Filing at a Glance

Company:	Delta Dental Insurance Company
Product Name:	DC, DDIC, CDT20 grp, dc, forms
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	12/11/2019
SERFF Tr Num:	DDPA-132154895
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DC, DDIC, CDT20 GRP, DC, FORMS
Implementation Date Requested:	01/01/2020
Author(s):	Rachel Herzke, Kimberly Simpson, Sharon Ford, Debra LeRiche, Maria Stahl, Michelle Davanzo, Roxanna Young, Courtney Rozear, Michelle Shutt
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Other
Overall Rate Impact:

Deemer Date:
Submitted By: Debra LeRiche

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments: N/A per General Instructions.
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: Union
Filing Status Changed: 12/11/2019
State Status Changed:
Created By: Debra LeRiche
Corresponding Filing Tracking Number:

Filing Description:

Delta Dental Insurance Company respectfully submits the enclosed forms for the Department's review and approval for the DeltaCare® USA Program. These forms contain new and revised dental procedure codes and nomenclature recently promulgated by the American Dental Association® as Current Dental Terminology (“CDT”), CDT-2020.

This filing is not ACA/PPACA related.

The following forms will be used in conjunction with the approved Contract, MC-DDIC-DC (11/17), and Evidence of Coverage, DC-DDIC-EOC (11/17), approved by your Department on November 30, 2017 under SERFF Tracking No. DDPA-131252019:

Schedule A, Benefits and Copayments:
S-A-DC-CSOR-R20
S-A-DDIC-DC-CRT-R20
S-A-DDIC-DC-R20
S-A-DC-STD10-R20
S-A-DC-STD-VALUE-R20
S-A-DC-D05-R20
S-A-DC-S14-R20
S-A-DC-S24-R20
S-A-DC-D49-R20
S-A-DC-D57-R20
S-A-DC-D70-R20
S-A-DC-D81-R20

Schedule B, Limitations and Exclusions:
S-B-DC-CSOR-R20
S-B-DDIC-DC-CRT-R20
S-B-DDIC-DC-R20
S-B-DC-STD10-R20
S-B-DC-STD-VALUE-R20
S-B-DC-(D03-D05)-R20
S-B-DC(S14-S24)-R20
S-B-DC-D49-R20
S-B-DC-D57-R20

S-B-DC-D70-R20
S-B-DC-D81-R20

Additional Schedules:
S-C-DDIC-DC-CRT-R20
S-D-DDIC-DC-CRT-R20
S-E-DDIC-DC-CRT-R20

Addresses, phone numbers, websites, page numbers and numerical data are variable unless required by law.

These forms do not have any impact on the rates or rating methodology that was approved by your Department on November 15, 2019 under SERFF Tracking No. DDPA-131856704.

The effective date for use of these forms is January 1, 2020.

Thank you for reviewing this filing. If you have any questions or need additional information, please feel free to contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,
Debra LeRiche
Regulatory Analyst

Company and Contact

Filing Contact Information

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Filing Company Information

Delta Dental Insurance Company
1130 Sanctuary Parkway
Suite 600
Alpharetta, GA 30009
(770) 641-5217 ext. [Phone]

CoCode: 81396
Group Code: 2479
Group Name:
FEIN Number: 94-2761537

State of Domicile: Delaware
Company Type: LAH
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *District of Columbia* **Filing Company:** *Delta Dental Insurance Company*
TOI/Sub-TOI: *H10G Group Health - Dental/H10G.000 Health - Dental*
Product Name: *DC, DDIC, CDT20 grp, dc, forms*
Project Name/Number: */*

Form Schedule

Lead Form Number: S-A-DC-CSOR-R20

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Schedule A Description of Benefits and Copayments	S-A-DC-CSOR-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.700	S-A-DC-CSOR-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-CSOR-R19*		
2		Schedule A Description of Benefits and Copayments	S-A-DDIC-DC-CRT-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.900	S-A-DDIC-DC-CRT-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DDIC-DC-CRT-R19*		
3		Schedule A Description of Benefits and Copayments	S-A-DDIC-DC-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	43.700	S-A-DDIC-DC-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DDIC-DC-R19*		
4		Schedule A Description of Benefits and Copayments	S-A-DC-STD10-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	43.900	S-A-DC-STD10-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-STD10-R19*		
5		Schedule A Description of Benefits and Copayments	S-A-DC-STD-VALUE-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131846201*	42.700	S-A-DC-STD-VALUE-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-STD-VALUE-R19*		
6		Schedule A Description of Benefits and Copayments	S-A-DC-D05-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	42.200	S-A-DC-D05-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-D05-R19*		
7		Schedule A Description of Benefits and Copayments	S-A-DC-S14-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	41.300	S-A-DC-S14-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-S14-R19*		
8		Schedule A Description of Benefits and Copayments	S-A-DC-S24-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	42.500	S-A-DC-S24-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-S24-R19*		
9		Schedule A Description of Benefits and Copayments	S-A-DC-D49-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	41.500	S-A-DC-D49-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-D49-R19*		

State: *District of Columbia* **Filing Company:** *Delta Dental Insurance Company*
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Project Name/Number: */*

Lead Form Number: S-A-DC-CSOR-R20

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
10		Schedule A Description of Benefits and Copayments	S-A-DC-D57-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.700	S-A-DC-D57-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-D57-R19*		
11		Schedule A Description of Benefits and Copayments	S-A-DC-D70-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	41.300	S-A-DC-D70-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-D70-R19*		
12		Schedule A Description of Benefits and Copayments	S-A-DC-D81-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	42.800	S-A-DC-D81-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-D81-R19*		
13		Schedule B Limitations and Exclusions of Benefits	S-B-DC-CSOR-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	42.400	S-B-DC-CSOR-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-CSOR-R19*		
14		Schedule B Limitations of Benefits	S-B-DDIC-DC-CRT-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	41.500	S-B-DDIC-DC-CRT-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DDIC-DC-CRT-R19*		
15		Schedule B Limitations and Exclusions of Benefits	S-B-DDIC-DC-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	44.100	S-B-DDIC-DC-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DDIC-DC-R19*		
16		Schedule B Limitations and Exclusions of Benefits	S-B-DC-STD10-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.800	S-B-DC-STD10-R20 Clean 121019.pdf
						Replaced Form Number:	*S-A-DC-S14-R19*		
17		Schedule B Limitations and Exclusions of Benefits	S-B-DC-STD-VALUE-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131846201*	42.100	S-B-DC-STD-VALUE-R29 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-STD-VALUE-R19*		
18		Schedule B Limitations and Exclusions of Benefits	S-B-DC-(D03-D05)-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	44.100	S-B-DC-(D03-D05)-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-(D03-D05)-R19*		

State: *District of Columbia* **Filing Company:** *Delta Dental Insurance Company*
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Project Name/Number: */*

Lead Form Number: S-A-DC-CSOR-R20

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
19		Schedule B Limitations and Exclusions of Benefits	S-B-DDIC-DC(S14-S24)-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.500	S-B-DDIC-DC(S14-S24)-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DDIC-DC(S14-S24)-R19*		
20		Schedule B Limitations and Exclusions of Benefits	S-B-DC-D49-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.100	S-B-DC-D49-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-D49-R19*		
21		Schedule B Limitations and Exclusions of Benefits	S-B-DC-D57-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	42.600	S-B-DC-D57-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-D57-R19*		
22		Schedule B Limitations and Exclusions of Benefits	S-B-DC-D70-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	41.300	S-B-DC-D70-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-D70-R19*		
23		Schedule B Limitations and Exclusions of Benefits	S-B-DC-D81-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	42.100	S-B-DC-D81-R20 Clean 121019.pdf
						Replaced Form Number:	*S-B-DC-D81-R19*		
24		Schedule C Exclusions of Benefits	S-C-DDIC-DC-CRT-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.200	S-C-DDIC-DC-CRT-R20 Clean 121019.pdf
						Replaced Form Number:	*S-C-DDIC-DC-CRT-R19*		
25		Schedule D Orthodontic Limitations	S-D-DDIC-DC-CRT-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	48.300	S-D-DDIC-DC-CRT-R20 Clean 121019.pdf
						Replaced Form Number:	*S-D-DDIC-DC-CRT-R19*		
26		Schedule E Orthodontic Exclusions	S-E-DDIC-DC-CRT-R20	SCH	Revised	*Previous Filing Number:*	*DDPA-131709423*	40.600	S-E-DDIC-DC-CRT-R20 Clean 121019.pdf
						Replaced Form Number:	*S-E-DDIC-DC-CRT-R19*		

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form

State: *District of Columbia* **Filing Company:** *Delta Dental Insurance Company*
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CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

[SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC - (*When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* ***	
D0999	Unspecified diagnostic procedure, by report – *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]
D0120	Periodic oral evaluation – established patient	[No Cost-$20.00]
D0140	Limited oral evaluation – problem focused	[No Cost-$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$25.00]
D0150	Comprehensive oral evaluation – new or established patient	[No Cost$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$30.00]
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	[No Cost-$30.00]
D0171	Re-evaluation – post-operative office visit	[No Cost-$30.00]
D0180	Comprehensive periodontal evaluation – new or established patient	[No Cost-$25.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images – *limited to 1 series every [12-36] months*	[No Cost-$50.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	[No Cost-$20.00]
D0251	Extraoral posterior dental radiographic image	[No Cost-$20.00]
D0270	Bitewing *radiograph* - single radiographic image	[No Cost-$20.00]
D0272	Bitewings *radiographs* - two radiographic images	[No Cost-$20.00]
D0273	Bitewings *radiographs* - three radiographic images	[No Cost-$20.00]
D0274	Bitewings *radiographs* - four radiographic images - *limited to 1 series every [6-12] months*	[No Cost-$25.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image	[No Cost-$50.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0425	Caries susceptibility tests	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$25.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[No Cost-$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-$120.00]
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-$170.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

D1110	Prophylaxis *cleaning* - adult - *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per 12 month period]*	[No Cost-$35.00]
[D1110	*Additional prophylaxis cleaning - adult (within the 6 month period)*	[No Cost-$50.00]]
D1120	Prophylaxis *cleaning* - child - *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per 12 month period]*	[No Cost-$35.00]
[D1120	*Additional prophylaxis cleaning - child (within the 6 month period)*	[No Cost $50.00]]
D1206	Topical application of fluoride varnish - *[child to age 19]; [1 D1206 or D1208 per 6 month period]*	[No Cost-$15.00]
D1208	Topical application of fluoride – excluding varnish - *[child to age 19]*; [*1 D1206 or D1208 per 6 month period]*	[No Cost-$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-$20.00]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars [through age 15]*	[No Cost-$25.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth- *limited to permanent molars [through age 15]*	[No Cost-$25.00]
D1353	Sealant repair – per tooth - *limited to permanent molars [through age 15]*	[No Cost-$25.00]
D1354	Interim caries arresting medicament application – per tooth *[child to age 19]; [1 per 6 month period]*	[No Cost-$15.00]
D1510	Space maintainer - fixed, unilateral - per quadrant	[No Cost-$135.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$195.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$195.00]
D1520	Space maintainer - removable, unilateral - per quadrant	[No Cost-$150.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$245.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$245.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$35.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$35.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$35.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$40.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$40.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$40.00]
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	[No Cost-$135.00]

D2000-D2999 III. RESTORATIVE - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

– *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

CODE	DESCRIPTION	ENROLLEE PAYS

– *When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional [$75.00-$150.00] per crown, beyond the 6th unit.*
– *Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$65.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$80.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$100.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$110.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$75.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$85.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$100.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$110.00]
D2390	Resin-based composite crown, anterior	[No Cost-$130.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$90.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$100.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$120.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$135.00]
D2510	Inlay - metallic - one surface	[No Cost-$320.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$350.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$390.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$475.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$475.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$485.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-$475.00]
D2620	Inlay - porcelain/ceramic - two surfaces	[No Cost-$485.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces	[No Cost-$500.00]
D2642	Onlay - porcelain/ceramic - two surfaces	[No Cost-$500.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-$515.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces	[No Cost-$525.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-$230.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$250.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$290.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$285.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$310.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$360.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$300.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$300.00]
D2720	Crown - resin with high noble metal	[No Cost-$500.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$475.00]
D2722	Crown - resin with noble metal	[No Cost-$505.00]
D2740	Crown - porcelain/ceramic	[No Cost-$570.00]
D2750	Crown - porcelain fused to high noble metal	[No Cost-$500.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$505.00]
D2753	Crown - porcelain fused to titanium and titanium alloys	[No Cost-$500.00]
D2780	Crown – 3/4 cast high noble metal	[No Cost-$500.00]
D2781	Crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D2782	Crown – 3/4 cast noble metal	[No Cost-$505.00]
D2783	Crown – 3/4 porcelain/ceramic	[No Cost-$500.00]
D2790	Crown - full cast high noble metal	[No Cost-$500.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$475.00]
D2792	Crown - full cast noble metal	[No Cost-$505.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$500.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$40.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$40.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2920	Re-cement or re-bond crown	[No Cost-$40.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$110.00]
D2929	Prefabricated porcelain/ceramic crown - *anterior* primary tooth	[No Cost-$150.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$95.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$105.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$105.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$150.00]
D2940	Protective restoration	[No Cost-$40.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$40.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$100.00]
D2950	Core buildup, including any pins when required	[No Cost-$100.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - *base metal post; includes canal preparation*	[No Cost-$145.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	[No Cost-$115.00]
D2954	Prefabricated post and core in addition to crown - *includes canal preparation*	[No Cost-$120.00]
D2957	Each additional prefabricated post - same tooth - *includes canal preparation*	[No Cost-$80.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$120.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$110.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$110.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$110.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$110.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost-$25.00]

D3000-D3999 IV. ENDODONTICS - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$30.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$30.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$70.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$90.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$70.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost-$320.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$380.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$485.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$100.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$130.00]
D3333	Internal root repair of perforation defects	[No Cost-$140.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$440.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$500.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$625.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$165.00]
D3352	Apexification/recalcification - interim medication replacement	[No Cost-$120.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$120.00]
D3410	Apicoectomy - anterior	[No Cost-$270.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$320.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$350.00]
D3426	Apicoectomy (each additional root)	[No Cost-$150.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$270.00]
D3430	Retrograde filling - per root	[No Cost-$95.00]
D3450	Root amputation - per root	[No Cost-$170.00]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-$155.00]

D4000-D4999 V. PERIODONTICS - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

– *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	[No Cost-$200.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$120.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$120.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$260.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4245	Apically positioned flap	[No Cost-$190.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$500.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$525.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$420.00]
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	[No Cost-$250.00]
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	[No Cost-$200.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-$350.00]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$130.00]
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	[No Cost-$335.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$335.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$100.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$80.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - [*1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per 12 month period]*	[No Cost-$35.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$100.00]
D4910	Periodontal maintenance - *[limited to 1 treatment each 6 month period]*	[No Cost-$75.00]
[D4910	*Additional periodontal maintenance - (within the 6 month period)*	[No Cost-$90.00]]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]

D5000-D5899 VI. PROSTHONDONTICS (Removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.*

D5110	Complete denture - maxillary	[No Cost-$620.00]
D5120	Complete denture - mandibular	[No Cost-$620.00]
D5130	Immediate denture - maxillary	[No Cost-$680.00]
D5140	Immediate denture - mandibular	[No Cost-$680.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$550.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$550.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
D5410	Adjust complete denture - maxillary	[No Cost-$40.00]
D5411	Adjust complete denture - mandibular	[No Cost-$40.00]
D5421	Adjust partial denture - maxillary	[No Cost-$40.00]
D5422	Adjust partial denture - mandibular	[No Cost-$40.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$85.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$85.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$80.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$85.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$85.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$85.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5622	Repair cast partial framework, maxillary	[No Cost-$85.00]
D5630	Repair or replace broken retentive/clasping materials – per tooth	[No Cost-$85.00]
D5640	Replace broken teeth - per tooth	[No Cost-$70.00]
D5650	Add tooth to existing partial denture	[No Cost-$80.00]
D5660	Add clasp to existing partial denture – per tooth	[No Cost-$90.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$315.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$315.00]
D5710	Rebase complete maxillary denture	[No Cost-$225.00]
D5711	Rebase complete mandibular denture	[No Cost-$225.00]
D5720	Rebase maxillary partial denture	[No Cost-$225.00]
D5721	Rebase mandibular partial denture	[No Cost-$225.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$120.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$120.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$120.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-$120.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$185.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$185.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$185.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$185.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5850	Tissue conditioning, maxillary	[No Cost-$65.00]
D5851	Tissue conditioning, mandibular	[No Cost-$65.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS – Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional [$75.00-$150.00] per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.*

D6210	Pontic - cast high noble metal	[No Cost-$500.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$475.00]
D6212	Pontic - cast noble metal	[No Cost-$505.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost-$500.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$505.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$505.00]
D6245	Pontic - porcelain/ceramic	[No Cost-$570.00]
D6250	Pontic - resin with high noble metal	[No Cost-$500.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$475.00]
D6252	Pontic - resin with noble metal	[No Cost-$505.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces	[No Cost-$485.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[No Cost-$500.00]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$425.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$320.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$350.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$375.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$400.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces	[No Cost-$500.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[No Cost-$525.00]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$430.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$360.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$400.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$400.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$420.00]
D6720	Retainer crown - resin with high noble metal	[No Cost-$500.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$475.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$505.00]
D6740	Retainer crown - porcelain/ceramic	[No Cost-$570.00]
D6750	Retainer crown - porcelain fused to high noble metal	[No Cost-$500.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$505.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	[No Cost-$500.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$500.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost-$505.00]
D6783	Retainer crown – 3/4 porcelain/ceramic	[No Cost-$570.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$500.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$500.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$475.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$505.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$50.00]
D6940	Stress breaker	[No Cost-$110.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$140.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$50.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$80.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$125.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$130.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$160.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$225.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$105.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$225.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$150.00]
D7280	Exposure of an unerupted tooth	[No Cost-$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-$75.00]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$100.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$110.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$110.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$125.00]
D7472	Removal of torus palatinus	[No Cost-$125.00]
D7473	Removal of torus mandibularis	[No Cost-$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$60.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$110.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$135.00]
D7971	Excision of pericoronal gingiva	[No Cost-$135.00]

