



## Schedule of Benefits

### Delta Dental EPO™ — CP230 (01/2026)

#### 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.

| <u>CODES</u>         |  | <u>COPAYMENT/<br/>COINSURANCE</u> |
|----------------------|--|-----------------------------------|
| <b>I. DIAGNOSTIC</b> |  |                                   |
| 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                           |
| D0220                | Intraoral — periapical first radiographic image  | No Cost                           |

# CODES

# COPAYMENT/ COINSURANCE

|       |  |                         |
|-------|--|-------------------------|
| 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                 |
| D0461 | Testing for cracked tooth  | Not Billable to Patient |
| 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   | No Cost                 |

## CODES

|       |   |  |
|-------|---|--|
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk                     | <u>COPAYMENT/<br/>COINSURANCE</u><br>No Cost |
| D0603 | Caries risk assessment and documentation, with a finding of high risk                         | 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 |
| 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 |
| 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 |

| <u>CODES</u> |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--------------|---|-----------------------------------|
| 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                           |
| <b>III.</b>  | <b>RESTORATIVE (Fillings)</b>   |                                   |
|              | <b>Includes indirect pulp capping, bases, liners and acid etch procedures</b> |                                   |
| 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                          |
| 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                          |

| <u><b>CODES</b></u>  | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|--|--|
| 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   | \$42.00                                  |
| D2928 Prefabricated porcelain/ceramic crown - permanent tooth  | \$66.00                                  |
| D2929 Prefabricated porcelain/ceramic crown - primary tooth  | Optional                                 |
| 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 Placement of interim direct restoration  | \$19.00                                  |

| <u>CODES</u>           |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|------------------------|---|-----------------------------------|
| 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           |
| D2956                  | Removal of an indirect restoration on a natural tooth   | 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                           |
| <b>IV. ENDODONTICS</b> |   |                                   |
| 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                           |
| 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                          |

| <u><b>CODES</b></u>   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---|--|
| 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 |
| 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 |

| <u>CODES</u> |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--------------|---|-----------------------------------|
| 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           |
| <b>VI.</b>   | <b>PROSTHODONTICS, (removable)</b>  |                                   |
| 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                          |
| 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                          |



| <u>CODES</u> |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--------------|---|-----------------------------------|
| 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 - per 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 missing or broken teeth - partial denture - per tooth   | \$12.00                           |
| D5650        | Add tooth to existing partial denture - per tooth   | \$12.00                           |
| 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                           |

| <u>CODES</u>   |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--|---|-----------------------------------|
| 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 - natural tooth borne  | Optional                          |
| D5864  | Overdenture - partial maxillary - natural tooth borne   | Optional                          |
| D5865  | Overdenture - complete mandibular - natural tooth borne   | Optional                          |
| D5866  | Overdenture - partial mandibular - natural tooth borne  | Optional                          |
| <b>VII. MAXILLOFACIAL PROSTHETICS - NOT COVERED (D5900—D5999)</b>                    |   |                                   |
| <b>VIII. IMPLANT SERVICES - NOT COVERED (D6000—D6199)</b>                            |   |                                   |
| <b>IX. PROSTHODONTICS, fixed</b>   |   |                                   |
| (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                          |

# CODES

# COPAYMENT/ COINSURANCE

|       |   |                         |
|-------|---|-------------------------|
| 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 — $\frac{3}{4}$ 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

| <u>CODES</u> |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--------------|---|-----------------------------------|
| 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% |

## CODES

## COPAYMENT/ COINSURANCE

|   |  |                         |
|---|--|-------------------------|
| 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%                     |
| D8091                                   | Comprehensive orthodontic treatment with orthognathic surgery  | 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%                     |
| D8671                                   | Periodic orthodontic treatment visit associated with orthognathic surgery  | 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 |
| <b>XII. ADJUNCTIVE GENERAL SERVICES</b> |  |                         |
| 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                 |

| <u>CODES</u> |   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--------------|---|-----------------------------------|
| 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           |
| 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           |