

Schedule of Benefits

Delta Dental PPO™ – EPO Plan Design CP140 (01/2023)

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.

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
I.	DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
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
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Reevaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	\$33.00
D0210	Intraoral - complete series of radiographic images	No Cost
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 images	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D0330	Panoramic radiographic image	No Cost
D0460	Pulp vitality tests	\$11.00
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0475	Decalcification procedure	No Cost
D0476	Special stains for microorganisms	No Cost
D0477	Special stains, not for microorganisms	No Cost
D0478	Immunohistochemical stains	No Cost
D0479	Tissue in-situ hybridization, including interpretation	No Cost
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	No Cost
D0481	Electron microscopy	No Cost
D0482	Indirect immunofluorescence	No Cost
D0483	Direct immunofluorescence	No Cost
D0484	Consultation on slides prepared elsewhere	No Cost
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	No Cost
D0701	Panoramic radiographic image - image capture only	No Cost
D0702	2-D cephalometric radiographic image - image capture only	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	No Cost
D0704	3-D photographic image - image capture only	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only	No Cost
D0707	Intraoral - periapical radiographic image - image capture only	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only	No Cost

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D0709	Intraoral - complete series of radiographic images - image capture only	No Cost
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
D1351	Sealant - per tooth	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$15.00
D1354	Application of caries arresting medicament - per tooth	No Cost
D1510	Space maintainer - fixed, unilateral - per quadrant	\$95.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$155.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$155.00
D1520	Space maintainer - removable, unilateral - per quadrant	\$100.00
D1526	Space maintainer - removable - bilateral, maxillary	\$100.00
D1527	Space maintainer - removable - bilateral, mandibular	\$100.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	\$85.00
III. RESTORATIVE		
Includes indirect pulp capping, bases, liners and acid etch procedures.		
D2140	Amalgam - one surface, primary or permanent	\$20.00
D2150	Amalgam - two surfaces, primary or permanent	\$22.00
D2160	Amalgam - three surfaces, primary or permanent	\$26.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$32.00
D2330	Resin-based composite - one surface, anterior	\$21.00
D2331	Resin-based composite - two surfaces, anterior	\$26.00
D2332	Resin-based composite - three surfaces, anterior	\$32.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$80.00
D2390	Resin-based composite crown, anterior	\$105.00
D2391	Resin-based composite - one surface, posterior	\$42.00
D2392	Resin-based composite - two surfaces, posterior	\$53.00
D2393	Resin-based composite - three surfaces, posterior	\$74.00
D2394	Resin-based composite - four or more surfaces, posterior	\$100.00
D2510	Inlay - metallic - one surface	Optional
D2520	Inlay - metallic - two surfaces	Optional
D2530	Inlay - metallic - three or more surfaces	Optional
D2542	Onlay - metallic - two surfaces	\$445.00
D2543	Onlay - metallic - three surfaces	\$470.00
D2544	Onlay - metallic - four or more surfaces	\$470.00
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	\$475.00
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	\$350.00
D2710	Crown - resin-based composite (indirect)	\$195.00
D2712	Crown - ¾ resin-based composite (indirect)	\$240.00
D2720	Crown - resin with high noble metal	\$325.00
D2721	Crown - resin with predominantly base metal	\$250.00
D2722	Crown - resin with noble metal	\$275.00
D2740	Crown - porcelain/ceramic	\$505.00
D2750	Crown - porcelain fused to high noble metal	\$460.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D2751	Crown - porcelain fused to predominantly base metal	\$405.00
D2752	Crown - porcelain fused to noble metal	\$430.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$460.00
D2780	Crown - 3/4 cast high noble metal	\$460.00
D2781	Crown - 3/4 cast predominantly base metal	\$405.00
D2782	Crown - 3/4 cast noble metal	\$430.00
D2783	Crown - 3/4 porcelain/ceramic	\$405.00
D2790	Crown - full cast high noble metal	\$460.00
D2791	Crown - full cast predominantly base metal	\$405.00
D2792	Crown - full cast noble metal	\$430.00
D2794	Crown - titanium and titanium alloys	\$460.00
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	No Cost
D2910	Recement or rebond inlay, onlay, or partial coverage restoration	\$41.00
D2915	Recement or rebond indirectly fabricated or prefabricated post and core	\$41.00
D2920	Recement or rebond crown	\$41.00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$98.00
D2930	Prefabricated stainless steel crown - primary tooth	\$98.00
D2933	Prefabricated stainless steel crown with resin window	Optional
D2934	Prefabricated esthetic coated stainless steel crown -primary tooth	\$145.00
D2940	Protective restoration	\$16.00
D2941	Interim therapeutic restoration – primary dentition	\$16.00
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	\$98.00
D2951	Pin retention - per tooth, in addition to restoration	\$21.00
D2952	Post and core in addition to crown, indirectly fabricated	\$155.00
D2953	Each additional indirectly fabricated post - same tooth	No Cost
D2954	Prefabricated post and core in addition to crown	\$130.00
D2957	Each additional prefabricated post - same tooth	No Cost
D2960	Labial veneer (resin laminate) - chairside	\$95.00
D2961	Labial veneer (resin laminate) - laboratory	\$95.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$95.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D2980	Crown repair necessitated by restorative material failure	\$90.00
D2981	Inlay repair necessitated by restorative material failure	\$90.00
D2982	Onlay repair necessitated by restorative material failure	\$90.00
D2983	Veneer repair necessitated by restorative material failure	\$90.00
IV. ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) -removal of pulp coronal to the dentinocemental junction and application of medicament	\$78.00
D3221	Pulpal debridement, primary and permanent teeth	\$78.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$60.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$60.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$315.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$370.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$505.00
D3331	Treatment of root canal obstruction; non-surgical access	\$135.00
D3346	Retreatment of previous root canal therapy - anterior	\$330.00
D3347	Retreatment of previous root canal therapy - premolar	\$445.00
D3348	Retreatment of previous root canal therapy - molar	\$510.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3352	Apexification/recalcification -interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$60.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$65.00
D3410	Apicoectomy - anterior	\$275.00
D3421	Apicoectomy - premolar (first root)	\$360.00
D3425	Apicoectomy - molar (first root)	\$390.00
D3426	Apicoectomy (each additional root)	\$135.00
D3430	Retrograde filling - per root	\$100.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D3450	Root amputation - per root	\$90.00
D3471	Surgical repair of root resorption - anterior	\$270.00
D3472	Surgical repair of root resorption - premolar	\$270.00
D3473	Surgical repair of root resorption - molar	\$270.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$203.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$203.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$203.00
D3910	Surgical procedure for isolation of tooth with rubber dam	No Cost
D3911	Intraorifice barrier	No Cost
D3921	Decoronation or submergence of an erupted tooth	\$50.00
D3950	Canal preparation and fitting of preformed dowel or post	No Cost