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [$75.00-$125.00] [75 percent of the Contract Orthodontist's Filed Fees], may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-**]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	Oral/facial photographic images
D0470	Diagnostic casts

The benefit for post-treatment records includes: [No Cost-**]

D0210	Intraoral - complete series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	[No Cost-**]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-**]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-**]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-**]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-**]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-**]
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-**]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-**]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-**]
D8660	Pre-orthodontic treatment examination to monitor growth and development	[No Cost-**]

CODE	DESCRIPTION	ENROLLEE PAYS
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	[No Cost**]
D8681	Removable orthodontic retainer adjustment	[No Cost-**]
D8999	Unspecified orthodontic procedure, by report - *[includes treatment planning session]*	[No Cost-**]
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)*** *	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$40.00]
D9211	Regional block anesthesia	[No Cost-$15.00]
D9212	Trigeminal division block anesthesia	[No Cost-$15.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$15.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9222	Deep sedation/general anesthesia - first 15 minutes	[No Cost-$100.00]
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	[No Cost-$100.00]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[No Cost-$100.00]
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	[No Cost-$100.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$50.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	[No Cost-$30.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$65.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$50.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	[No Cost-$10.00]
D9944	Occlusal guard - hard appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9945	Occlusal guard - soft appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9946	Occlusal guard - hard appliance, partial arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9951	Occlusal adjustment, limited	[No Cost-$75.00]
D9952	Occlusal adjustment, complete	[No Cost-$210.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	[No Cost-$160.00]
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	[No Cost - $40.00]
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	[No Cost - $40.00]
D9990	Certified translation or sign-language services - per visit	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

FOOTNOTES

* *If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide Specialist Services may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's Filed Fees. Specialist Services are only available upon referral by the assigned Contract Dentist.*

** *75 percent of the Contract Orthodontist's Filed Fee.]*

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedules B, C, D and E* Limitations and Exclusions of Benefits for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost - $20.00]
D0140	Limited oral evaluation - problem focused	[No Cost - $35.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost - $20.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost - $35.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost - $35.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost - $20.00]
D0171	Re-evaluation - post-operative office visit	[No Cost - $20.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost - $35.00]
D0190	Screening of a patient	[No Cost - $20.00]
D0191	Assessment of a patient	[No Cost - $20.00]
D0210	Intraoral - complete series of radiographic images	[No Cost - $20.00]
D0220	Intraoral - periapical first radiographic image	[No Cost - $20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost - $20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost - $20.00]
D0270	Bitewing - single radiographic image	[No Cost - $20.00]
D0272	Bitewings - two radiographic images	[No Cost - $20.00]
D0273	Bitewings - three radiographic images	[No Cost - $20.00]
D0274	Bitewings - four radiographic images	[No Cost - $20.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost - $20.00]
D0330	Panoramic radiographic image	[No Cost - $20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost - $20.00]
D0460	Pulp vitality tests	[No Cost - $20.00]
D0470	Diagnostic casts	[No Cost - $20.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost - $20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost - $20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost - $20.00]
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost - $20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis *cleaning* - adult - [*1-3*] *D1110, D1120 or D4346 per* [*6-12*] *month period*	[No Cost - $25.00]
D1120	Prophylaxis *cleaning* - child - [*1-3*] *D1110, D1120 or D4346 per* [*6-12*] *month period*	[No Cost - $25.00]
D1206	Topical application of fluoride varnish - child *to age 19;* [*1-3*] *D1206 or D1208 per* [*6-12*] *month period*	[No Cost - $20.00]
D1208	Topical application of fluoride excluding varnish - *child to age 19;* [*1-3*] *D1206 or D1208 per* [*6-12*] *month period*	[No Cost - $20.00]
D1330	Oral hygiene instructions	[No Cost - $20.00]
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	[No Cost - $20.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	[No Cost - $20.00]
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	[No Cost - $20.00]
D1354	Interim caries arresting medicament application – per tooth - *child to age 19; [1-3] per [6-12] month period*	[No Cost - $20.00]
D1510	Space maintainer - fixed, unilateral – per quadrant	[No Cost - $120.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost - $120.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost - $120.00]
D1520	Space maintainer - removable, unilateral – per quadrant	[No Cost - $120.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost - $120.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost - $120.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$20.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$20.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$20.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$20.00]
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant - *child to age 9*	[No Cost - $120.00]
D2000-D2999	**III. RESTORATIVE**	
– *Includes indirect pulp capping, bases, liners and acid etch procedures.*		
D2140	Amalgam - one surface, primary or permanent	[No Cost - $35.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost - $40.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost - $45.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost - $50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost - $50.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost - $60.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost - $65.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost - $65.00]
D2390	Resin-based composite crown, anterior	[No Cost - $80.00]
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 *	[No Cost - $350.00]
D2520	Inlay - metallic - two surfaces *	[No Cost - $360.00]
D2530	Inlay - metallic - three or more surfaces *	[No Cost - $370.00]
D2542	Onlay - metallic - two surfaces *	[No Cost - $370.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2543	Onlay - metallic - three surfaces *	[No Cost - $380.00]
D2544	Onlay - metallic - four or more surfaces *	[No Cost - $390.00]
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]
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) †	[No Cost - $190.00]
D2720	Crown - resin with high noble metal *†	[No Cost - $515.00]
D2721	Crown - resin with predominantly base metal †	[No Cost - $400.00]
D2722	Crown - resin with noble metal †	[No Cost - $390.00]
D2740	Crown - porcelain/ceramic †	[No Cost - $420.00]
D2750	Crown - porcelain fused to high noble metal *†	[No Cost - $515.00]
D2751	Crown - porcelain fused to predominantly base metal †	[No Cost - $390.00]
D2752	Crown - porcelain fused to noble metal †	[No Cost - $390.00]
D2753	Crown - porcelain fused to titanium and titanium alloys *†	[No Cost-$515.00]
D2780	Crown – 3/4 cast high noble metal *	[No Cost - $515.00]
D2781	Crown - 3/4 cast predominantly base metal	[No Cost - $390.00]
D2782	Crown - 3/4 cast noble metal	[No Cost - $390.00]
D2783	Crown - 3/4 porcelain/ceramic †	[No Cost - $390.00]
D2790	Crown - full cast high noble metal *	[No Cost - $515.00]
D2791	Crown - full cast predominantly base metal	[No Cost - $390.00]
D2792	Crown - full cast noble metal	[No Cost - $390.00]
D2794	Crown - titanium and titanium alloys *	[No Cost - $515.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost - $20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost - $20.00]
D2920	Re-cement or re-bond crown	[No Cost - $20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost - $65.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[Optional]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost - $120.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost - $120.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost - $140.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[Optional]
D2940	Protective restoration	[No Cost - $35.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost - $35.00]
D2949	Restorative foundation for an indirect restoration	[No Cost - $60.00]
D2950	Core buildup, including any pins when required	[No Cost - $60.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost - $60.00]
D2952	Post and core in addition to crown, indirectly fabricated *	[No Cost - $95.00]
D2953	Each additional indirectly fabricated post - same tooth *	[No Cost - $65.00]
D2954	Prefabricated post and core in addition to crown	[No Cost - $85.00]
D2957	Each additional prefabricated post - same tooth	[No Cost - $60.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost - $80.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost - $75.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost - $75.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2982	Onlay repair necessitated by restorative material failure	[No Cost - $75.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost - $75.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost - $20.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost - $25.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost - $25.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost - $30.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost - $50.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost - $50.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost - $50.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost - $50.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost - $190.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost - $255.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost - $345.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost - $190.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost - $190.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost - $210.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost - $280.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost - $370.00]
D3410	Apicoectomy - anterior	[No Cost - $215.00]
D3421	Apicoectomy - premolar (first root)	[No Cost - $215.00]
D3425	Apicoectomy - molar (first root)	[No Cost - $215.00]
D3426	Apicoectomy (each additional root)	[No Cost - $110.00]
D3427	Periradicular surgery without apicoectomy	[No Cost - $215.00]
D3430	Retrograde filling - per root	[No Cost - $100.00]

