

Schedule of Benefits

Delta Dental EPO™ — CP230 (01/2024)

Description of Benefits and Copayment

The benefits shown below are performed as deemed appropriate by the attending Dentist subject to the limitations and exclusions of the program. Refer to the Benefit Limitations and Exclusions for further clarification of benefits. Enrollees should discuss all treatment options with their Dentist prior to services being rendered.

Text that appears in italics below is intended to clarify the delivery of benefits under the plan and are not to be interpreted as CDT procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association (ADA). The ADA may periodically change CDT procedure codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Right Start 4 Kids® (RS4K)

Your plan provides 100% coverage for children up to their 13th birthday for all Covered Services, excluding orthodontics, with no Deductible applied. The Covered Services are subject to applicable limitations, exclusions, waiting periods and annual maximum. The child must visit a Participating (Par) Dentist to receive 100% coverage. If a Non-Participating (Non-Par) Dentist is seen, the plan's standard coverage levels (as shown in the Schedule of Benefits) will apply.

CODES

COPAYMENT/ COINSURANCE

I. DIAGNOSTIC

D0120	Periodic oral evaluation—established patient	No Cost
D0140	Limited oral evaluation—problem focused	No Cost (GP)
D0140	Limited oral evaluation—problem focused	\$30.00 (SP)
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost (GP)
D0150	Comprehensive oral evaluation - new or established patient	\$30.00 (SP)
D0160	Detailed and extensive oral evaluation—problem focused, by report	No Cost (GP)
D0160	Detailed and extensive oral evaluation—problem focused, by report	\$30.00 (SP)
D0170	Re—evaluation — limited, problem focused (established patient; not post—operative visit)	Not Billable to Patient
D0171	Re—evaluation - post—operative office visit	Not Billable to Patient
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost (GP)
D0180	Comprehensive periodontal evaluation - new or established patient	\$30.00 (SP)
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral — complete series of radiographic images	No Cost

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D0220	Intraoral – periapical first radiographic image	No Cost
D0230	Intraoral – periapical each additional radiographic image	No Cost
D0240	Intraoral – occlusal radiographic image	No Cost
D0270	Bitewing – single radiographic image	No Cost
D0272	Bitewings – two radiographic images	No Cost
D0273	Bitewings – three radiographic images	No Cost
D0274	Bitewings – four radiographic	No Cost
D0277	Vertical bitewings – 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Not Billable to Patient
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Not Billable to Patient
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Not Billable to Patient
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0475	Decalcification procedure	Not Billable to Patient
D0476	Special stains for microorganisms	Not Billable to Patient
D0477	Special stains, not for microorganisms	Not Billable to Patient
D0478	Immunohistochemical stains	Not Billable to Patient
D0479	Tissue in–situ hybridization, including interpretation	Not Billable to Patient
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Not Billable to Patient
D0481	Electron microscopy	Not Billable to Patient
D0482	Direct immunofluorescence	Not Billable to Patient
D0483	Indirect immunofluorescence	Not Billable to Patient
D0484	Consultation on slides prepared elsewhere	Not Billable to Patient
D0601	Caries risk assessment and documentation, with a finding of low risk - limited to children age 3 to 19, 1 every 3 years.	No Cost

