

Dental Benefits

Dental coverage is available to all individuals who are eligible for State health benefits. You have two dental plans from which to choose:

- A Dental Preferred Provider Organization (DPPO) plan through United Concordia; or
- A Dental Health Maintenance Organization (DHMO) plan through Delta Dental.

How the Plans Work

The DPPO Plan

United Concordia is committed to providing you quality DPPO benefits. Under this plan, you do not have to select a Primary Dental Office (PDO) and can receive coverage from any licensed dentist. If you use one of its in-network dentists, you can maximize your benefit dollars with their negotiated discount rates for non-covered services and services received over your annual max.

No referrals are needed for specialty care. Orthodontia services are only covered for eligible dependent children (not employees) age 26 or younger.

Orthodontic Treatments in Progress

Switching dentists isn't always easy—especially when you have a treatment in progress, such as orthodontia. If you have to switch dentists and need to continue with your treatments in progress, we'll switch your services and coverage, while also determining your payable benefits.

Out-of-Area Coverage

You never need to worry about where you are if you need dental care as you may receive services from any dentist, in-network or out. However, if you use an out-of-network dentist, you must submit a claim form for reimbursement and may be billed for the amount charged that exceeds the allowed benefit.

Member Services

When you use an in-network DPPO dentist, the in-network dentist will bill the plan directly for the amount the plan will pay. You will be billed your share of the cost under the plan. You can access all of your dental information online any time on My Dental Benefits:

- Visit www.UnitedConcordia.com/statemd
- Select My Dental Benefits and sign in or create an account, then
- View all your Explanations of Benefits (EOBs) under Claims & Deductibles
- You can also view your benefits from your mobile device by using the State of Maryland Members App

DPPO Plan Design

Feature	Benefit Coverage (In-Network and Out-of-Network Services)
Plan Year deductible	\$50 per individual; \$150 per family Only applies to Class II and Class III services
Plan Year Maximum	\$2,500 per participant; only applies to Class II and Class III services
Class I: Preventive services, initial periodic and emergency examinations, radiographs, prophylaxis (adult and child), fluoride treatments, sealants, emergency palliative treatment	Plan pays 100% of allowed benefit
Class II: Basic Restorative services, including composite/resin fillings, inlays, endodontic services, periodontal services, oral surgery services, general anesthesia, prosthodontic maintenance, relines and repairs to bridges, and dentures, space maintainers	Plan pays 70% of allowed benefit after deductible
Class III: Major services, including crowns and bridges, dentures (complete and partial), fixed prosthetics, implants	Plan pays 50% of allowed benefit after deductible
Class IV: Orthodontia (for eligible child(ren) only, age 26 or younger), diagnostic, active, retention treatment	Plan pays 50% of allowed benefit, up to \$2,000 lifetime maximum

The DHMO Plan

Delta Dental is the Program's DHMO carrier. Delta Dental offers quality, convenience, and predictable costs through their DeltaCare® USA network.

When you enroll, you'll select a DeltaCare USA primary care general dentist to provide services. Family members may select different dentists, as many as three per family, for treatment within the covered service area. You'll receive most of your dental care from your primary care dentist. If you need treatment from a specialist, your DeltaCare USA primary care dentist will coordinate a referral for you.

With the DHMO there are no claim forms to complete, no deductibles or annual and lifetime dollar maximums. Preventive and diagnostic services are covered at low or no costs.

You must visit your selected primary care dentist to receive benefits under your plan. If you don't select a dentist, Delta Dental will choose one for you near your home address.

To select a primary care dentist:

- Visit deltadentalins.com/statemd and click on "Find a Dentist."
- Select "DeltaCare USA" as your plan network.
- Once you have selected a dentist, call Delta Dental's Customer Service at 844-697-0578 with the dentist's name and practice number.

Selections of or changes to primary dentists received by the 21st of the month will be effective the first day of the following month. You can also call Customer Service at 844-697-0578 for help with finding or changing a dentist.