D4000-D4999 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	[No Cost - $400.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $400.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost - $400.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $400.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $400.00]
D4245	Apically positioned flap	[No Cost - $210.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost - $350.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $500.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $500.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	[No Cost - $95.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	[No Cost - $90.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - [*1-3*] *D1110, D1120 or D4346 per* [*6-12*] *month period*	[No Cost - $25.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	[No Cost - $95.00]
D4910	Periodontal maintenance	[No Cost - $75.00]
D4921	Gingival irrigation - per quadrant	[No Cost - $75.00]
D5000-D5899	**VI. PROSTHODONTICS (removable)**	
D5110	Complete denture - maxillary **	[No Cost - $505.00]
D5120	Complete denture - mandibular **	[No Cost - $505.00]
D5130	Immediate denture - maxillary **	[No Cost - $575.00]
D5140	Immediate denture - mandibular **	[No Cost - $575.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) **	[No Cost - $500.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) **	[No Cost - $500.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth) **	[No Cost - $500.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth) **	[No Cost - $500.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) **	[Optional]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) **	[Optional]
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	[No Cost - $350.00]
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	[No Cost - $350.00]
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	[No Cost - $350.00]
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	[No Cost - $350.00]
D5410	Adjust complete denture - maxillary	[No Cost - $20.00]
D5411	Adjust complete denture - mandibular	[No Cost - $20.00]
D5421	Adjust partial denture - maxillary	[No Cost - $20.00]
D5422	Adjust partial denture - mandibular	[No Cost - $20.00]
D5511	Repair broken complete denture base, mandibular	[No Cost - $75.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5512	Repair broken complete denture base, maxillary	[No Cost - $75.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost - $50.00]
D5611	Repair resin partial denture base, mandibular	[No Cost - $75.00]
D5612	Repair resin partial denture base, maxillary	[No Cost - $75.00]
D5621	Repair cast partial framework, mandibular	[No Cost - $75.00]
D5622	Repair cast partial framework, maxillary	[No Cost - $75.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost - $75.00]
D5640	Replace broken teeth - per tooth	[No Cost - $40.00]
D5650	Add tooth to existing partial denture	[No Cost - $40.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost - $75.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost - $220.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost - $220.00]
D5710	Rebase complete maxillary denture	[No Cost - $180.00]
D5711	Rebase complete mandibular denture	[No Cost - $180.00]
D5720	Rebase maxillary partial denture	[No Cost - $180.00]
D5721	Rebase mandibular partial denture	[No Cost - $180.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost - $100.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost - $100.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost - $100.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost - $100.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost - $170.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost - $170.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost - $170.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost - $170.00]
D5820	Interim partial denture (maxillary)	[No Cost - $50.00]
D5821	Interim partial denture (mandibular)	[No Cost - $50.00]
D5850	Tissue conditioning, maxillary	[No Cost - $50.00]
D5851	Tissue conditioning, mandibular	[No Cost - $50.00]
D5863	Overdenture - complete maxillary	[Optional]
D5864	Overdenture - partial maxillary	[Optional]
D5865	Overdenture - complete mandibular	[Optional]
D5866	Overdenture - partial mandibular	[Optional]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

D6210	Pontic - cast high noble metal *	[No Cost - $515.00]
D6211	Pontic - cast predominantly base metal	[No Cost - $395.00]
D6212	Pontic - cast noble metal	[No Cost - $395.00]
D6240	Pontic - porcelain fused to high noble metal *†	[No Cost - $515.00]
D6241	Pontic - porcelain fused to predominantly base metal †	[No Cost - $395.00]
D6242	Pontic - porcelain fused to noble metal †	[No Cost - $395.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys †	[No Cost-$395.00]
D6250	Pontic - resin with high noble metal *†	[No Cost - $515.00]
D6251	Pontic - resin with predominantly base metal †	[No Cost - $395.00]
D6252	Pontic - resin with noble metal †	[No Cost - $395.00]
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 *	[No Cost - $395.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6603	Retainer inlay - cast high noble metal, three or more surfaces *	[No Cost - $410.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost - $275.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost - $290.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost - $275.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost - $290.00]
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 *	[No Cost - $375.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces *	[No Cost - $410.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost - $280.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost - $300.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost - $275.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost - $290.00]
D6720	Retainer crown - resin with high noble metal *†	[No Cost - $515.00]
D6721	Retainer crown - resin with predominantly base metal †	[No Cost - $390.00]
D6722	Retainer crown - resin with noble metal †	[No Cost - $390.00]
D6750	Retainer crown - porcelain fused to high noble metal *†	[No Cost - $515.00]
D6751	Retainer crown - porcelain fused to predominantly base metal †	[No Cost - $390.00]
D6752	Retainer crown - porcelain fused to noble metal †	[No Cost - $390.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys *†	[No Cost-$515.00]
D6780	Retainer crown – 3/4 cast high noble metal *	[No Cost - $515.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost - $390.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost - $390.00]
D6784	Retainer crown– 3/4 titanium and titanium alloys *	[No Cost-$515.00]
D6790	Retainer crown - full cast high noble metal *	[No Cost - $515.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost - $390.00]
D6792	Retainer crown - full cast noble metal	[No Cost - $390.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost - $30.00]
D6940	Stress breaker	[No Cost - $80.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost - $30.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost - $30.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost - $65.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost - $100.00]
D7230	Removal of impacted tooth - partially bony	[No Cost - $250.00]
D7240	Removal of impacted tooth - completely bony	[No Cost - $280.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost - $245.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost - $180.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost - $245.00]
D7286	Incisional biopsy of oral tissue - soft	[No Cost - $200.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost - $185.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost - $185.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost - $270.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost - $270.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost - $225.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7472	Removal of torus palatinus	[No Cost - $120.00]
D7473	Removal of torus mandibularis	[No Cost - $120.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost - $40.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost - $100.00]

D8000-D8999 XI. ORTHODONTICS

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: ..... [No Cost - $350.00]

D0210 Intraoral - complete series of radiographic images
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis
D0350 2D oral/facial photographic images obtained intraorally or extraorally
D0351 3D photographic image
D0470 Diagnostic casts

The benefit for post-treatment records includes: ..... [No Cost - $350.00]

D0210 Intraoral - complete series of radiographic images
D0470 Diagnostic casts

D8020	Limited orthodontic treatment of the transitional dentition ***	[No Cost - $2,750.00]
D8030	Limited orthodontic treatment of the adolescent dentition ***	[No Cost - $2,750.00]
D8040	Limited orthodontic treatment of the adult dentition ***	[No Cost - $2,950.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition ***	[No Cost - $2,750.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition ***	[No Cost - $2,750.00]
D8090	Comprehensive orthodontic treatment of the adult dentition ***	[No Cost - $2,950.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development *(applied to treatment fee if patient proceeds with treatment)*	[No Cost - $75.00]
D8670	Periodic orthodontic treatment visit - Inclusive of treatment fee	[No Cost - $75.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) ***	[No Cost - $300.00]
D8681	Removable orthodontic retainer adjustment ***	[No Cost - $20.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost - $25.00]
D9211	Regional block anesthesia	[No Cost - $20.00]
D9212	Trigeminal division block anesthesia	[No Cost - $20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost - $20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost - $20.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost - $45.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost - $20.00]
D9440	Office visit - after regularly scheduled hours	[No Cost - $55.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost - $20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost - $20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost - $20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost - $20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost - $20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9986	Missed *appointment without 24 hour notice per 15 minutes of appointment time*	[No Cost - $20.00]
D9987	Canceled appointment *without 24 hour notice per 15 minutes of appointment time*	[No Cost - $20.00]
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's filed fee for the Optional procedure and the filed fee for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits.

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

The Contract Dentist shall provide emergency dental care for a covered procedure which is required while an Enrollee is within 35 miles of the facility of the Contract Dentist. If an Enrollee requires emergency dental care and is more than 35 miles from the facility of the Contract Dentist, then we shall reimburse the Enrollee for the cost of such emergency dental care which exceeds the Enrollee's Copayment up to a [$50.00-$100.00] maximum per [any 12-month period or 12-month calendar year]. Emergency dental care shall be limited to listed procedures and as described in code D9110 above: (Palliative (emergency) treatment of dental pain). Any further treatment of the cause of such emergency dental care must be authorized by us or provided by the assigned Contract Dentist.

FOOTNOTES

** Base or noble metal is the Benefit. If high noble metal (precious) is used for a crown, bridge, indirectly fabricated post and core, inlay or onlay, the Enrollee will be charged the additional laboratory cost of the high noble metal. An additional laboratory charge also applies to a titanium crown.*

*** Includes any adjustments for six months.*

**** Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office visit fee, not to exceed [$25.00-$75.00] per month.*
† Porcelain on molars is considered optional treatment.