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D0602	Caries risk assessment and documentation, with a finding of moderate risk - limited to children age 3 to 19, 1 every 3 years.	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - limited to children age 3 to 19, 1 every 3 years.	No Cost
D0701	Panoramic radiographic image - image capture only	Not Billable to Patient
D0702	2—D cephalometric radiographic image - image capture only	Not Billable to Patient
D0703	2—D oral/facial photographic image obtained intra—orally or extra—orally - image capture only	Not Billable to Patient
D0705	Extra—oral posterior dental radiographic image - image capture only	Not Billable to Patient
D0706	Intraoral - occlusal radiographic image - image capture only	Not Billable to Patient
D0707	Intraoral - periapical radiographic image - image capture only	Not Billable to Patient
D0708	Intraoral - bitewing radiographic image - image capture only	Not Billable to Patient
D0709	Intraoral - complete series of radiographic images - image capture only	Not Billable to Patient
	GP - General Practitioner SP - Specialty Practitioner	
II.	PREVENTIVE	
D1110	Prophylaxis cleaning - adult	No Cost
D1120	Prophylaxis cleaning - child	No Cost
D1206	Topical application of fluoride varnish	No Cost
D1208	Topical application of fluoride excluding varnish	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient	\$12.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$12.00
D1354	Application of caries arresting medicament - per tooth	No Cost
D1510	Space maintainer - fixed, unilateral - per quadrant	\$66.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$66.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$66.00
D1520	Space maintainer - removable, unilateral - per quadrant	\$66.00
D1526	Space maintainer - removable - bilateral, maxillary	\$66.00
D1527	Space maintainer - removable - bilateral, mandibular	\$66.00

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$12.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$12.00
D1553	Re-cement or re-bond unilateral space maintainer– per quadrant	\$12.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$12.00
D1557	Removal of fixed bilateral space maintainer – maxillary	\$12.00
D1558	Removal of fixed bilateral space maintainer – mandibular	\$12.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	\$66.00
III.	RESTORATIVE (Fillings)	
	Includes indirect pulp capping, bases, liners and acid etch procedures	
D2140	Amalgam – one surface, primary or permanent	\$24.00
D2150	Amalgam – two surfaces, primary or permanent	\$26.00
D2160	Amalgam – three surfaces, primary or permanent	\$29.00
D2161	Amalgam –four or more surfaces, primary or permanent	\$31.00
D2330	Resin-based composite – one surface, anterior	\$25.00
D2331	Resin-based composite – two surfaces, anterior	\$31.00
D2332	Resin-based composite – three surfaces, anterior	\$36.00
D2335	Resin-based composite – four or more surfaces (anterior)	\$42.00
D2390	Resin-based composite crown, anterior	\$66.00
D2391	Resin-based composite - one surface, posterior	Optional
D2392	Resin-based composite - two surfaces, posterior	Optional
D2393	Resin-based composite - three surfaces, posterior	Optional
D2394	Resin-based composite - four or more surfaces, posterior	Optional
D2410	Gold foil – one surface	Optional
D2420	Gold foil – two surfaces	Optional
D2430	Gold foil – three surfaces	Optional
D2510	Inlay – metallic – one surface	\$190.00
D2520	Inlay – metallic – two surfaces	\$200.00
D2530	Inlay – metallic – three or more surfaces	\$210.00
D2542	Onlay – metallic – two surfaces	\$208.00
D2543	Onlay – metallic – three surfaces	\$218.00
D2544	Onlay – metallic – four or more surfaces	\$226.00
D2610	Inlay – porcelain/ceramic – one surface	Optional
D2620	Inlay – porcelain/ceramic – two surfaces	Optional
D2630	Inlay – porcelain/ceramic – three or more surfaces	Optional