Continuous orthodontic coverage:

If you or an eligible family member has started orthodontic treatment (banding has taken place) under a previous plan, you may be able to continue that coverage when you switch to Delta Dental DHMO dentist through a provision called orthodontic treatment in progress. Please contact Delta Dental at 844-697-0578 for details.

Out-of-area emergencies:

If you experience an emergency while traveling outside the service area of your network office, you may use your out-of-area emergency benefit. This benefit provides for emergency treatment up to a maximum allowance of \$100. You may initially be required to pay for services upon treatment. To receive reimbursement, simply submit a copy of the itemized treatment from the attending dentist to Delta Dental within 90 days of treatment. Depending on the plan benefits, copayments may apply.

Online Services Available:

You can access your eligibility and benefits information online with a secure, simple Online Services account:

- Visit deltadentalins.com/statemd
- Select "Register Today" in the "Online Services" box and create your profile. You can choose to go paperless and receive email alerts when new documents are ready to view.
- Read your information anytime from your desktop or mobile device.

Important note: Before enrolling, we strongly recommend that you contact your primary care dental facility to be sure that the facility participates in Delta Dental's DeltaCare® USA DHMO network. The plan cannot guarantee the continued participation of a particular facility or dentist.

Predetermination of Benefits

You or your dentist should seek predetermination of benefits before a major dental procedure so you and your dentist will know exactly what will be covered and what you will need to pay out-of-pocket.

If your dentist discontinues participation in the plan, is terminated from the network or closes his/her practice to new patients, you will need to select another primary care dentist. You will not be able to change your plan or withdraw from the plan until the next Open Enrollment period.

DHMO Fee Schedule

ADA Code	ADA Description	Member Pays \$
0120	Periodic oral evaluation - established patient	0
0140	Limited oral evaluation - problem focused	0
0150	Comprehensive oral evaluation - new or established patient	0
0210	Intraoral - complete series of radiographic images	0
0220	Intraoral - periapical first radiographic image	0
0230	Intraoral - periapical each additional radiographic image	0
0272	Bitewings - two radiographic images	0
0274	Bitewings - four radiographic images	0
0330	Panoramic radiographic image	0
1110	Prophylaxis - adult	0
1120	Prophylaxis - child	0
1206	Topical application of fluoride varnish - through age 18	0
1208	Topical application of fluoride (excluding varnish)	0
1351	Sealant - per tooth	0
2140	Amalgam - one surface, primary or permanent	0
2150	Amalgam - two surfaces, primary or permanent	0
2160	Amalgam - three surfaces, primary or permanent	0
2161	Amalgam - four or more surfaces, primary or permanent	0
2330	Resin-based composite - one surface, anterior	0
2331	Resin-based composite - two surfaces, anterior	0
2332	Resin-based composite - three surfaces, anterior	0
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	70
2391	Resin-based composite - one surface, posterior	40
2392	Resin-based composite - two surfaces, posterior	60
2750	Crown - porcelain fused to high noble metal	276
2752	Crown - porcelain fused to noble metal	270
2790	Crown - full cast high noble metal	228
2792	Crown - full cast noble metal	264
2920	Recement or rebond crown	15
2950	Core buildup, including any pins	100
2954	Prefabricated post and core in addition to crown	108
3310	Root canal - Endodontic therapy, anterior tooth (excluding final restoration)	108
3320	Root canal - Endodontic therapy, bicuspid tooth (excluding final restoration)	144
3330	Root canal - Endodontic therapy, molar (excluding final restoration)	198
4341	Periodontal scaling and root planing - four or more teeth per quadrant	60
4910	Periodontal maintenance	30
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	27
7230	Removal of impacted tooth - partially bony	55
7240	Removal of impacted tooth - completely bony	65
9110	Palliative (emergency) treatment of dental pain - minor procedure	15
9220	Deep sedation/general anesthesia - first 30 minutes	205

PLEASE REFER TO THE DBM Website for a complete DHMO Copay Schedule at www.dbm.maryland.gov/benefits.