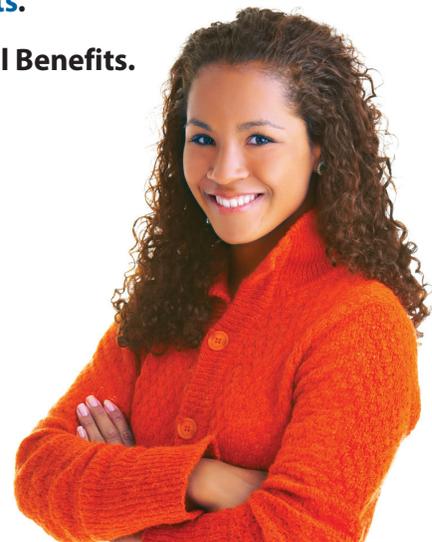
Are my dependents covered? Have I met my deductible? Can I access my EOBs electronically?

Find answers to questions like these on **My Dental Benefits**.

1. Go to **www.unitedconcordia.com** and click on **My Dental Benefits**.
2. Register or log on with your user ID and password.
3. Access personalized information, including:
 - Eligibility
 - Benefits
 - Maximums and deductible status
 - Claim status
 - Procedure history

Or, you can:

- Sign up for online EOBs
- Print or order ID cards





**UNITED
CONCORDIA®**
Insuring America's Dental Health

United Concordia
309 International Circle, Suite 130
Hunt Valley, Maryland 21030
1-888-638-3384
www.unitedconcordia.com