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	\$240.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$155.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing -four or more contiguous teeth or tooth bounded spaces per quadrant	\$295.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$155.00
D4245	Apically positioned flap	\$260.00
D4249	Clinical crown lengthening - hard tissue	\$325.00
D4260	Osseous surgery (including flap elevation of a full thickness entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$475.00
D4261	Osseous surgery (including flap elevation of a full thickness entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$275.00
D4263	Bone replacement graft -retained natural tooth first site in quadrant	\$290.00
D4264	Bone replacement graft - retained natural tooth -each additional site in quadrant	\$225.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D4270	Pedicle soft tissue graft procedure	\$360.00
D4273	Autogenous connective tissue graft procedures, (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	\$195.00
D4274	Distal or proximal mesial/distal wedge procedure - single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$95.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	\$375.00
D4276	Combined connective tissue and double pedicle graft, per tooth	\$300.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical site), first tooth, implant or edentulous tooth position in graft	\$335.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical site), each additional contiguous tooth or edentulous tooth position in same graft site	\$198.00
D4283	Non-autogenous connective tissue graft (including recipient surgical site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$130.00
D4285	Non-autogenous connective tissue graft (including recipient surgical site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$225.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$110.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$61.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit	\$83.00
D4910	Periodontal maintenance	\$65.00
D4921	Gingival irrigation - per quadrant	No Cost
VI. PROSTHODONTICS (removable)		
D5110	Complete denture - maxillary	\$550.00
D5120	Complete denture - mandibular	\$550.00
D5130	Immediate denture - maxillary	\$550.00
D5140	Immediate denture - mandibular	\$550.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$410.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$640.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$410.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$410.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$640.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$640.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$410.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$410.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$410.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$350.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$350.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$350.00
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	\$350.00
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	\$350.00
D5410	Adjust complete denture - maxillary	\$33.00
D5411	Adjust complete denture - mandibular	\$33.00
D5421	Adjust partial denture - maxillary	\$33.00
D5422	Adjust partial denture - mandibular	\$33.00
D5511	Repair broken complete denture base, mandibular	\$65.00
D5512	Repair broken complete denture base, maxillary	\$65.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$65.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D5611	Repair resin partial denture base, mandibular	\$65.00
D5612	Repair resin partial denture base, mandibular	\$65.00
D5621	Repair cast partial framework, mandibular	\$65.00
D5622	Repair cast partial framework, maxillary	\$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$82.00
D5640	Replace broken teeth - per tooth per tooth	\$65.00
D5650	Add tooth to existing partial denture	\$65.00
D5660	Add clasp to existing partial denture	\$82.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$200.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$200.00
D5730	Reline complete maxillary denture (chairside)	\$115.00
D5731	Reline complete mandibular denture (chairside)	\$115.00
D5740	Reline maxillary partial denture (chairside)	\$115.00
D5741	Reline mandibular partial denture (chairside)	\$115.00
D5750	Reline complete maxillary denture (laboratory)	\$170.00
D5751	Reline complete mandibular denture (laboratory)	\$170.00
D5760	Reline maxillary partial denture (laboratory)	\$170.00
D5761	Reline mandibular partial denture (laboratory)	\$170.00
D5765	Soft liner for complete or partial removable denture - indirect	\$170.00
D5850	Tissue conditioning, maxillary	\$40.00
D5851	Tissue conditioning, mandibular	\$40.00
D5863	Overdenture - complete maxillary	Optional
D5864	Overdenture - partial maxillary	Optional
D5865	Overdenture - complete mandibular	Optional
D5866	Overdenture - partial mandibular	Optional
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$80.00
VII.	MAXILLOFACIAL PROSTHETICS - Not Covered	
VIII.	IMPLANTS - Not Covered	
IX.	PROSTHODONTICS, fixed	