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D2642	Onlay — porcelain/ceramic — two surfaces	Optional
D2643	Onlay — porcelain/ceramic — three surfaces	Optional
D2644	Onlay — porcelain/ceramic — four or more surfaces	Optional
D2650	Inlay — resin—based composite — one surface	Optional
D2651	Inlay — resin—based composite — two surfaces	Optional
D2652	Inlay — resin—based composite — three or more surfaces	Optional
D2662	Onlay — resin—based composite — two surfaces	Optional
D2663	Onlay — resin—based composite — three surfaces	Optional
D2664	Onlay — resin—based composite — four or more surfaces	Optional
D2710	Crown — resin—based composite (indirect)	\$144.00
D2720	Crown — resin with high noble metal	\$270.00
D2721	Crown — resin with predominately base metal	\$270.00
D2722	Crown — resin with noble metal	\$270.00
D2740	Crown — porcelain/ceramic	\$270.00
D2750	Crown — porcelain fused to high noble metal	\$270.00
D2751	Crown — porcelain fused to predominately base metal	\$270.00
D2752	Crown — porcelain fused to noble metal	\$270.00
D2753	Crown — porcelain fused to titanium and titanium alloys	\$270.00
D2780	Crown — ¾ cast high noble metal	\$270.00
D2781	Crown — ¾ cast predominately base metal	\$270.00
D2782	Crown — ¾ cast noble metal	\$270.00
D2783	Crown — ¾ cast porcelain/ceramic	\$270.00
D2790	Crown — full cast high noble metal	\$270.00
D2791	Crown — full cast predominately base metal	\$270.00
D2792	Crown — full cast noble metal	\$270.00
D2794	Crown — titanium and titanium alloys	\$270.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	Not Billable to Patient
D2910	Re—cement or re—bond inlay, onlay, veneer or partial coverage restoration	\$12.00
D2915	Re—cement or re—bond indirectly fabricated or prefabricated post and core	\$12.00
D2920	Re—cement or re—bond crown	\$12.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$42.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$66.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Optional

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D2930	Prefabricated stainless steel crown — primary tooth	\$66.00
D2931	Prefabricated stainless steel crown — permanent tooth	\$66.00
D2932	Prefabricated resin crown — anterior primary tooth	\$66.00
D2933	Prefabricated stainless steel crown with resin window — anterior primary tooth	Optional
D2940	Protective restoration	\$19.00
D2941	Interim therapeutic restoration - primary dentition	\$19.00
D2949	Restorative foundation for an indirect restoration	\$24.00
D2950	Core buildup, including any pins when required	\$24.00
D2951	Pin retention — per tooth, in addition to restoration	\$24.00
D2952	Post and core in addition to crown, indirectly fabricated	\$24.00
D2953	Each additional indirectly fabricated post — same tooth	\$24.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$24.00
D2955	Post removal	Not Billable to Patient
D2957	Each additional prefabricated post — same tooth - base metal post; includes canal preparation	\$24.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$55.00
D2980	Crown repair necessitated by restorative material failure	\$56.00
D2981	Inlay repair necessitated by restorative material failure	\$56.00
D2982	Onlay repair necessitated by restorative material failure	\$56.00
D2983	Veneer repair necessitated by restorative material failure	\$56.00
D2989	Excavation of a tooth resulting in the determination of non—restorability	Not Billable to Patient
D2990	Resin infiltration of incipient smooth surface lesions	\$12.00
IV.	ENDODONTICS	
D3110	Pulp cap — direct (excluding final restoration)	Not Billable to Patient
D3120	Pulp cap — indirect (excluding final restoration)	Not Billable to Patient
D3220	Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament	\$19.00
D3221	Pulpal debridement, primary and permanent teeth	\$18.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$19.00

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D3230	Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	\$19.00
D3240	Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	\$19.00
D3310	Root canal — endodontic therapy, anterior tooth (excluding final restoration)	\$72.00
D3320	Root canal — endodontic therapy, premolar tooth (excluding final restoration)	\$144.00
D3330	Root canal — endodontic therapy, molar tooth (excluding final restoration)	\$216.00
D3331	Treatment of root canal obstruction; non—surgical access	\$72.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$72.00
D3346	Retreatment of previous root canal therapy — anterior	\$87.00
D3347	Retreatment of previous root canal therapy — premolar	\$172.00
D3348	Retreatment of previous root canal therapy — molar	\$260.00
D3410	Apicoectomy — anterior	\$120.00
D3421	Apicoectomy — premolar (first root)	\$120.00
D3425	Apicoectomy — molar (first root)	\$120.00
D3426	Apicoectomy (each additional root)	\$60.00
D3430	Retrograde filling — per root	\$60.00
D3471	Surgical repair of root resorption - anterior	\$120.00
D3472	Surgical repair of root resorption - premolar	\$120.00
D3473	Surgical repair of root resorption - molar	\$120.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$90.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$90.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$90.00
D3911	Intraorifice barrier	Not Billable to Patient
D3921	Decoronation or submergence of an erupted tooth	\$22.00