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation – established patient	No Cost
D0140	Limited oral evaluation - problem focused	[No Cost-$20.00]
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	Re-evaluation – post-operative office visit	[No Cost - $10.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$25.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$35.00]
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental 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 - *limited to 1 series every 6 months*	[No Cost-$15.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image	[No Cost-$35.00]
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
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

CODE	DESCRIPTION	ENROLLEE PAYS
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
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost - $5.00]
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis *cleaning* - adult – *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per year]*	[No Cost-$10.00]
[D1110	*Additional prophylaxis cleaning - adult (within the 6 month period) [non-medically necessary/medically necessary]*	[No Cost-$45.00]]
D1120	Prophylaxis *cleaning* - child – *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per year]*	[No Cost-$10.00]
[D1120	*Additional prophylaxis cleaning - child (within the 6 month period) [non-medically necessary/medically necessary]*	[No Cost $35.00]]
D1206	Topical application of fluoride varnish - *[child to age 19]; [1 D1206 or D1208 per 6 month period] [2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$10.00]
D1208	Topical application of fluoride – excluding varnish [*child to age 19*]; *[1 D1206 or D1208 per 6 month period] [2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$10.00]
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D1353	Sealant repair – per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D1354	Interim caries arresting medicament application – per tooth – *[child to age 19]*; *[1 per 6 month period] [2-3 per 12 month period] [3 per year]*	[No Cost-$10.00]
D1510	Space maintainer - fixed, unilateral - per quadrant	[No Cost-$100.00]
D1516	Space maintainer – fixed – bilateral, maxillary	[No Cost-$125.00]
D1517	Space maintainer – fixed - bilateral, mandibular	[No Cost-$125.00]
D1520	Space maintainer - removable, unilateral - per quadrant	[No Cost-$100.00]
D1526	Space maintainer - removable – bilateral, maxillary	[No Cost-$125.00]
D1527	Space maintainer - removable – bilateral, mandibular	[No Cost-$125.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$15.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$15.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$15.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$15.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$15.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$15.00]
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant - *child to age 9*	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional [$100.00-$150.00] per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$20.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$30.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$40.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$30.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$40.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$50.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$65.00]
D2390	Resin-based composite crown, anterior	[No Cost-$65.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$65.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$75.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$85.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$95.00]
D2510	Inlay - metallic - one surface	[No Cost-$185.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$195.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$205.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$200.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$210.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$230.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-$310.00]
D2620	Inlay - porcelain/ceramic - two surfaces	[No Cost-$345.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces	[No Cost-$365.00]
D2642	Onlay - porcelain/ceramic - two surfaces	[No Cost-$340.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-$375.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces	[No Cost-$395.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-$210.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$235.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$270.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$265.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$290.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$335.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$185.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$185.00]
D2720	Crown - resin with high noble metal	[No Cost-$335.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$235.00]
D2722	Crown - resin with noble metal	[No Cost-$275.00]
D2740	Crown - porcelain/ceramic	[No Cost-$425.00]
D2750	Crown - porcelain fused to high noble metal	[No Cost-$425.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$325.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$365.00]
D2753	Crown - porcelain fused to titanium and titanium alloys	[No Cost-$425.00]
D2780	Crown - 3/4 cast high noble metal	[No Cost-$425.00]
D2781	Crown - 3/4 cast predominantly base metal	[No Cost-$325.00]
D2782	Crown - 3/4 cast noble metal	[No Cost-$365.00]
D2783	Crown - 3/4 porcelain/ceramic	[No Cost-$425.00]
D2790	Crown - full cast high noble metal	[No Cost-$425.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$325.00]
D2792	Crown - full cast noble metal	[No Cost-$365.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$425.00]

CODE	DESCRIPTION	ENROLLEE PAYS
[D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	[No Cost-$50.00]]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost - $20.00]
D2920	Re-cement or re-bond crown	[No Cost-$20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$65.00]
D2929	Prefabricated porcelain/ceramic crown – primary tooth – *anterior*	[No Cost-$75.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$75.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$75.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$85.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$75.00]
D2940	Protective restoration	[No Cost-$20.00]
D2941	Interim therapeutic restoration – primary dentition	[No Cost-$20.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$80.00]
D2950	Core buildup, including any pins when required	[No Cost-$80.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	[No Cost-$110.00]
D2953	Each additional indirectly fabricated post same tooth - *includes canal preparation*	[No Cost-$80.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$95.00]
[D2955	Post removal	[No Cost-$25.00]]
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$70.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$60.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$30.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$30.00]
D2982	Only repair necessitated by restorative material failure	[No Cost-$30.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$30.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D3000-D3999	**IV. ENDODONTICS**	
D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$5.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$5.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$45.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$50.00]
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	[No Cost-$45.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$60.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$60.00]
D3310	*Root canal* – endodontic therapy, anterior (excluding final restoration)	[No Cost-$150.00]
D3320	*Root canal* – endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$250.00]
D3330	*Root canal* – endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$365.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$80.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$80.00]
D3333	Internal root repair of perforation defects	[No Cost-$80.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$180.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$280.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$395.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$80.00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$55.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$100.00]
D3410	Apicoectomy - anterior	[No Cost-$200.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$210.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$225.00]
D3426	Apicoectomy (each additional root)	[No Cost-$150.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$200.00]
D3430	Retrograde filling - per root	[No Cost-$75.00]
D3450	Root amputation, per root	[No Cost-$85.00]
[D3910	Surgical procedure for isolation of tooth with rubber dam	[No Cost-$25.00]]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-$75.00]
[D3950	Canal preparation and fitting of preformed dowel or post	[No Cost-$25.00]]
[D3999	Unspecified endodontic procedure, by report including culture canal	[No Cost-$25.00]]

D4000-D4999 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	[No Cost-$160.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$95.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$95.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4245	Apically positioned flap	[No Cost-$175.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$500.00]
D4260	Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$425.00]
D4261	Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$340.00]
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	[No Cost-$235.00]
D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	[No Cost$200.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-$235.00]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$90.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	[No Cost-$235.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$235.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to [4-5 quadrants] during any 12 consecutive months*	[No Cost-$60.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to [4-5 quadrants] during any 12 consecutive months*	[No Cost-$50.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation – *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per year]*	[No Cost-$10.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$60.00]
D4910	Periodontal maintenance – *[limited to 1 treatment each 6 month period] [3 treatments each 12 month period]*	[No Cost-$45.00]
[D4910	*Additional periodontal maintenance - (within the 6 month period)*	[No Cost-$55.00]]
D4921	Gingival irrigation – per quadrant	[No Cost-$45.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.*

D5110	Complete denture - maxillary	[No Cost-$365.00]
D5120	Complete denture - mandibular	[No Cost-$365.00]
D5130	Immediate denture - maxillary	[No Cost-$385.00]
D5140	Immediate denture - mandibular	[No Cost-$385.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$325.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$325.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$395.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$395.00]
D5221	Immediate maxillary partial denture – resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$325.00]
D5222	Immediate mandibular partial denture – resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$325.00]
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$395.00]
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$395.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$445.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$445.00]
[D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	[No Cost-$75.00]]
[D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	[No Cost-$75.00]]
[D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	[No Cost-$75.00]]
[D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	[No Cost-$75.00]]
D5410	Adjust complete denture - maxillary	[No Cost-$18.00]
D5411	Adjust complete denture - mandibular	[No Cost-$18.00]
D5421	Adjust partial denture - maxillary	[No Cost-$18.00]
D5422	Adjust partial denture - mandibular	[No Cost-$18.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$55.00]
D5512	Repair broken complete denture based, maxillary	[No Cost-$55.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$35.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$55.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$55.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$55.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$55.00]
D5630	Repair or replace broken retentive/clasping materials – per tooth	[No Cost-$55.00]
D5640	Replace broken teeth - per tooth	[No Cost-$45.00]
D5650	Add tooth to existing partial denture	[No Cost-$45.00]
D5660	Add clasp to existing partial denture – per tooth	[No Cost-$55.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$180.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$180.00]
D5710	Rebase complete maxillary denture	[No Cost-$105.00]
D5711	Rebase complete mandibular denture	[No Cost-$105.00]
D5720	Rebase maxillary partial denture	[No Cost-$105.00]
D5721	Rebase mandibular partial denture	[No Cost-$105.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$80.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$80.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$80.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost--$80.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$95.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$95.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$95.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$95.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$125.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$125.00]
D5850	Tissue conditioning, maxillary	[No Cost-$30.00]
D5851	Tissue conditioning, mandibular	[No Cost-$30.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))

– *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional [$100.00-$150.00] per unit, beyond the 6th unit.*

