UNITED CONCORDIA
America's Premier Dental Insurer

Concordia Plus
Schedule of Benefits
Plan 501

IMPORTANT INFORMATION ABOUT YOUR PLAN

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

ADA CODE	ADA DESCRIPTION	Member Pays $
	CLINICAL ORAL EVALUATIONS	
D0120	Periodic oral evaluation	0
D0140	Limited oral evaluation - problem focused	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
	RADIOGRAPHS/DIAGNOSTIC IMAGING	
	(including interpretation)	
D0210	Intraoral - complete series (including bitewings)	0
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each additional film	0
D0240	Intraoral - occlusal film	0
D0270	Bitewing - single film	0
D0272	Bitewings - two films	0
D0274	Bitewings - four films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0330	Panoramic film	0
D0340	Cephalometric film	0
	TESTS AND EXAMINATIONS	
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
	DENTAL PROPHYLAXIS	
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
	TOPICAL FLUORIDE TREATMENT	
	(office procedure)	
D1201	Topical application of fluoride (including prophylaxis) - child	0
D1203	Topical application of fluoride (prophylaxis not included) - child	0
D1204	Topical application of fluoride (prophylaxis not included) - adult	0
D1205	Topical appliction of fluoride (including prophylaxis) - adult	0

ADA CODE	ADA DESCRIPTION	Member Pays $
	OTHER PREVENTIVE SERVICES	
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth	0
	SPACE MAINTENANCE	
	(passive appliances)	
D1510	Space maintainer - fixed - unilateral	0
D1515	Space maintainer - fixed - bilateral	0
D1520	Space maintainer - removable - unilateral	0
D1525	Space maintainer - removable - bilateral	0
D1550	Re-cementation of space maintainer	0
	AMALGAM RESTORATIONS	
	(including polishing)	
D2140	Amalgam - one surface, primary or permanent	0
D2150	Amalgam - two surfaces, primary or permanent	0
D2160	Amalgam - three surfaces, primary or permanent	0
D2161	Amalgam - four or more surfaces, primary or permanent	0
	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT	
D2330	Resin-based composite - one surface, anterior	0
D2331	Resin-based composite - two surfaces, anterior	0
D2332	Resin-based composite - three surfaces, anterior	0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D2390	Resin-based composite crown, anterior	0
D2391	Resin-based composite - one surface, posterior	85
D2392	Resin-based composite - two surfaces, posterior	109
D2393	Resin-based composite - three surfaces, posterior	133
D2394	Resin-based composite - four or more surfaces, posterior	140
	INLAY/ONLAY RESTORATIONS	
D2510	Inlay - metallic - one surface	0 ◆

ADA CODE	ADA DESCRIPTION	Member Pays $	
D2520	Inlay - metallic - two surfaces	0	◆
D2530	Inlay - metallic - three or more surfaces	0	◆
D2542	Onlay - metallic - two surfaces	0	◆
D2543	Onlay - metallic - three surfaces	0	◆
D2544	Onlay - metallic - four or more surfaces	0	◆
	CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown - resin-based composite (indirect)	0	
D2712	Crown - 3/4 resin-based composite (indirect)	0	
D2740	Crown - porcelain/ceramic substrate	0	
D2750	Crown - porcelain fused to high noble metal	0	◆
D2751	Crown - porcelain fused to predominantly base metal	0	
D2752	Crown - porcelain fused to noble metal	0	◆
D2780	Crown - 3/4 cast high noble metal	0	◆
D2781	Crown - 3/4 cast predominantly base metal	0	
D2782	Crown - 3/4 cast noble metal	0	◆
D2783	Crown - 3/4 porcelain/ceramic	0	
D2790	Crown - full cast high noble metal	0	◆
D2791	Crown - full cast predominantly base metal	0	
D2792	Crown - full cast noble metal	0	◆
D2794	Crown - titanium	0	
D2799	Provisional crown	0	
	OTHER RESTORATIVE SERVICES		
D2910	Recement inlay, onlay, or partial coverage restoration	0	
D2915	Recement cast or prefabricated post and core	0	
D2920	Recement crown	0	
D2930	Prefabricated stainless steel crown - primary tooth	0	
D2931	Prefabricated stainless steel crown - permanent tooth	0	
D2932	Prefabricated resin crown	0	
D2933	Prefabricated stainless steel crown with resin window	0	
D2934	Prefabricated esthetic coated stainles steel crown - primary tooth	0	
D2940	Sedative filling	0	
D2950	Core buildup, involving and including any pins	0	
D2951	Pin retention - per tooth, in addition to restoration	0	
D2952	Cast post and core in addition to crown	0	
D2953	Each additional cast post - same tooth	10	
D2954	Prefabricated post and core in addition to crown	0	
D2955	Post removal (not in conjunction with endodontic therapy)	0	
D2957	Each additional prefabricated post - same tooth	10	
D2971	Additional procedures to construct new crown under existing partial denture framework	25	
D2980	Crown repair, by report	0	
	PULP CAPPING		
D3110	Pulp cap - direct (excluding final restoration)	0	
D3120	Pulp cap - indirect (excluding final restoration)	0	
	PULPOTOMY		
D3220	Therapeutic pulpotomy (excluding final restoration)	0	
D3221	Pulpal debridement, primary and permanent teeth	0	

