



# Your Plan Information

Please review all pages

**Stick with  
great  
grinsurance.**



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

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

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

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

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

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

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

**IMPORTANT INFORMATION ABOUT YOUR PLAN**

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

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>			<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>		
D0120	Periodic Oral Evaluation - Established Patient	0	D0272	Bitewings - Two Radiographic Images	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0273	Bitewings - Three Radiographic Images	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0274	Bitewings - Four Radiographic Images	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D0330	Panoramic Radiographic Image	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	0
D0180	Comprehensive Periodontal Evaluation	0	D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>			D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	0
D0210	Intraoral - Comprehensive Series Of Radiographic Images	0	D0374	Splint – Extra-Coronal; Natural Teeth or Prosthetic Crowns	0
D0220	Intraoral- Periapical First Radiographic Image	0	<b>TESTS AND EXAMINATIONS</b>		
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D0415	Collection Of Microorganisms For Culture And Sensitivity	0
D0240	Intraoral - Occlusal Radiographic Image	0	D0416	Viral Culture	0
D0250	Extra-oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	0	D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	0
D0251	Extra-oral Posterior Dental Radiographic Image	0	D0418	Analysis Of Saliva Sample	0
D0270	Bitewing - Single Radiographic Image	0	D0422	Collection and Preparation Of Genetic Sample Material For Laboratory Analysis And Report	0
			D0423	Genetic Test for Susceptibility To Diseases - Specimen Analysis	0
			D0425	Caries Susceptibility Tests	0

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
TESTS AND EXAMINATIONS			OTHER PREVENTIVE SERVICES		
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	0	D1355	Caries preventive medicament application - per tooth	15
D0460	Pulp Vitality Tests	0	SPACE MAINTENANCE (passive appliances)		
D0470	Diagnostic Casts	0	D1510	Space maintainer - fixed, unilateral - per quadrant	0
ORAL PATHOLOGY LABORATORY			D1516	Space Maintainer - Fixed - bilateral, maxillary	0
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	0	D1517	Space Maintainer - Fixed - bilateral, mandibular	0
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0474	Accession Of Tissue, Gross And Microscopic Examination, Including Assessment Of Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written Report	0	D1526	Space Maintainer - Removable - bilateral, maxillary	0
D0502	Other Oral Pathology Procedures, By Report	0	D1527	Space Maintainer - Removable - bilateral, mandibular	0
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0	D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0	D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0	D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	0
DENTAL PROPHYLAXIS			D1556	Removal of fixed unilateral space maintainer - per quadrant	0
D1110	Prophylaxis, Adult (1 per 6 months)	0	D1557	Removal of fixed unilateral space maintainer - maxillary	0
	Additional adult prophylaxis (maximum of 1 additional per 6 months)	40	D1558	Removal of fixed unilateral space maintainer - mandibular	0
D1120	Prophylaxis, Child (1 per 6 months)	0	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	0
	Additional child prophylaxis ( maximum of 1 additional per 6 months)	30	AMALGAM RESTORATIONS (including polishing)		
TOPICAL FLUORIDE TREATMENT (office procedure)			D2140	Amalgam - One Surface, Primary Or Permanent	0
D1206	Topical Application Of Fluoride Varnish	0	D2150	Amalgam - Two Surfaces, Primary Or Permanent	0
D1208	Topical Application Of Flouride - Excluding Varnish	0	D2160	Amalgam - Three Surfaces, Primary Or Permanent	0
OTHER PREVENTIVE SERVICES			D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0
D1310	Nutritional Counseling For The Control Of Dental Disease	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0	D2330	Resin-Based Composite - One Surface, Anterior	0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0	D2331	Resin-Based Composite - Two Surfaces, Anterior	0
D1330	Oral Hygiene Instruction	0	D2332	Resin-Based Composite - Three Surfaces, Anterior	0
D1351	Sealant - Per Tooth	0	D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	0
D1353	Sealant Repair - Per Tooth	0	D2390	Resin-Based Composite Crown, Anterior	0
D1354	Application of Caries Arresting Medicament - Per Tooth	15	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 ◆
			D2520	Inlay - Metallic - Two Surfaces	0 ◆