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
(Each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))		
D6210	Pontic - cast high noble metal	\$460.00
D6211	Pontic - cast predominantly base metal	\$405.00
D6212	Pontic - cast noble metal	\$430.00
D6214	Pontic - titanium and titanium alloys	\$460.00
D6240	Pontic - porcelain fused to high noble metal	\$460.00
D6241	Pontic - porcelain fused to predominantly base metal	\$405.00
D6242	Pontic - porcelain fused to noble metal	\$430.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$460.00
D6245	Pontic - porcelain/ceramic	\$450.00
D6250	Pontic - resin with high noble metal	\$350.00
D6251	Pontic - resin with predominantly base metal	\$350.00
D6252	Pontic - resin with noble metal	\$350.00
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$150.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$300.00
D6549	Resin retainer - for resin bonded fixed prosthesis	\$200.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$350.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$365.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$400.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$425.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$375.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$400.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$375.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$400.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$400.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$400.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$445.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$460.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$405.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$405.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D6614	Retainer onlay - cast noble metal, two surfaces	\$430.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$430.00
D6624	Retainer inlay - titanium	\$400.00
D6634	Retainer onlay - titanium	\$460.00
D6720	Retainer crown - resin with high noble metal	\$340.00
D6721	Retainer crown - resin with predominantly base metal	\$240.00
D6722	Retainer crown - resin with noble metal	\$285.00
D6740	Retainer crown - porcelain/ceramic	\$505.00
D6750	Retainer crown - porcelain fused to high noble metal	\$460.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$405.00
D6752	Retainer crown - porcelain fused to noble metal	\$430.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$460.00
D6780	Retainer crown - 3/4 cast high noble metal	\$460.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$405.00
D6782	Retainer crown - 3/4 cast noble metal	\$430.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$400.00
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$460.00
D6790	Retainer crown - full cast high noble metal	\$460.00
D6791	Retainer crown - full cast predominantly base metal	\$405.00
D6792	Retainer crown - full cast noble metal	\$430.00
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D6794	Retainer Crown - titanium and titanium alloys	\$460.00
D6930	Recement or rebond fixed partial denture	\$62.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$90.00