ADA CODE	ADA DESCRIPTION	Member Pays $
	ENDODONTIC THERAPY ON PRIMARY TEETH	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0
	ENDODONTIC THERAPY	
	(including treatment plan, clinical procedures and follow-up care)	
D3310	Anterior (excluding final restoration)	0
D3320	Bicuspid (excluding final restoration)	0
D3330	Molar (excluding final restoration)	0
	ENDODONTIC RETREATMENT	
D3346	Retreatment of previous root canal therapy - anterior	0
D3347	Retreatment of previous root canal therapy - bicuspid	0
D3348	Retreatment of previous root canal therapy - molar	0
	APICOECTOMY/PERIRADICULAR SERVICES	
D3410	Apicoectomy/periradicular surgery - anterior	0
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	0
D3425	Apicoectomy/periradicular surgery - molar (first root)	0
D3426	Apicoectomy/periradicular surgery (each additional root)	0
D3430	Retrograde filling - per root	0
D3450	Root amputation - per root	0
	OTHER ENDODONTIC PROCEDURES	
D3910	Surgical procedure for isolation of tooth with rubber dam	0
D3920	Hemisection (including any root removal), not including root canal therapy	0
D3950	Canal preparation and fitting of preformed dowel or post	0
	SURGICAL SERVICES	
	(including usual postoperative care)	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	0
D4245	Apically positioned flap	0
D4249	Clinical crown lengthening - hard tissue	0
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	0
D4263	Bone replacement graft - first site in quadrant	120
D4264	Bone replacement graft - each additional site in quadrant	92

ADA CODE	ADA DESCRIPTION	Member Pays $	
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	0	
	NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	0	
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	0	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	43	
	OTHER PERIODONTAL SERVICES		
D4910	Periodontal maintenance	0	
	COMPLETE DENTURES		
	(including routine post-delivery care)		
D5110	Complete denture - maxillary	0	
D5120	Complete denture - mandibular	0	
D5130	Immediate denture - maxillary	0	
D5140	Immediate denture - mandibular	0	
	PARTIAL DENTURES		
	(including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	0	
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	0	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0	
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	0	
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	0	
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	0	
	ADJUSTMENTS TO DENTURES		
D5410	Adjust complete denture - maxillary	0	
D5411	Adjust complete denture - mandibular	0	
D5421	Adjust partial denture - maxillary	0	
D5422	Adjust partial denture - mandibular	0	
	REPAIRS TO COMPLETE DENTURES		
D5510	Repair broken complete denture base	0	
D5520	Replace missing or broken teeth - complete denture (each tooth)	0	
	REPAIRS TO PARTIAL DENTURES		
D5610	Repair resin denture base	0	
D5620	Repair cast framework	0	
D5630	Repair or replace broken clasp	0	
D5640	Replace broken teeth - per tooth	0	
D5650	Add tooth to existing partial denture	0	
D5660	Add clasp to existing partial denture	0	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	0	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	0	

ADA CODE	ADA DESCRIPTION	Member Pays $	
	DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	0	
D5711	Rebase complete mandibular denture	0	
D5720	Rebase maxillary partial denture	0	
D5721	Rebase mandibular partial denture	0	
	DENTURE RELINE PROCEDURES		
D5730	Reline complete maxillary denture (chairside)	0	
D5731	Reline complete mandibular denture (chairside)	0	
D5740	Reline maxillary partial denture (chairside)	0	
D5741	Reline mandibular partial denture (chairside)	0	
D5750	Reline complete maxillary denture (laboratory)	0	
D5751	Reline complete mandibular denture (laboratory)	0	
D5760	Reline maxillary partial denture (laboratory)	0	
D5761	Reline mandibular partial denture (laboratory)	0	
	OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue conditioning, maxillary	0	
D5851	Tissue conditioning, mandibular	0	
	FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	0	
D6210	Pontic - cast high noble metal	0	◆
D6211	Pontic - cast predominantly base metal	0	
D6212	Pontic - cast noble metal	0	◆
D6214	Pontic - titanium	0	
D6240	Pontic - porcelain fused to high noble metal	0	◆
D6241	Pontic - porcelain fused to predominantly base metal	0	
D6242	Pontic - porcelain fused to noble metal	0	◆
D6245	Pontic - porcelain/ceramic	0	
	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	0	
	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Crown - indirect resin based composite	0	
D6740	Crown - porcelain/ceramic	0	
D6750	Crown - porcelain fused to high noble metal	0	◆
D6751	Crown - porcelain fused to predominantly base metal	0	
D6752	Crown - porcelain fused to noble metal	0	◆
D6780	Crown - 3/4 cast high noble metal	0	◆
D6781	Crown - 3/4 cast predominantly base metal	0	
D6782	Crown - 3/4 cast noble metal	0	◆
D6783	Crown - 3/4 porcelain/ceramic	0	
D6790	Crown - full cast high noble metal	0	◆
D6791	Crown - full cast predominantly base metal	0	
D6792	Crown - full cast noble metal	0	◆
D6794	Crown - titanium	0	
	OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Recement fixed partial denture	0	
D6970	Cast post and core in addition to fixed partial denture retainer	0	
D6971	Cast post as part of fixed partial denture retainer	0	
D6972	Prefabricated post and core in addition to fixed partial denture retainer	0	
D6973	Core build up for retainer, including any pins	0	
D6976	Each additional cast post - same tooth	10	