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INLAY/ONLAY RESTORATIONS				OTHER RESTORATIVE SERVICES		
D2530	Inlay - Metallic - Three Or More Surfaces	0	◆	D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0
D2542	Onlay - Metallic-Two Surfaces	0	◆	D2953	Each Additional Indirectly Fabricated Post - Same Tooth	10
D2543	Onlay - Metallic - Three Surfaces	0	◆	D2954	Prefabricated Post And Core In Addition To Crown	0
D2544	Onlay - Metallic - Four Or More Surfaces	0	◆	D2955	Post Removal	0
CROWNS - SINGLE RESTORATIONS ONLY				D2957	Each Additional Prefabricated Post - Same Tooth	10
D2710	Crown-Resin-Based Composite (Indirect)	0		D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	0		D2980	Crown Repair Necessitated By Restorative Material Failure	0
D2720	Crown, Resin With High Noble Metal	0	◆	D2981	Inlay Repair Necessitated By Restorative Material Failure	0
D2721	Crown, Resin With Predominantly Base Metal	0		D2982	Onlay Repair Necessitated By Restorative Material Failure	0
D2722	Crown, Resin With Noble Metal	0	◆	PULP CAPPING		
D2740	Crown, Porcelain/Ceramic	0		D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D2750	Crown, Porcelain Fused To High Noble Metal	0	◆	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
D2751	Crown-Porcelain Fused To Predominantly Base Metal	0		PULPOTOMY		
D2752	Crown, Porcelain Fused To Noble Metal	0	◆	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	0
D2753	Crown - porcelain fused to titanium and titanium alloys	0		D3221	Pulpal Debridement, Primary And Permanent Teeth	0
D2780	Crown - 3/4 Cast High Noble Metal	0	◆	D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	0
D2781	Crown - 3/4 Cast Predominantly Base Metal	0		ENDODONTIC THERAPY ON PRIMARY TEETH		
D2782	Crown - 3/4 Cast Noble Metal	0	◆	D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	0
D2783	Crown - 3/4 Porcelain/Ceramic	0		D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	0
D2790	Crown, Full Cast High Noble Metal	0	◆	ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D2791	Crown - Full Cast Predominantly Base Metal	0		D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0
D2792	Crown, Full Cast Noble Metal	0	◆	D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	0
D2794	Crown - titanium and titanium alloys	0		D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	0
D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0		ENDODONTIC RETREATMENT		
OTHER RESTORATIVE SERVICES				D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0		D3347	Retreatment Or Previous Root Canal Therapy - Premolar	0
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	0		D3348	Retreatment Of Previous Root Canal Therapy - Molar	0
D2920	Re-Cement Or Re-Bond Crown	0		APEXIFICATION/RECALCIFICATION PROCEDURES		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0		D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	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 Stainless Steel Crown - Primary Tooth	0				
D2940	Protective Restoration	0				
D2949	Restorative Foundation For An Indirect Restoration	0				
D2950	Core Buildup Including Any Pins When Required	0				
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0				



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<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>			<b>SURGICAL SERVICES (including usual postoperative care)</b>		
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	0	D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	0	D4245	Apically Positioned Flap	0
D3355	Pulpal Regeneration - Initial Visit	0	D4249	Clinical Crown Lengthening-Hard Tissue	0
D3356	Pulpal Regeneration - Interim Medication Replacement	0	D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D3357	Pulpal Regeneration - Completion Of Treatment	0	D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>			D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	120
D3410	Apicoectomy - Anterior	0	D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	92
D3421	Apicoectomy - Premolar (First Root)	0	D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	0
D3425	Apicoectomy - Molar (First Root)	0	D4286	Removal of Non-Resorbable Barrier	0
D3426	Apicoectomy (Each Additional Root)	0	<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D3430	Retrograde Filling - Per Root	0	D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0
D3450	Root Amputation - Per Root	0	D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0
D3471	Surgical repair of root resorption – anterior	0	D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	0
D3472	Surgical repair of root resorption – premolar	0	D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	0
D3473	Surgical repair of root resorption – molar	0	D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	43
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	0	<b>OTHER PERIODONTAL SERVICES</b>		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	0	D4910	Periodontal Maintenance	0
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	0	D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	0
<b>OTHER ENDODONTIC PROCEDURES</b>			D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	25
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	0	<b>COMPLETE DENTURES (including routine post delivery care)</b>		
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	0	D5110	Complete Denture - Maxillary	0
D3921	Decoronation or submergence of an erupted tooth	0	D5120	Complete Denture - Mandibular	0
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0	D5130	Immediate Denture - Maxillary	0
<b>SURGICAL SERVICES (including usual postoperative care)</b>			D5140	Immediate Denture - Mandibular	0
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0	<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0	D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	0
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0			
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0			

