

## 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 <sup>1</sup>	Out-of-Network Plan Pays <sup>2</sup>
<b>Class I—Diagnostic and Preventive (Excluded from Annual Program Maximum)</b>		
Exams	100%	100%
All X-Rays		
Cleanings (includes 1 additional cleaning during pregnancy)		
Fluoride Treatments		
Sealants		
Palliative Treatment		
<b>Class II—Basic Services</b>		
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		
<b>Class III—Major Restorative</b>		
Inlays, Onlays, Crowns <sup>3</sup>	50%	50%
Implants		
Prosthetics		
<b>Orthodontics (dependent children only)</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Deductibles and Maximums</b>		
\$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)**

*Current Dental Terminology* © American Dental Association.