ADA CODE	ADA DESCRIPTION	Member Pays $
D6977	Each additional prefabricated post - same tooth	10
D6980	Fixed partial denture repair, by report	0
	EXTRACTIONS	
	(includes local anesthesia, suturing, if needed, and routine postoperative care)	
D7111	Coronal remnants - deciduous tooth	0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
	SURGICAL EXTRACTIONS	
	(includes local anesthesia, suturing, if needed, and routine postoperative care)	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	0
D7220	Removal of impacted tooth - soft tissue	0
D7230	Removal of impacted tooth - partially bony	0
D7240	Removal of impacted tooth - completely bony	0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	0
D7250	Surgical removal of residual tooth roots (cutting procedure)	0
	OTHER SURGICAL PROCEDURES	
D7280	Surgical access of an unerupted tooth	0
D7283	Placement of device to facilitate eruption of impacted tooth	0
D7285	Biopsy of oral tissue - hard (bone, tooth)	0
D7286	Biopsy of oral tissue - soft (all others)	0
D7288	Brush biopsy - transepithelial sample collection	45
	ALVEOLOPLASTY	
	(surgical preparation of ridge for dentures)	
D7310	Alveoloplasty in conjunction with extractions - per quadrant	0
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	0
	SURGICAL INCISION	
D7510	Incision and drainage of abscess - intraoral soft tissue	0
D7520	Incision and drainage of abscess - extraoral soft tissue	0
	OTHER REPAIR PROCEDURES	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	0
D7963	Frenuloplasty	0
D7970	Excision of hyperplastic tissue - per arch	0
D7971	Excision of pericoronal gingiva	0
	COMPREHENSIVE ORTHODONTIC TREATMENT	
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,500
D8090	Comprehensive orthodontic treatment of the adult dentition	2,000

ADA CODE	ADA DESCRIPTION	Member Pays $
	OTHER ORTHODONTIC SERVICES	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	240
✝	Orthodontic records fee	265
	UNCLASSIFIED TREATMENT	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	0
	ANESTHESIA	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9215	Local anesthesia	0
D9220	Deep sedation/general anesthesia - first 30 minutes	160
D9221	Deep sedation/general anesthesia - each additional 15 minutes	68
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	42
	PROFESSIONAL CONSULTATION	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	0
	PROFESSIONAL VISITS	
D9440	Office visit, after regularly scheduled hours	40
	MISCELLANEOUS SERVICES	
D9951	Occlusal adjustment - limited	0
D9952	Occlusal adjustment - complete	0
★	Broken appointment per 30 minutes (without 24-hour notice)	20

FOOTNOTES

✝ 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.

★ Please report under code D9999 “Unspecified adjunctive procedure, by report.”

◆ Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional $125 for these materials.

SCHEDULE OF EXCLUSIONS & LIMITATIONS

EXCLUSIONS:

