



As a reminder, the TDP provides comprehensive dental benefits for active duty uniformed service family members and National Guard/Reserve members and their families. A benefits summary is provided below. For additional details on TDP eligibility, coverage, policies and procedures, please access our Dental Reference Guide (DRG) at [www.uccitdp.com](http://www.uccitdp.com).

PLAN PAYS		LIMITATIONS AND EXCLUSIONS
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES<sup>1</sup></b>		
Exams	100%	<ul style="list-style-type: none"> <li>Two routine prophylaxes, exams and fluoride applications are covered in a consecutive 12-month period.</li> <li>There are no age limitations for topical fluoride applications.</li> <li>One set of bitewing X-rays, up to four bitewing X-rays per visit, is covered during a consecutive 12-month period.</li> <li>One full mouth X-ray (complete series or panoramic X-ray) is covered in a 36-month period.</li> <li>Patients diagnosed with (medically documented) diabetes, coronary artery disease, cerebral vascular disease, rheumatoid arthritis, lupus, oral cancer or organ transplant recipients receive a third prophylaxis in a consecutive 12-month period.</li> </ul>
Prophylaxes		
Topical Fluoride Applications		
X-rays		
Sealants		
Space Maintainers	Sealants are only covered on permanent molars through age 18. One sealant per tooth is covered in a three-year period.	
	Space maintainers are fully covered for posterior teeth without cost shares for patients under age 19.	
<b>BASIC SERVICES<sup>1</sup></b>		
Basic Restorative	80%	Resin and amalgam restorations are covered for anterior and posterior teeth. However, resin restorations on greater than three surfaces are not covered when performed on posterior teeth. An allowance will be made for a comparable amalgam restoration. The member is responsible for the difference between the dentist's charge for the resin restoration and the amount paid by United Concordia for the amalgam restoration.
Periodontics	70% Pay Grades E1-E4 60% All other Pay Grades	<ul style="list-style-type: none"> <li>Full mouth debridement is covered once within a consecutive 24-month period.</li> <li>Scaling and root planing is covered once per quadrant in a consecutive 24-month period; all four quadrants can be completed on the same date of service.</li> <li>Up to four periodontal maintenance procedures, or any combination of routine prophylaxes and periodontal maintenance procedures totaling four, may be paid within a consecutive 12-month period.</li> <li>Patients diagnosed with diabetes, coronary artery disease, cerebral vascular disease, rheumatoid arthritis, lupus, oral cancer or organ transplant recipients receive up to four quadrants of periodontal scaling and root planing with no cost-share. These procedures do not count against the annual maximum.</li> </ul>
Oral Surgery		
General Anesthesia	60%	<ul style="list-style-type: none"> <li>Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) and determined to be medically or dentally necessary.</li> <li>Nitrous oxide and nonintravenous conscious sedation are not covered services, with the exception of nitrous oxide for medically diagnosed special needs patients.</li> </ul>
Intravenous Sedation	50%	
<b>MAJOR SERVICES<sup>1</sup></b>		
Onlays, Crowns	50%	<ul style="list-style-type: none"> <li>Replacement of crowns, onlays, buildups, posts and cores, removable prostheses, fixed prostheses, and implants is covered only if the existing material was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing material is not and cannot be made serviceable.</li> <li>For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the cementation date.</li> <li>The completion date for removable prosthodontic appliances is the insertion date.</li> <li>The missing tooth exclusion does not apply.</li> </ul>
Prosthetics	50%	
Implant Services	50%	
Endodontics	70% Pay Grades E1-E4 60% All other Pay Grades	<ul style="list-style-type: none"> <li>For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.</li> <li>An "open and drain" on an abscessed tooth to relieve pain in an emergency is considered palliative treatment.</li> </ul>
<b>ORTHODONTICS &amp; MISCELLANEOUS SERVICES<sup>1</sup></b>		
Orthodontics	50%	<ul style="list-style-type: none"> <li>Available for dependents (non-spouse) up to age 21 (or up to age 23 if enrolled full time at a college or university).</li> <li>Available for spouses up to age 23.</li> <li>At initial banding, a payment of 25% of the total amount payable under the program is issued. The remaining 75 percent of the payable amount is automatically paid in monthly installments.</li> <li>There is a \$1,750 lifetime maximum benefit for orthodontic services per enrollee.</li> </ul>
Occlusal Guard	50%	Occlusal guards are covered (by report) for enrollees 13 years of age or older for the treatment of bruxism or diagnoses other than TMJ/TMD. Occlusal guards are limited to one per consecutive 12-month period.
<b>CLAIM PROCESSING, ANNUAL MAXIMUM, WAITING PERIOD &amp; DEDUCTIBLE</b>		
Predeterminations	While not required, predeterminations are suggested for onlays, single crowns, prosthetics, periodontics, orthodontics, implants and oral surgery services.	
Assignment of Benefits	If you are a participating dentist, claim payments will be mailed to you. If you are a non-participating dentist, payment will be mailed to the enrollee unless the patient's signature or "signature on file" is entered on the claim.	
Coordination of Benefits	Applies whenever an enrollee has two or more dental insurance policies (general guidelines for determining the primary plan are published in the DRG).	
Contact Information	<ul style="list-style-type: none"> <li>United Concordia Companies, Inc., <b>TDP Claims Processing</b>, P.O. Box 69451, Harrisburg, PA 17106</li> <li>United Concordia Companies, Inc., <b>TDP Customer Service</b>, P.O. Box 69450, Harrisburg, PA 17106</li> </ul>	
Annual Maximum	\$1,500 per enrollee, per contract year (May 1 through April 30). Evaluations, full mouth X-rays, periapical X-rays, bitewing X-rays, caries susceptibility tests, cleanings, and fluoride treatments are excluded from the maximum.	
Waiting Period/Deductible	There are no deductibles or waiting periods.	

<sup>1</sup>Reimbursement is based on United Concordia's DoD Programs Schedule of Maximum Allowable Charges (MAC).