X. ORAL AND MAXILLOFACIAL SURGERY

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D7111	Extraction, coronal remnants - primary tooth	\$50.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$50.00
D7210	Extraction - erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$100.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D7220	Removal of impacted tooth - soft tissue	\$110.00
D7230	Removal of impacted tooth - partially bony	\$145.00
D7240	Removal of impacted tooth - completely bony	\$220.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$220.00
D7250	Removal of residual tooth roots (cutting procedure)	\$100.00
D7251	Coronectomy - intentional partial tooth removal	\$145.00
D7260	Oroantral fistula closure	\$200.00
D7261	Primary closure of a sinus perforation	\$315.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90.00
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$100.00
D7286	Incisional biopsy of oral tissue - soft	\$110.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$135.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$85.00
D7410	Excision of benign lesion up to 1.25 cm	\$100.00
D7411	Excision of benign lesion greater than 1.25 cm	\$150.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$170.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$170.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$190.00
D7472	Removal of torus palatinus	\$190.00
D7473	Removal of torus mandibularis	\$190.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$66.00
D7511	Incision and drainage of abscess -intraoral soft tissue -complicated (includes drainage of multiple fascial spaces)	\$100.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$90.00
D7521	Incision and drainage of abscess - extraoral soft tissue -complicated (includes drainage of multiple fascial spaces)	\$500.00

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$85.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7961	Buccal/labial frenectomy (frenulectomy)	\$50.00
D7962	Lingual frenectomy (frenulectomy)	\$50.00
D7963	Frenuloplasty	\$85.00
D7970	Excision of hyperplastic tissue - per arch	\$85.00
D7971	Excision of pericoronal gingiva	\$50.00
D7972	Surgical reduction of fibrous tuberosity	\$100.00
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$75.00

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 an 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%

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
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	No Cost
D8702	Repair of fixed retainer, includes reattachment - mandibular	No Cost
XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$45.00
D9120	Fixed partial denture sectioning	\$40.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$25.00
D9222	Deep sedation/general anesthesia - first 15 minutes	\$97.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$65.00
D9239	Intravenous moderate(conscious) sedation/analgesia -first 15 minutes	\$87.00
D9243	Intravenous moderate(conscious) sedation/analgesia -each subsequent 15 minute increment	\$58.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$25.00
D9311	Consultation with medical health care professional	No Cost
D9440	Office visit - after regularly scheduled hours	\$55.00
D9450	Case presentation, detailed and extensive treatment planning	\$25.00
D9912	Pre-visit patient screening	No Cost
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
D9985	Sales tax	No Cost
D9991	Dental case management - addressing appointment compliance barriers.	No Cost
D9992	Dental case management - care coordination	No Cost
D9993	Dental case management - motivational interviewing	No Cost

<u>CODE</u>		<u>COPAYMENT/ COINSURANCE</u>
D9994	Dental case management - patient education to improve oral health literacy	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - patients with special health care needs	No Cost

LIMITATIONS

The following limitations apply to all contracts and contain Dental Services that may not be Covered Benefit under this Evidence of Coverage. Please refer to the Schedule of Benefits for a complete listing of Covered Benefits under this Evidence of Coverage.

- Fluoride applications are limited to Enrollees age 18 and under.
- Sealants and preventive resin restorations are limited to Enrollees age 15 and under.
- Space maintainers, not including distal shoe space maintainers, are limited to Enrollees age 13 and under.
- Distal shoe space maintainers are limited to Enrollees age 8 and under.
- Prefabricated stainless steel with resin window and prefabricated esthetic coated stainless steel crowns are limited to primary (baby) teeth for Enrollees age 19 and under.
- Prefabricated stainless steel crowns are limited to primary (baby) teeth for Enrollees age 13 and under.
- Crowns are limited to Enrollees age 12 and older.
- Fixed bridges or removable partials are limited to Enrollees age 16 and older.
- Benefits for fillings, crowns and inlays are not allowed when performed on the same tooth within three months of an interim caries arresting medicament application.
- Full mouth debridement is limited to once in a lifetime.
- Consultations and evaluations for deep sedation or general anesthesia are limited to twice in a calendar year and are subject to the benefit limitation for regular exams.
- Bitewing X-rays for enrollees age 10 and over are limited to once per calendar year; limited to a maximum of 4 bitewing films in one visit or a set of (7-8) vertical bitewing films.
- Full mouth/panelipse X-rays are limited to once in a 5 year period. A full mouth X-ray includes bitewing X-rays; panoramic X-ray in conjunction with any other X-ray is considered a full mouth X-ray.
- Fluoride applications are limited to once in a calendar year.
- Full mouth debridement is a Covered Benefit when an Enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement.
- Sealants and preventive resin restorations are limited one application per tooth.
- Space maintainers, not including distal shoe space maintainers, are limited to once per quadrant per arch per lifetime.
- Distal shoe space maintainers are limited to once per quadrant per arch per lifetime.
- Interim caries arresting medicament applications are limited to two applications per tooth per calendar year.
- Bitewing X-rays for enrollees age 9 and under are limited to twice per calendar year; limited to a maximum of 2 bitewing films in one visit.