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

1. Not specifically listed in the Schedule of Benefits as a Covered Service.
2. Provided to Members outside of the office in which the Member is enrolled and which are not pre-authorized by the Company (including specialty care services).
3. Which in the opinion of the treating dentist, or the Company, are not clinically necessary, or do not have a reasonable, favorable prognosis.
4. That are necessary due to lack of cooperation with the treating dentist, or failure to comply with a professionally prescribed Treatment Plan.
5. Started or incurred prior to the Member's eligibility under the Company or after the Termination Date of coverage with the Company.
6. For consultations by a Specialty Care Dentist for services not specifically listed on the Schedule of Benefits as a Covered Service.
7. That do not meet accepted standards of dental treatment, which are Experimental or Investigative in nature or are considered enhancements to standard dental treatment as determined by the Company.
8. For hospitalization and associated costs for rendering services in a hospital.
9. Determined by the Company to be the responsibility of Worker's Compensation or employer's liability or health care plan, or payable under any Federal Government or state program, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy, or for services for which benefits are payable under any other insurance.
10. For prescription or non-prescription drugs, home care items, vitamins or dietary supplements.
11. Which are principally Cosmetic in nature, including, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures as determined by the Company.
12. For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint (TMJ) syndrome and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint.
13. For services and/or appliances that alter the vertical dimension or alter, restore or maintain the occlusion, including, but not limited to, full mouth rehabilitation, splinting, appliances or any other method.
14. That restore tooth structure lost due to attrition, erosion or abrasion.
15. For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices or any duplicative device.
16. For 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 twenty-four (24) months.
17. For implants, surgical insertion and/or removal of, and any appliances and/or prosthetics attached to implants.
18. Required because of, or in connection with, acts of war, declared or undeclared.
19. For elective procedures, including, but not limited to, prophylactic extractions of third molars.

LIMITATIONS

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

1. Referral to a Specialty Care Dentist is limited to orthodontics, oral surgery, periodontics, endodontics, and pediatric dentists.
2. Coverage for referral to a pediatric Specialty Care Dentist ends on a Member's 7th birthday. However, exceptions for physical or mental handicaps or medically compromised children, when confirmed by a physician, may be considered on an individual basis with prior approval from the Company.
3. Member must remain in the Plan during the period of time they are undergoing orthodontic treatment. Any early termination can result in additional charges for all unfinished work. This limitation only applies to subscriber termination, not group termination.
4. Sealants – one (1) per tooth per three (3) year period through age ten (10) on permanent first molars and through age fifteen (15) on permanent second molars.
5. In the case a Dental Emergency involving pain or a condition requiring immediate treatment occurring more than fifty (50) miles from the Member's home, the Plan covers necessary diagnostic and therapeutic dental procedures administered by a dentist up to a maximum of $100 for each emergency visit.
6. Periodontal maintenance following active periodontal therapy - two (2) per twelve (12) consecutive months in combination with routine prophylaxis.
7. Periodontal scaling and root planing - one (1) per twenty-four (24) consecutive month period per area of the mouth.
8. Surgical periodontal procedures - one (1) per thirty-six (36) consecutive month period per area of the mouth.
9. Root canal retreatment – one (1) per tooth per lifetime.
10. Panoramic or full mouth x-rays - one (1) every three (3) years.
11. One (1) set of bitewing x-rays per six (6) consecutive months.
12. Prophylaxis - one (1) per six (6) consecutive months, unless otherwise specified in the Schedule of Benefits.
13. Fluoride treatment - one (1) per six (6) consecutive months through age eighteen (18).
14. Crown lengthening - one (1) per tooth per lifetime.
15. Denture relining or rebasing - integral if provided within six (6) months of insertion by the same dentist. This limitation does not apply to immediate dentures.
16. Subsequent denture relining or rebasing - limited to one (1) every thirty-six (36) consecutive months thereafter.
17. 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).

Governing Administrative Guidelines

Alternative Treatment

Occasionally, the Panel Dental Office and/or the member may consider alternative treatment plans. In those instances where the member agrees to an alternative treatment plan rather than the benefit provided by United Concordia, the cost for such treatment will be based upon the following formula:

Provider's Usual Fee of the alternate treatment	***less***	Provider's Usual Fee of the entitled benefit	***plus***	Member's Copayment for the entitled benefit	**=**	**FEE CHARGED TO MEMBER**

Fixed Prosthetics (Bridges)

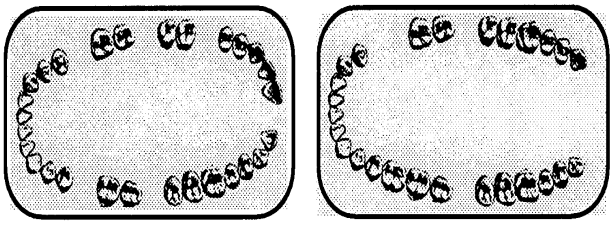
Services must be diagnosed and prescribed by the participating provider to be eligible for coverage. The member is eligible for fixed bridge restoration when:

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

The Plan does not cover a fixed bridge when:

- there are missing teeth on both sides of the mouth in the same arch (bridges currently in place are not considered missing teeth unless unserviceable). *****
- anterior (front) and posterior (back) spaces (missing teeth) are present in the same arch. In this case, a partial denture is the covered benefit.*****
- replacing a serviceable partial denture or fixed bridge;
- the bridge is used to realign misaligned teeth, including diastemas (spaces between teeth);
- the member is under the age of 16 and having permanent teeth replaced;
- one or more anchor teeth is an implant.

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



Bridge Ineligibility **Bridge Eligibility**

UNITED CONCORDIA

Customer Service

1-866-357-3304

www.unitedconcordia.com