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
PARTIAL DENTURES (including routine post-delivery care)			REPAIRS TO COMPLETE DENTURES		
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	0	D5512	Repair Broken Complete Denture Base, Maxillary	0
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	D5520	Replace Missing Or Broken Teeth- Complete Denture (Each Tooth)	0
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	REPAIRS TO PARTIAL DENTURES		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	0	D5611	Repair Resin Partial Denture Base, Mandibular	0
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	0	D5612	Repair Resin Partial Denture Base, Maxillary	0
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	D5621	Repair Cast Partial Framework, Mandibular	0
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	D5622	Repair Cast Partial Framework, Maxillary	0
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	0	D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	0
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	0	D5640	Replace Broken Teeth-Per Tooth	0
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	0	D5650	Add Tooth To Existing Partial Denture	0
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	0	D5660	Add Clasp To Existing Partial Denture - Per Tooth	0
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	0	D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	0
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	0	D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	0
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	0	DENTURE REBASE PROCEDURES		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	0	D5710	Rebase Complete Maxillary Denture	0
ADJUSTMENTS TO DENTURES			D5711	Rebase Complete Mandibular Denture	0
D5410	Adjust Complete Denture - Maxillary	0	D5720	Rebase Maxillary Partial Denture	0
D5411	Adjust Complete Denture - Mandibular	0	D5721	Rebase Mandibular Partial Denture	0
D5421	Adjust Partial Denture - Maxillary	0	D5725	Rebase hybrid prosthesis	0
D5422	Adjust Partial Denture - Mandibular	0	DENTURE RELINE PROCEDURES		
REPAIRS TO COMPLETE DENTURES			D5730	Reline Complete Maxillary Denture (direct)	0
D5511	Repair Broken Complete Denture Base, Mandibular	0	D5731	Reline Complete Mandibular Denture (direct)	0
			D5740	Reline Maxillary Partial Denture (direct)	0
			D5741	Reline Mandibular Partial Denture (direct)	0
			D5750	Reline Complete Maxillary Denture (indirect)	0
			D5751	Reline Complete Mandibular Denture (indirect)	0
			D5760	Reline Maxillary Partial Denture (indirect)	0
			D5761	Reline Mandibular Partial Denture (indirect)	0
			D5765	Soft liner for complete or partial removable denture – indirect	0
			D5810	Interim Complete Denture (Maxillary)	0
			D5811	Interim Complete Denture (Mandibular)	0
			D5820	Interim Partial Denture (including retentive/clasping materials, rests and teeth), maxillary	0
			D5821	Interim Partial Denture (including retentive/clasping materials, rests and teeth), mandibular	0
			OTHER REMOVABLE PROSTHETIC SERVICES		
			D5850	Tissue Conditioning, Maxillary	0
			D5851	Tissue Conditioning, Mandibular	0