- Oral exams are limited to twice in a calendar year.
- Cleanings are limited to twice in a calendar year. Periodontal cleanings, Scaling in presence of generalized moderate or severe gingival inflammation are subject to the benefit limitation of a regular cleaning.
- Amalgam (silver) and composite (white) fillings are limited to once per tooth per surface in a 24 month period.
- Osseous surgery is limited to once per quadrant in a 36 month period.
- Autogenous and non-autogenous connective tissue graft procedures; distal or proximal wedge procedure; combined connective tissue and double pedicle graft procedures are limited to once per site in a 36 month period.
- Periodontal scaling and root planing is limited to once per quadrant in a 24 month period.
- Gingivectomy or gingivoplasty is limited to once per quadrant in a 36 month period.
- Retreatment of root canal therapy is a Covered Benefit 2 years after initial root canal therapy and is limited to once in a lifetime.
- Gingival flap procedures are limited to once per quadrant in a 36 month period.
- Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
- Replacement of an existing crown not related to an implant is a Covered Benefit once every 60 months per tooth and when the existing crown is not serviceable.
- Crowns are a Covered Benefit when the tooth damaged by decay or fracture cannot be restored by amalgam or composite restoration.
- Replacement of an existing prosthetic not related to an implant is a Covered Benefit once every 60 months and when the existing prosthesis is not serviceable.
- Denture adjustments are limited to twice in a 12 consecutive month period and only if performed more than six (6) months after the placement of the initial denture.
- Denture rebase and relines are limited to twice in a 12 consecutive month period and only if performed more than six (6) months after the placement of the initial denture.
- Recementation of existing crowns and inlays are limited to once in a 12 consecutive month period and only if performed more than six (6) months after the placement of the initial crown or inlay.
- Scaling and debridement of a single implant is limited to once per tooth in a 24 consecutive month period.
- An alternate benefit of a prefabricated stainless steel crown will be allowed for a prefabricated stainless steel crown with resin window and prefabricated esthetic coated stainless steel crown.
- An alternate benefit of an emergency (palliative) treatment will be allowed for therapeutic pulpotomy on

permanent teeth.

- An alternate benefit of a therapeutic pulpectomy will be allowed for endodontic therapy on primary teeth.
- An alternate benefit of the corresponding amalgam (silver) or composite (white) filling will be allowed for inlay restorations.
- An alternate benefit of the corresponding denture will be allowed for an overdenture.

1.0 HOW DELTA DENTAL PAYS FOR COVERED BENEFITS

Covered Benefits by Delta Dental PPO™ Dentists:

A Delta Dental PPO™ Dentist must provide all Covered Benefits. There is one exception to this rule, which we explain in the next section on out-of-area emergency services. Delta Dental PPO™ Dentists have an agreement with Delta Dental and agree to accept our Plan Allowance for Covered Benefits they perform. This means that for Covered Benefits, you pay any Deductibles and Coinsurances.

In most cases, we pay Delta Dental PPO™ Dentists directly.

Covered Out-of-Area Emergency Services:

Emergency Services are defined as Covered Benefits that require immediate attention to alleviate severe pain, swelling, bleeding or to avoid serious jeopardy to your health. In the event you need out-of-area Emergency Services for a Covered Benefit and you are at least 35} miles from a Delta Dental PPO™ Dentist's office, Delta Dental will pay \$50 per Benefit Period/12-month period/calendar year/contract year} per Enrollee for out-of-area Emergency Services.

Treatment by a Delta Dental Premier® Dentist

Delta Dental Premier® Dentists have an agreement with Delta Dental to accept the Delta Dental Premier® Plan Allowance for covered out-of-area Emergency Services. Delta Dental's payment is limited to the Emergency Services Benefit Maximum of \$50 per Benefit Period per Enrollee. After Delta Dental pays its portion, you are responsible for the difference between the amount Delta Dental pays for the out-of-area Emergency Service and the Delta Dental Premier® Plan Allowance. In most instances, we pay Delta Dental Premier® Dentists directly.

Treatment by a Non-Participating Dentist

We pay you for covered out-of-area Emergency Services. If Virginia law requires, we will send payment to the Dentist. Delta Dental's payment is limited to the Emergency Services Benefit Maximum of \$50 per Benefit Period per Enrollee. Non-Participating Dentists may not accept our payment as payment in full. This means you are responsible for the difference between the Dentist's charge and Delta Dental's payment