– *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.*

D6210	Pontic - cast high noble metal	[No Cost-$425.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$325.00]
D6212	Pontic - cast noble metal	[No Cost-$365.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost-$425.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$325.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$365.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$365.00]
D6245	Pontic - porcelain/ceramic	[No Cost-$425.00]
D6250	Pontic - resin with high noble metal	[No Cost-$335.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$235.00]
D6252	Pontic - resin with noble metal	[No Cost-$275.00]
[D6545	Retainer – cast metal for resin bonded fixed prosthesis	[No Cost-$150.00]]
[D6549	Resin retainer – for resin bonded fixed prosthesis	[No Cost-$150.00]]
D6600	Retainer inlay - porcelain/ceramic, two surfaces	[No Cost-$345.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[No Cost-$365.00]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$295.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$305.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$195.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$205.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$225.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$235.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces	[No Cost-$340.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[No Cost-$375.00]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$300.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$310.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$200.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$210.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$220.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$240.00]
D6720	Retainer crown - resin with high noble metal	[No Cost-$335.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$235.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$275.00]
D6740	Retainer crown - porcelain/ceramic	[No Cost-$425.00]
D6750	Retainer crown - porcelain fused to high noble metal	[No Cost-$425.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$325.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$365.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	[No Cost-$425.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$425.00]
D6781	Retainer crown - 3/4 cast predominantly base metal	[No Cost-$325.00]
D6782	Retainer crown - 3/4 cast noble metal	[No Cost-$365.00]
D6783	Retainer crown - 3/4 porcelain/ceramic	[No Cost-$425.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$425.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$425.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$325.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$365.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$25.00]
D6940	Stress breaker	[No Cost-$50.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$70.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$15.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$25.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$55.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$70.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$125.00]
D7240	Removal of impacted tooth - completely bony	[No Cost--$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$180.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$45.00]
D7251	Coronectomy – intentional partial tooth removal	[No Cost-$180.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$130.00]
D7280	Exposure of an unerupted tooth	[No Cost-$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
[D7285	Incisional biopsy of oral tissue –hard (bone, tooth) - *does not include pathology laboratory procedures*	[No Cost-$50.00]]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$40.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$100.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$100.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$120.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$120.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$125.00]
D7472	Removal of torus palatinus	[No Cost-$$125.00]
D7473	Removal of torus mandibularis	[No Cost-$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$25.00]
[D7520	Incision and drainage of abscess – extraoral soft tissue	[No Cost-$50.00]]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy –also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$50.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$125.00]
D7971	Excision of pericoronal gingiva	[No Cost-$125.00]

[D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [$75.00-$125.00], may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-$200.00]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally

CODE	DESCRIPTION	ENROLLEE PAYS
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		[No Cost-$70.00]
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-$1,350.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$2,100.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$2,100.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$2,300.00]
[D8210	Removable appliance therapy	[No Cost-$500.00]]
[D8220	Fixed appliance therapy	[No Cost-$500.00]]
D8660	Pre-orthodontic treatment examination to monitor growth and Development [1]	[No Cost-$25.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	[No Cost-$500.00]
D8681	Removable orthodontic retainer adjustment	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report - *[includes treatment planning session] [includes initial examination diagnosis, consultation and initial banding]*	[No Cost-$100.00][AT1]]
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$20.00]
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	No Cost
D9222	Deep sedation/general anesthesia – first 15 minutes	[No Cost-$80.00]
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	[No Cost-$80.00]
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	[No Cost-$80.00]
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	[No Cost-$80.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$25.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$10.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$35.00]
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	[No Cost-$10.00]
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$125.00]
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$125.00]
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$125.00]
D9951	Occlusal adjustment, limited	[No Cost-$55.00]
D9952	Occlusal adjustment, complete	[No Cost-$125.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays – *limited to one bleaching tray and gel for two weeks of self-treatment*	[No Cost-$125.00]
D9986	Missed appointment -*without 24 hour notice - per 15 minutes of appointment time [up to an overall maximum of $40.00]*	[No Cost-$10.00]
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time [up to an overall maximum of $40.00]*	[No Cost-$10.00]
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management – addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management – care coordination	[No Cost-$20.00]
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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

[[1] The enrollee is also responsible for any incurred orthodontic diagnostic record fees.]

[[1] In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00] applies. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]

[SCHEDULE[RH1] A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$25.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$30.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$30.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$30.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$25.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$50.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	[No Cost-$20.00]
D0251	Extraoral posterior dental radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings - three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 1 series every [6 - 12] months*	[No Cost-$25.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image	[No Cost-$50.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0425	Caries susceptibility tests	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$25.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	[No Cost-$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	[No Cost-$120.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	[No Cost-$170.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis *cleaning* - adult - [*1 D1110, D1120 or D4346 per 6 month period*] [*3 D1110, D1120 or D4346 per year*]	[No Cost-$35.00]
[D1110	*Additional prophylaxis cleaning - adult (within the 6 month period) [non-medically necessary / medically necessary]*	[No Cost-$50.00]]
D1120	Prophylaxis *cleaning* - child - [*1 D1110, D1120 or D4346 per 6 month period*] [*3 D1110, D1120 or D4346 per year*]	[No Cost-$35.00]
[D1120	*Additional prophylaxis cleaning - child (within the 6 month period) [non-medically necessary / medically necessary]*	[No Cost-$50.00]]
D1206	Topical application of fluoride varnish - [*child to age 19*] *[1 D1206 or D1208 per 6 month period*] *[2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$15.00]
D1208	Topical application of fluoride - excluding varnish - [child to age 19] *[1 D1206 or D1208 per 6 month period] [2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-$20.00]
[D1320	Tobacco counseling for the control and prevention of oral disease	[No Cost-$20.00]]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]
D1353	Sealant repair - per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]
D1354	Interim caries arresting medicament application –per tooth - *[child to age 19;] [1 per 6 month period] [2-3 per 12 month period] [3 per year]*	[No Cost-$15.00]
D1510	Space maintainer - fixed, unilateral - per quadrant	[No Cost-$135.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$195.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$195.00]
D1520	Space maintainer - removable, unilateral - per quadrant	[No Cost-$150.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$245.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$245.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$35.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$35.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$35.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$40.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$40.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$40.00]
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant – *child to age 9*	[No Cost-$135.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional [$100.00-$150.00] per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed $325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$65.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$80.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$100.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$110.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$75.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$85.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$100.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$110.00]
D2390	Resin-based composite crown, anterior	[No Cost-$130.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$90.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$100.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$120.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$135.00]
D2510	Inlay - metallic - one surface	[No Cost-$320.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$350.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$390.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$475.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$475.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$485.00]
[D2610	Inlay - porcelain/ceramic - one surface *	[No Cost-$475.00]]
[D2620	Inlay - porcelain/ceramic - two surfaces *	[No Cost-$485.00]]
[D2630	Inlay - porcelain/ceramic - three or more surfaces *	[No Cost-$500.00]]
[D2642	Onlay - porcelain/ceramic - two surfaces *	[No Cost-$500.00]]
[D2643	Onlay - porcelain/ceramic - three surfaces *	[No Cost-$515.00]]
[D2644	Onlay - porcelain/ceramic - four or more surfaces *	[No Cost-$525.00]]
D2650	Inlay - resin-based composite - one surface	[No Cost-$230.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$250.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$290.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$285.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$310.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$360.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$300.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$300.00]
D2720	Crown - resin with high noble metal	[No Cost-$500.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$475.00]
D2722	Crown - resin with noble metal	[No Cost-$505.00]
D2740	Crown - porcelain/ceramic *	[No Cost-$570.00]
D2750	Crown - porcelain fused to high noble metal *	[No Cost-$500.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$505.00]
D2753	Crown - porcelain fused to titanium and titanium alloys *	[No Cost-$500.00]
D2780	Crown – 3/4 cast high noble metal	[No Cost-$500.00]
D2781	Crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D2782	Crown – 3/4 cast noble metal	[No Cost-$505.00]
D2783	Crown – 3/4 porcelain/ceramic *	[No Cost-$500.00]
D2790	Crown - full cast high noble metal	[No Cost-$500.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2791	Crown - full cast predominantly base metal	[No Cost-$475.00]
D2792	Crown - full cast noble metal	[No Cost-$505.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$500.00]
[D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	[No Cost-$125.00]]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$40.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$40.00]
D2920	Re-cement or re-bond crown	[No Cost-$40.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$110.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[No Cost-$150.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$95.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$105.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$105.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$150.00]
D2940	Protective restoration	[No Cost-$40.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$40.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$100.00]
D2950	Core buildup, including any pins when required	[No Cost-$100.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	[No Cost-$145.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	[No Cost-$115.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$120.00]
[D2955	Post removal	[No Cost-$110.00]]
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$80.00]
[D2960	Labial veneer (resin laminate) - chairside - *limited to replacement of significant tooth structure loss due to caries or fracture*	[No Cost-$320.00]]
[D2961	Labial veneer (resin laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	[No Cost-$360.00]]
[D2962	Labial veneer (porcelain laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	[No Cost-$420.00]]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$120.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$110.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$110.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$110.00]
[D2983	Veneer repair necessitated by restorative material failure	[No Cost-$110.00]]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$30.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$30.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$70.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$90.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$70.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost-$320.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$380.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$485.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$100.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$130.00]
D3333	Internal root repair of perforation defects	[No Cost-$140.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$440.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$500.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$625.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$165.00]
D3352	Apexification/recalcification - interim medication replacement	[No Cost-$120.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$120.00]
D3410	Apicoectomy - anterior	[No Cost-$270.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$320.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$350.00]
D3426	Apicoectomy (each additional root)	[No Cost-$150.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$270.00]
D3430	Retrograde filling - per root	[No Cost-$95.00]
D3450	Root amputation - per root	[No Cost-$170.00]
[D3910	Surgical procedure for isolation of tooth with rubber dam	[No Cost-$25.00]]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-$155.00]
[D3950	Canal preparation and fitting of preformed dowel or post	[No Cost-$25.00]]
[D3999	Unspecified endodontic procedure, by report including culture canal	[No Cost-$25.00]]