V. PERIODONTICS

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	\$210.00
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<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D4211	Gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	\$210.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure per tooth	\$210.00
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces, per quadrant	\$180.00
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces, per quadrant	\$180.00
D4245	Apically positioned flap	\$180.00
D4249	Clinical crown lengthening — hard tissue	\$175.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$360.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$360.00
D4268	Surgical revision procedure, per tooth	Not Billable to Patient
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	\$54.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$54.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit	\$54.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	No Cost
D4910	Periodontal maintenance	\$44.00
D4921	Gingival irrigation with a medicinal agent - per quadrant	Not Billable to Patient
VI.	PROSTHODONTICS, (removable)	
D5110	Complete denture — maxillary	\$300.00
D5120	Complete denture — mandibular	\$300.00
D5130	Immediate denture — maxillary	\$384.00
D5140	Immediate denture — mandibular	\$384.00
D5211	Maxillary partial denture — resin base (including retentive/clasping materials, rests, and teeth)	\$329.00
D5212	Mandibular partial denture — resin base (including retentive/clasping materials, rests, and teeth)	\$329.00
D5213	Maxillary partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$354.00
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$354.00

<u>CODES</u>		<u>COPAYMENT/ COINSURANCE</u>
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$329.00
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$329.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$354.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$354.00
D5225	Maxillary partial denture – flexible base (including any clasps retentive/clasping materials, rests, and teeth)	Optional
D5226	Mandibular partial denture – flexible base (including any clasps retentive/clasping materials, rests, and teeth)	Optional
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$329.00
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$329.00
D5282	Removable unilateral partial denture – one piece cast metal (including clasps retentive/clasping materials, rests, and teeth), maxillary	\$329.00
D5283	Removable unilateral partial denture – one piece cast metal (including clasps retentive/clasping materials, rests, and teeth), mandibular	\$329.00
D5284	Removable unilateral partial denture – one piece flexible base (including clasps retentive/clasping materials, rests, and teeth) – per quadrant	\$329.00
D5286	Removable unilateral partial denture – one piece resin (including clasps retentive/clasping materials, rests, and teeth) – per quadrant	\$329.00
D5410	Adjust complete denture – maxillary	\$12.00
D5411	Adjust complete denture – mandibular	\$12.00
D5421	Adjust partial denture – maxillary	\$12.00
D5422	Adjust partial denture – mandibular	\$12.00
D5511	Repair broken complete denture base, mandibular	\$30.00
D5512	Repair broken complete denture base, maxillary	\$30.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$12.00
D5611	Repair resin partial denture base, mandibular	\$30.00
D5612	Repair resin partial denture base, maxillary	\$30.00
D5621	Repair cast partial framework, mandibular	\$30.00
D5622	Repair cast partial framework, maxillary	\$30.00
D5630	Repair or replace broken retentive/clasping materials – per tooth	\$30.00
D5640	Replace broken teeth – per tooth	\$12.00
D5650	Add tooth to existing partial denture	\$12.00