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OTHER REMOVABLE PROSTHETIC SERVICES			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5863	Overdenture - Complete Maxillary	0	D6720	Retainer Crown, Resin With High Noble Metal	0 ♦
D5864	Overdenture - Partial Maxillary	0	D6721	Retainer Crown, Resin With Predominantly Base Metal	0
D5865	Overdenture - Complete Mandibular	0	D6722	Retainer Crown, Resin With Noble Metal	0 ♦
D5866	Overdenture - Partial Mandibular	0	D6740	Retainer Crown - Porcelain/Ceramic	0
FIXED PARTIAL DENTURE PONTICS			D6750	Retainer Crown, Porcelain Fused To High Noble Metal	0 ♦
D6205	Pontic - Indirect Resin Based Composite	0	D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0
D6210	Pontic-Cast High Noble Metal	0 ♦	D6752	Retainer Crown, Porcelain Fused To Noble Metal	0 ♦
D6211	Pontic-Cast Predominantly Base Metal	0	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	0
D6212	Pontic-Cast Noble Metal	0 ♦	D6780	Retainer Crown, 3/4 Cast High Noble Metal	0 ♦
D6214	Pontic - titanium and titanium alloys	0	D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	0
D6240	Pontic-Porcelain Fused To High Noble Metal	0 ♦	D6782	Retainer Crown - 3/4 Cast Noble Metal	0 ♦
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	0	D6783	Retainer Crown - 3/4 Porcelain/Ceramic	0
D6242	Pontic-Porcelain Fused To Noble Metal	0 ♦	D6784	Retainer crown 3/4 - titanium and titanium alloys	0
D6243	Pontic - porcelain fused to titanium and titanium alloys	0	D6790	Retainer Crown, Full Cast High Noble Metal	0 ♦
D6245	Pontic - Porcelain/Ceramic	0	D6791	Retainer Crown, Full Cast Predominantly Base Metal	0
D6250	Pontic, Resin With High Noble Metal	0 ♦	D6792	Retainer Crown, Full Cast Noble Metal	0 ♦
D6251	Pontic, Resin With Predominantly Base Metal	0	D6794	Retainer crown - titanium and titanium alloys	0
D6252	Pontic, Resin With Noble Metal	0 ♦	OTHER FIXED PARTIAL DENTURE SERVICES		
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	0	D6940	Stress Breaker	0
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	0	D6950	Precision Attachment	0
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	0	D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	0
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	0 ♦	EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	0 ♦	D7111	Extraction, Coronal Remnants - Primary Tooth	0
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	0	D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	0
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	0	SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	0 ♦	D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	0
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	0 ♦	D7220	Removal Of Impacted Tooth - Soft Tissue	0
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	0 ♦	D7230	Removal Of Impacted Tooth - Partially Bony	0
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	0 ♦	D7240	Removal Of Impacted Tooth - Completely Bony	0
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	0	D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	0
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	0			
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	0 ♦			
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	0 ♦			
D6624	Retainer Inlay - Titanium	0			
D6634	Retainer Onlay - Titanium	0			
FIXED PARTIAL DENTURE RETAINERS - CROWNS					
D6710	Retainer Crown - Indirect Resin Based Composite	0			