D4000-D4999 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	[No Cost-$200.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$120.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$120.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$260.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4245	Apically positioned flap	[No Cost-$190.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$500.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$525.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$420.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	[No Cost-$250.00]
D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	[No Cost-$200.00]
[D4266	Guided tissue regeneration - resorbable barrier, per site	[No Cost-$230.00]]
[D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	[No Cost-$260.00]]
D4270	Pedicle soft tissue graft procedure	[No Cost-$350.00]
[D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	[No Cost-$320.00]]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$130.00]
[D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	[No Cost-$370.00]]
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	[No Cost-$335.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth implant or edentulous tooth position in same graft site	[No Cost-$335.00]
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$300.00]
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$300.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$100.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$80.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - [*1 D1110, D1120 or D4346 per 6 month period*] [*3 D1110, D1120 or D4346 per year*]	[No Cost-$35.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$100.00]
[D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - *for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance*	[No Cost-$80.00]]
[D4381	*Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - for an additional tooth treated in the same quadrant following root planing or periodontal maintenance*	[No Cost-$10.00]]
D4910	Periodontal maintenance - *limited to [1 treatment each 6 month period] [3 treatments each 12 month period]*	[No Cost-$75.00]
[D4910	*Additional periodontal maintenance - (within the 6 month period)*	[No Cost-$90.00]]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D5000-D5899 VI PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	[No Cost-$620.00]
D5120	Complete denture - mandibular	[No Cost-$620.00]
D5130	Immediate denture - maxillary	[No Cost-$680.00]
D5140	Immediate denture - mandibular	[No Cost-$680.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$550.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$550.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$650.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
[D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	[No Cost-$420.00]]
[D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	[No Cost-$420.00]]
[D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	[No Cost-$420.00]]
[D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	[No Cost-$420.00]]
D5410	Adjust complete denture - maxillary	[No Cost-$40.00]
D5411	Adjust complete denture - mandibular	[No Cost-$40.00]
D5421	Adjust partial denture - maxillary	[No Cost-$40.00]
D5422	Adjust partial denture - mandibular	[No Cost-$40.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$85.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$85.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$80.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$85.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$85.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$85.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$85.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$85.00]
D5640	Replace broken teeth - per tooth	[No Cost-$70.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5650	Add tooth to existing partial denture	[No Cost-$80.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$90.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$315.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$315.00]
D5710	Rebase complete maxillary denture	[No Cost-$225.00]
D5711	Rebase complete mandibular denture	[No Cost-$225.00]
D5720	Rebase maxillary partial denture	[No Cost-$225.00]
D5721	Rebase mandibular partial denture	[No Cost-$225.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$120.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$120.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$120.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-$120.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$185.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$185.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$185.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$185.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5850	Tissue conditioning, maxillary	[No Cost-$65.00]
D5851	Tissue conditioning, mandibular	[No Cost-$65.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds 6 units in the same treatment plan, an Enrollee may be charged an additional [$100.00 - $150.00] per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed $325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.*

[D6205	Pontic - indirect resin based composite	[No Cost-$180.00]]
D6210	Pontic - cast high noble metal	[No Cost-$500.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$475.00]
D6212	Pontic - cast noble metal	[No Cost-$505.00]
[D6214	Pontic - titanium and titanium alloys	[No Cost-$500.00]]
D6240	Pontic - porcelain fused to high noble metal *	[No Cost-$500.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$505.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$505.00]
D6245	Pontic - porcelain/ceramic *	[No Cost-$570.00]
D6250	Pontic - resin with high noble metal	[No Cost-$500.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$475.00]
D6252	Pontic - resin with noble metal	[No Cost-$505.00]
[D6545	Retainer - cast metal for resin bonded fixed prosthesis	[No Cost-$200.00]]
[D6549	Resin retainer - for resin bonded fixed prosthesis	[No Cost-$200.00]]
[D6600	Retainer inlay - porcelain/ceramic, two surfaces *	[No Cost-$485.00]]
[D6601	Retainer inlay - porcelain/ceramic, three or more surfaces *	[No Cost-$500.00]]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$425.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$320.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$350.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$375.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$400.00]
[D6608	Retainer onlay - porcelain/ceramic, two surfaces *	[No Cost-$500.00]]
[D6609	Retainer onlay - porcelain/ceramic, three or more surfaces *	[No Cost-$525.00]]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$430.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$360.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$400.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$400.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$420.00]
[D6710	Retainer crown - indirect resin based composite	[No Cost-$300.00]]
D6720	Retainer crown - resin with high noble metal	[No Cost-$500.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$475.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$505.00]
D6740	Retainer crown - porcelain/ceramic *	[No Cost-$570.00]
D6750	Retainer crown - porcelain fused to high noble metal *	[No Cost-$500.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$505.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys *	[No Cost-$500.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$500.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost-$505.00]
D6783	Retainer crown – 3/4 porcelain/ceramic *	[No Cost-$570.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$500.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$500.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$475.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$505.00]
[D6794	Retainer crown - titanium and titanium alloys	[No Cost-$500.00]]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$50.00]
D6940	Stress breaker	[No Cost-$110.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$140.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$50.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$80.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$125.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$130.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$160.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$225.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$105.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$225.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$150.00]
D7280	Exposure of an unerupted tooth	[No Cost-$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEE PAYS
[D7285	Incisional biopsy of oral tissue - hard (bone, tooth) - *does not include pathology laboratory procedures*	[No Cost-$50.00]]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$100.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$110.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$110.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$125.00]
D7472	Removal of torus palatinus	[No Cost-$125.00]
D7473	Removal of torus mandibularis	[No Cost-$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$60.00]
[D7520	Incision and drainage of abscess - extraoral soft tissue	[No Cost-$100.00]]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$110.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$135.00]
D7971	Excision of pericoronal gingiva	[No Cost-$135.00]

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [$75.00 - $125.00], may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-$300.00]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally
D0351	3D photographic image
D0470	Diagnostic casts

The benefit for post-treatment records includes: [No Cost-$150.00]

D0210	Intraoral - complete series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-$1,350.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$2,600.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$2,600.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$3,200.00]
[D8210	Removable appliance therapy	[No Cost-$500.00]]
[D8220	Fixed appliance therapy	[No Cost-$500.00]]
D8660	Pre-orthodontic treatment examination to monitor growth and development [[1]]	[No Cost-$50.00]
[D8670	Periodic orthodontic treatment visit - *included in comprehensive case fee*	[No Cost-$20.00]]
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	[No Cost-$400.00]
D8681	Removable orthodontic retainer adjustment	[No Cost-$20.00]
[D8698	Re-cement or re-bond fixed retainer – maxillary - *limited to 2 per 6 month period*	[No Cost-$65.00]]
[D8699	Re-cement or re-bond fixed retainer – mandibular - *limited to 2 per 6 month period*	[No Cost-$65.00]]
[D8701	Repair of fixed retainer, includes reattachment – maxillary - *limited to 2 per 6 month period*	[No Cost-$65.00]]
[D8702	Repair of fixed retainer, includes reattachment – mandibular - *limited to 2 per 6 month period*	[No Cost-$65.00]]
D8999	Unspecified orthodontic procedure, by report - [*includes treatment planning session] [includes initial examination, diagnosis, consultation and initial banding]*	[No Cost-$200.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$40.00]
D9211	Regional block anesthesia	[No Cost-$15.00]
D9212	Trigeminal division block anesthesia	[No Cost-$15.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$15.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9222	Deep sedation/general anesthesia - first 15 minutes	[No Cost-$100.00]
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	[No Cost-$100.00]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[No Cost-$100.00]
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	[No Cost-$100.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$50.00]
D9311	Consultation with medical health care professional	[No Cost-$10.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$30.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$65.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$50.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	[No Cost-$10.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9951	Occlusal adjustment, limited	[No Cost-$75.00]
D9952	Occlusal adjustment, complete	[No Cost-$210.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self treatment*	[No Cost-$160.00]
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time* *[up to an overall maximum of $40.00]*	[No Cost-$40.00]
D9987	Canceled appointment - *without 24 hour notice- per 15 minutes of appointment time* *[up to an overall maximum of $40.00]*	[No Cost-$40.00]
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