<u>CODES</u>	<u>COPAYMENT/ COINSURANCE</u>
D5660 Add clasp to existing partial denture — per tooth	\$12.00
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	\$185.00
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	\$185.00
D5710 Rebase complete maxillary denture	\$60.00
D5711 Rebase complete mandibular denture	\$60.00
D5720 Rebase maxillary partial denture	\$60.00
D5721 Rebase mandibular partial denture	\$60.00
D5725 Rebase hybrid prosthesis	\$60.00
D5730 Reline complete maxillary denture (chairside)	\$36.00
D5731 Reline complete mandibular denture (chairside)	\$36.00
D5740 Reline maxillary partial denture (chairside)	\$36.00
D5741 Reline mandibular partial denture (chairside)	\$36.00
D5750 Reline complete maxillary denture (laboratory)	\$60.00
D5751 Reline complete mandibular denture (laboratory)	\$60.00
D5760 Reline maxillary partial denture (laboratory)	\$60.00
D5761 Reline mandibular partial denture (laboratory)	\$60.00
D5765 Soft liner for complete or partial removable denture - indirect	\$60.00
D5820 Interim partial denture (maxillary) (including retentive/clasping materials, rests, and teeth), maxillary	\$30.00
D5821 Interim partial denture (mandibular) (including retentive/clasping materials, rests, and teeth), mandibular	\$30.00
D5850 Tissue conditioning, maxillary	\$30.00
D5851 Tissue conditioning, mandibular	\$30.00
D5863 Overdenture — complete maxillary	Optional
D5864 Overdenture — partial maxillary	Optional
D5865 Overdenture — complete mandibular	Optional
D5866 Overdenture — partial mandibular	Optional
VII. MAXILLOFACIAL PROSTHETICS - NOT COVERED (D5900—D5999)	
VIII. IMPLANT SERVICES - NOT COVERED (D6000—D6199)	
IX. PROSTHODONTICS, fixed	
(Each retainer and each pontic constitutes a unit in fixed partial denture (bridge))	
D6210 Pontic — cast high noble metal	\$270.00
D6211 Pontic — cast predominantly base metal	\$270.00
D6212 Pontic — cast noble metal	\$270.00

D6240	Pontic — porcelain fused to high noble metal	\$270.00
D6241	Pontic — porcelain fused to predominantly base metal	\$270.00
D6242	Pontic — porcelain fused to noble metal	\$270.00
D6250	Pontic — resin with high noble metal	\$270.00
D6251	Pontic — resin with predominantly base metal	\$270.00
D6252	Pontic — resin with noble metal	\$270.00
D6253	Interim pontic — further treatment or completion of diagnosis necessary prior to final impression	Not Billable to Patient
D6545	Retainer — cast metal for resin bonded fixed prosthesis	Optional
D6548	Retainer — porcelain/ceramic for resin bonded fixed prosthesis	Optional
D6549	Resin retainer - for resin bonded fixed prosthesis	Optional
D6600	Retainer inlay - porcelain/ceramic, two surfaces	Optional
D6601	Retainer inlay — porcelain/ceramic, three or more surfaces	Optional
D6602	Retainer inlay — cast high noble metal, two surfaces	\$210.00
D6603	Retainer inlay — cast high noble metal, three or more surfaces	\$210.00
D6604	Retainer inlay — cast predominantly base metal, two surfaces	\$190.00
D6605	Retainer inlay - cast predominately base metal, three or more surfaces	\$200.00
D6606	Retainer inlay — cast noble metal, two surfaces	\$200.00
D6607	Retainer inlay — cast noble metal, three or more surfaces	\$210.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Optional
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Optional
D6610	Retainer onlay - cast high noble metal, two surfaces	\$218.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$226.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$208.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$216.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$218.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$226.00
D6720	Retainer crown — resin with high noble metal	\$270.00
D6721	Retainer crown — resin with predominantly base metal	\$270.00
D6722	Retainer crown — resin with noble metal	\$270.00
D6750	Retainer crown — porcelain fused to high noble metal	\$270.00
D6751	Retainer crown — porcelain fused to predominantly base metal	\$270.00
D6752	Retainer crown — porcelain fused to noble metal	\$270.00
D6780	Retainer crown — $\frac{3}{4}$ cast high noble metal	\$270.00
D6781	Retainer crown — $\frac{3}{4}$ cast predominantly base metal	\$270.00