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<b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>			<b>OTHER REPAIR PROCEDURES</b>		
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	0	D7962	Lingual frenectomy (frenulectomy)	0
D7251	Coronectomy-Intentional Partial Tooth Removal, impacted teeth only	0	D7963	Frenuloplasty	0
<b>OTHER SURGICAL PROCEDURES</b>			D7970	Excision Of Hyperplastic Tissue - Per Arch	0
D7280	Exposure Of An Unerrupted Tooth	0	D7971	Excision Pericoronal Gingival	0
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0	<b>LIMITED ORTHODONTIC TREATMENT</b>		
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	0	D8010	Limited Orthodontic Treatment Of Primary Dentition	1500
D7286	Incisional Biopsy Of Oral Tissue-Soft	0	D8020	Limited Orthodontic Treatment Of Transitional Dentition	1500
D7288	Brush Biopsy - Transepithelial Sample Collection	45	D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1500
<b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>			D8040	Limited Orthodontic Treatment Of The Adult Dentition	1500
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0	<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	0	D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	1500
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0	D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	1500
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	0	D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2000
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>			<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	0	D8210	Removable Appliance Therapy For Control Of Harmful Habits	750
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	0	D8220	Fixed Appliance Therapy For Control Of Harmful Habits	750
<b>EXCISION OF BONE TISSUE</b>			<b>OTHER ORTHODONTIC SERVICES</b>		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0	D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	15
D7472	Removal Of Torus Palatinus	0	D8670	Periodic Orthodontic Treatment Visit	0
D7473	Removal Of Torus Mandibularis	0	D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S)	240
D7485	Reduction Of Osseous Tuberosity	0	✚	Orthodontic Records Fee	265
<b>SURGICAL INCISION</b>			<b>UNCLASSIFIED TREATMENT</b>		
D7509	Marsupialization of Odontogenic Cyst	245	D9110	Palliative Treatment Of Dental Pain - per visit	0
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0	D9120	Fixed Partial Denture Sectioning	0
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	0	<b>ANESTHESIA</b>		
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0	D9210	Local Anesthesia (Not In Conjunction With Operative Or Surgical Procedures)	0
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	0	D9211	Regional Block Anesthesia	0
<b>REPAIR OF TRAUMATIC WOUNDS</b>			D9212	Trigeminal Division Block Anesthesia	0
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0	D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	0
<b>OTHER REPAIR PROCEDURES</b>			D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	0
D7961	Buccal / labial frenectomy (frenulectomy)	0	D9222	Deep Sedation/General Anesthesia - First 15 Minutes	80
			D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Mintue Increment	80
			D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	85
			D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	85

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
PROFESSIONAL CONSULTATION			FOOTNOTES		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0	◆	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.	
D9311	Consultation With A Medical Health Care Professional	0			
PROFESSIONAL VISITS					
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0	✚	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.	
D9440	Office Visit After Regularly Scheduled Hours	40			
D9450	Case Presentation, Subsequent to Detailed And Extensive Treatment Planning	0			
MISCELLANEOUS SERVICES					
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0			
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0			
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0			
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0			
D9942	Repair And/Or Reline Of Occlusal Guard	15			
D9943	Occlusal Guard Adjustment	24			
D9944	Occlusal Guard - hard appliance, full arch	95			
D9946	Occlusal Guard - hard appliance, partial arch	95			
D9951	Occlusal Adjustment (Limited)	0			
D9952	Occlusal Adjustment (Complete)	0			
D9986	Missed Appointment	20			
D9987	Cancelled appointment	20			
D9990	Certified translation or sign-language services - per visit	0			
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0			
D9992	Dental Case Management - Care Coordination	0			
D9993	Dental Case Management - Motivational Interviewing	0			
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0			
D9997	Dental care management - patients with special health care needs	0			
BLEACHING					
D9975	External Bleaching For Home Application, Per Arch, Includes Materials And Fabrication Of Custom Trays	125			
FOOTNOTES					

# 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 <u>alternate</u> treatment	<b>less</b>	Provider's Usual Fee of the entitled benefit	<b>plus</b>	Member's Copayment for the entitled benefit	<b>=</b>	<b>FEE CHARGED TO MEMBER</b>
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## Fixed Prosthetics (Bridges)

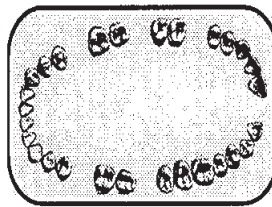
**Services must be diagnosed and prescribed by the participating provider to be eligible for coverage. The member is eligible for fixed bridge restoration when:**

- 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.

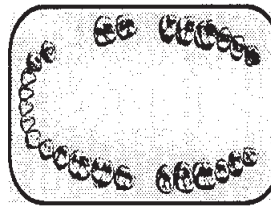
### The Plan does not cover a fixed bridge when:

- 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**

## Frequently Asked Questions About Your DHMO Dental Plan

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

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

### Q: Can family members have different PDOs?

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

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

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

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

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

### Q: When is a PDO update effective?

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

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

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

### Q: What if I need to see a specialist?

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

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

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

### Q: What information is available online?

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

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

A: Questions about dental treatment should always be discussed with your dentist. For information about your benefits, visit **UnitedConcordia.com** or call Customer Service at 1-866-357-3304.