D6782	Retainer crown — ¾ cast noble metal	\$270.00
D6790	Retainer crown — full cast high noble metal	\$270.00
D6791	Retainer crown — full cast predominantly base metal	\$270.00
D6792	Retainer crown — full cast noble metal	\$270.00
D6793	Interim retainer crown — further treatment or completion of diagnosis necessary prior to final impression	Not Billable to Patient
D6930	Re—cement or re—bond fixed partial denture	\$18.00
D6940	Stress breaker	\$42.00

X. ORAL AND MAXILLOFACIAL SURGERY

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D7111	Extraction, coronal remnants - primary teeth	\$22.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$22.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$36.00
D7220	Removal of impacted tooth - soft tissue	\$60.00
D7230	Removal of impacted tooth - partially bony	\$90.00
D7240	Removal of impacted tooth - completely bony	\$120.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$120.00
D7250	Removal of residual tooth roots (cutting procedure)	\$42.00
D7251	Coronectomy - intentional partial tooth removal	\$120.00
D7284	Excisional biopsy of minor salivary glands	\$30.00
D7286	Incisional biopsy of oral tissue - soft	\$30.00
D7310	Alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$78.00
D7311	Alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$78.00
D7320	Alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$102.00
D7321	Alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$102.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$78.00
D7472	Removal of torus palatinus	\$78.00
D7473	Removal of torus mandibularis	\$78.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$25.00

D7922	Placement of intra—socket biological dressing to aid in hemostasis or clot stabilization, per site	Not Billable to Patient
D7961	Buccal/labial frenectomy (frenulectomy)	\$60.00
D7962	Lingual frenectomy (frenulectomy)	\$60.00

XI. ORTHODONTICS

Your Coinsurance is 50% of the Delta Dental PPO™ Dentist's Plan Allowance plus any amounts over the lifetime Benefit Maximum.

D0340	2D Cephalometric radiographic image — acquisition, measurement and analysis	50%
D0350	2D oral/facial photographic images obtained intraorally or extraorally	50%
D0470	Diagnostic casts	50%
D7280	Exposure of unerupted tooth	50%
D7283	Placement of device to facilitate eruption of impacted tooth	50%
D8010	Limited orthodontic treatment of the primary dentition	50%
D8020	Limited orthodontic treatment of the transitional dentition	50%
D8030	Limited orthodontic treatment of the adolescent dentition	50%
D8040	Limited orthodontic treatment of the adult dentition	50%
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%
D8090	Comprehensive orthodontic treatment of the adult dentition	50%
D8210	Removable appliance therapy	50%
D8220	Fixed appliance therapy	50%
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%
D8670	Periodic orthodontic treatment visit	50%
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	50%
D8698	Re—cement or re—bond fixed retainer - maxillary	50%
D8699	Re—cement or re—bond fixed retainer - mandibular	50%
D8701	Repair of fixed retainer, includes reattachment — maxillary	Not Billable to Patient
D8702	Repair of fixed retainer, includes reattachment — mandibular	Not Billable to Patient

XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$18.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not Billable to Patient

D9211	Regional block anesthesia	Not Billable to Patient
D9212	Trigeminal division block anesthesia	Not Billable to Patient
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not Billable to Patient
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9310	Consultation — diagnostic services provided by a dentist or physician other than requesting dentist or physician	\$30.00
D9311	Consultation with a medical health care professional	Not Billable to Patient
D9440	Office visit — after regularly scheduled hours	\$24.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9912	Pre—visit patient screening	Not Billable to Patient
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9987	Canceled appointment - without 24 hour notice per 15 minutes of appointment time	\$10.00
D9990	Certified translation or sign—language services - per visit	Not Billable to Patient
D9991	Dental case management - addressing appointment compliance barriers	Not Billable to Patient
D9992	Dental case management - care coordination	Not Billable to Patient
D9993	Dental case management - motivational interviewing	Not Billable to Patient
D9994	Dental case management - patient education to improve oral health literacy	Not Billable to Patient
D9995	Teledentistry - synchronous; real—time encounter	Not Billable to Patient
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not Billable to Patient
D9997	Dental case management - patients with special health care needs	Not Billable to Patient