# UNITED CONCORDIA<sup>®</sup> DENTAL

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

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

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## Disclaimer

If your group is a voluntary group, then this package briefly describes the dental coverage offered through United Concordia Companies, Inc., and/or its licensed affiliates ("United Concordia"). Please refer to the Group Policy or Contract and Certificate of Insurance/Evidence of Coverage ("Plan Documents") for a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In case of conflict, the Plan Documents will govern. All plans and benefits are governed by the applicable Plan Documents and state laws which may require immediate changes to benefits or other features. United Concordia policies cover dental benefits only. For a complete listing of the products and services available in your area, the specific company licensed to provide those products, and exclusions, limitations, renewal, cancellation and cost information, contact a United Concordia account representative or visit [UnitedConcordia.com](http://UnitedConcordia.com).

In order to enroll, you must meet your group's eligibility requirements and waiting period for insurance. Your dependents must meet the requirements for eligible dependents as defined in United Concordia's Certificate. If you or your dependents do not enroll during an open enrollment period or within the required number of days of initial eligibility as indicated in the United Concordia's Certificate, you or your dependents cannot enroll until the next open enrollment. Coverage terminates when you no longer meet the eligibility requirements of your group, premium payment stops or your group's contract with United Concordia is terminated. Your dependents' coverage ends when they no longer meet the requirements for dependent coverage under United Concordia's Certificate, when premium payment stops, or when your coverage ends.\* Notice for CA DHMO enrollees: Coverage also terminates when you or your dependents are convicted of fraud relative to the dental program or when you change your residence outside the state of California.

United Concordia Insurance Company, California certificate of authority number 3739-0, is domiciled in Arizona at its statutory address, 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016. Available products are underwritten by United Concordia Insurance Company in OK and AZ and written on OK policy forms OK9802S/L (2/13) and on AZ policy forms 9802S/L (04/15). The administrative office of UCCI and/or its licensed corporate affiliates is located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011.

### Notice for CO residents:

Plans and policies offered by United Concordia Insurance Company do not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a standalone plan or as a covered benefit in another health plan.

Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified standalone dental plan that includes pediatric dental coverage.

PPO products are administered by United Concordia Companies, Inc. (UCCI) and are underwritten by United Concordia Insurance Company of New York in New York and by United Concordia Insurance Company (UCIC) in all other states.

Concordia Preferred is not available to groups headquartered in GA, LA, MS, NC, and TX. PPO products are currently not available on an insured basis for employers/groups situated in the Commonwealth of Puerto Rico, or any territory or jurisdiction outside of the continental United States.

DHMO product (Concordia Plus) is underwritten by:

- United Concordia Dental Plans of California, Inc. in CA
- United Concordia Dental Plans, Inc. in MD, KY, and NJ
- United Concordia Dental Plans of the Midwest, Inc. in MI, MO, and OH
- United Concordia Dental Plans of Pennsylvania, Inc. in PA
- United Concordia Dental Plans of Texas, Inc. in TX

Concordia Plus is currently not available for employers/groups situated in the states of: AL, AK, AZ, AR, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MA, MN, MS, MT, NE, NV, NH, NM, NY, NC, ND, OK, OR, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY, the Commonwealth of Puerto Rico, or in any jurisdiction outside of the continental United States. This advertisement is not a solicitation of coverage in these jurisdictions.

Discount vision plans offered with United Concordia products are not administered or underwritten by United Concordia. Discount vision plans are administered by Davis Vision, Inc. and are delivered under separate contract. Notice to FL groups: Your premium includes a fee for the discount vision plan.

United Concordia Companies Inc., and/or its licensed corporate affiliates (United Concordia), administrative and claims offices are located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (888-884-8224). United Concordia's licensed affiliates have sole financial responsibility for their products.

\*For Concordia Choice and Select products, the following language should be added to the second paragraph (discussing enrollment and termination): *If you drop coverage for yourself or a dependent other than at open enrollment, you may be restricted from enrolling at a future time unless you provide loss of coverage under another dental plan due to a valid life change event.*