[[1] *The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]*

[[1] In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00] applies. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]]

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION[MS1]	ENROLLEE PAYS[MS2]
[D0100-D0999	**I. DIAGNOSTIC**	
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$25.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$30.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$30.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$10.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$55.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 36 months, or more frequently if medically necessary*	[No Cost-$50.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	[No Cost-$20.00]
D0251	Extraoral posterior dental radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 2 series every 12 months, or more frequently if medically necessary*	[No Cost-$25.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image - *limited to 1 every 36 months, or more frequently if medically necessary*	[No Cost-$50.00]
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures – *limited to 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation*	[No Cost-$145.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0425	Caries susceptibility tests	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	[No Cost-$50.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$25.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	[No Cost-$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	[No Cost-$120.00]
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	[No Cost-$170.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult – *2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary*	[No Cost-$35.00]
D1110	*Additional prophylaxis cleaning - adult (within the calendar year)*	[No Cost-$50.00]
D1120	Prophylaxis cleaning - child - *2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary*	[No Cost-$35.00]
D1120	*Additional prophylaxis cleaning - child (within the calendar year)*	[No Cost-$50.00]
D1206	Topical application of fluoride varnish – *2 D1206 or D1208 per calendar year, or more frequently if medically necessary*	[No Cost-$15.00]
D1206	*Additional topical application of fluoride varnish (within the calendar year)*	[No Cost-$15.00]
D1208	Topical application of fluoride - excluding varnish - *2 D1206 or D1208 per calendar year, or more frequently if medically necessary*	[No Cost-$15.00]
D1208	*Additional topical application of fluoride – excluding varnish (within the calendar year)*	[No Cost-$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-$15.00]
D1320	Tobacco counseling for the control and prevention of oral disease	[No Cost-$15.00]
D1330	Oral hygiene instructions	[No Cost-$15.00]
D1351	Sealant - per tooth	[No Cost-$17.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	[No Cost-$17.00]
D1353	Sealant repair - per tooth	[No Cost-$17.00]
D1354	Interim caries arresting medicament application per tooth - *2 per 12 month period, or more frequently if medically necessary*	[No Cost-$10.00]
D1510	Space maintainer - fixed, unilateral – per quadrant	[No Cost-$110.00]
D1516	Space maintainer – fixed – bilateral, maxillary	[No Cost-$170.00]
D1517	Space maintainer – fixed – bilateral, mandibular	[No Cost-$170.00]
D1520	Space maintainer - removable, unilateral – per quadrant	[No Cost-$120.00]
D1526	Space maintainer – removable – bilateral, maxillary	[No Cost-$180.00]
D1527	Space maintainer – removable – bilateral, mandibular	[No Cost-$180.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$15.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$15.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$15.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$15.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$15.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$15.00]
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	[No Cost-$110.00]

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *Whether supported by a natural tooth or dental implant, when there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional [$100.00-$135.00]*[MS3] *per unit, beyond the 6th covered unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00]*[MS4] *in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$23.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$30.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$40.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$33.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$40.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$50.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$88.00]
D2390	Resin-based composite crown, anterior	[No Cost-$140.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$65.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$75.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$85.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$115.00]
D2510	Inlay - metallic - one surface	[No Cost-$435.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$435.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$435.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$480.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$495.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$505.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-$350.00]
D2620	Inlay - porcelain/ceramic - two surfaces	[No Cost-$375.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces	[No Cost-$420.00]
D2642	Onlay - porcelain/ceramic - two surfaces	[No Cost-$470.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-$505.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces	[No Cost-$525.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-$230.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$265.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$285.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$395.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$420.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$465.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$315.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$315.00]
D2720	Crown - resin with high noble metal	[No Cost-$465.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$365.00]
D2722	Crown - resin with noble metal	[No Cost-$405.00]
D2740	Crown - porcelain/ceramic	[No Cost-$520.00]
D2750	Crown - porcelain fused to high noble metal	[No Cost-$480.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$425.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$450.00]
D2753	Crown - porcelain fused to titanium and titanium alloys	[No Cost-$480.00]
D2780	Crown – 3/4 cast high noble metal	[No Cost-$490.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2781	Crown – 3/4 cast predominantly base metal	[No Cost-$435.00]
D2782	Crown – 3/4 cast noble metal	[No Cost-$460.00]
D2783	Crown – 3/4 porcelain/ceramic	[No Cost-$490.00]
D2790	Crown - full cast high noble metal	[No Cost-$490.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$435.00]
D2792	Crown - full cast noble metal	[No Cost-$460.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$490.00]
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	[No Cost-$115.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$43.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$43.00]
D2920	Re-cement or re-bond crown	[No Cost-$43.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	[No Cost-$98.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	[No Cost-$165.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$110.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$110.00]
D2932	Prefabricated resin crown - anterior primary tooth	[No Cost-$135.00]
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	[No Cost-$165.00]
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	[No Cost-$165.00]
D2940	Protective restoration	[No Cost-$24.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$24.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$92.00]
D2950	Core buildup, including any pins when required	[No Cost-$125.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$29.00]
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	[No Cost-$170.00]
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	[No Cost-$120.00]
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	[No Cost-$140.00]
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	[No Cost-$80.00]
D2960	Labial veneer (resin laminate) - chairside - limited to replacement of significant tooth structure loss due to caries or fracture	[No Cost-$130.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$83.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$60.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$60.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$60.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$60.00]
D2990	Resin infiltration of incipient smooth surface lesions	[No Cost-$16.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$38.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$38.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$97.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$105.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$110.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$100.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost-$375.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$445.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$595.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$170.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$185.00]
D3333	Internal root repair of perforation defects	[No Cost-$175.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$525.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$585.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$710.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$117.00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	[No Cost-$97.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$97.00]
D3410	Apicoectomy - anterior	[No Cost-$440.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$470.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$540.00]
D3426	Apicoectomy (each additional root)	[No Cost-$147.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$225.00]
D3430	Retrograde filling - per root	[No Cost-$130.00]
D3450	Root amputation - per root	[$95.00-$115.00]
D3920	Hemisection (including any root removal), not including root canal therapy	[$85.00-$105.00]

D4000-D4999 V. PERIODONTICS

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*
- *Periodontal regenerative procedures, D4263 D4264, D4266 and D4267, are limited to 1 per site (or per tooth, if applicable).*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$320.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$135.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$350.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$220.00]
D4245	Apically positioned flap	[No Cost-$345.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$405.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$640.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$385.00]
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	[No Cost-$280.00

CODE	DESCRIPTION	ENROLLEE PAYS
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	[No Cost-$225.00]
D4266	Guided tissue regeneration - resorbable barrier, per site	[No Cost-$305.00]
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	[No Cost-$300.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-$495.00]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$275.00]
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	[No Cost-$495.00]
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	[No Cost-$495.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	[No Cost-$250.00]
D4285	Non-autogenous connective graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$248.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$125.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$75.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation – *2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary*	[No Cost-$40.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$75.00]
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance	[No Cost-$45.00]
D4910	Periodontal maintenance - *following active periodontal therapy, limited to 4 treatments per calendar year*	[No Cost-$79.00]
D4921	Gingival irrigation - per quadrant	[No Cost-$45.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	[No Cost-$675.00]
D5120	Complete denture - mandibular	[No Cost-$675.00]
D5130	Immediate denture - maxillary	[No Cost-$705.00]
D5140	Immediate denture - mandibular	[No Cost-$705.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$525.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$525.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$780.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$780.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$525.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	[No Cost-$525.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$780.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	[No Cost-$780.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$605.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$605.00]
D5410	Adjust complete denture - maxillary	[No Cost-$43.00]
D5411	Adjust complete denture - mandibular	[No Cost-$43.00]
D5421	Adjust partial denture - maxillary	[No Cost-$46.00]
D5422	Adjust partial denture - mandibular	[No Cost-$46.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$92.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$92.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$81.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$92.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$92.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$92.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$92.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$115.00]
D5640	Replace broken teeth - per tooth	[No Cost-$81.00]
D5650	Add tooth to existing partial denture	[No Cost-$92.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$115.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$200.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$200.00]
D5710	Rebase complete maxillary denture	[No Cost-$260.00]
D5711	Rebase complete mandibular denture	[No Cost-$260.00]
D5720	Rebase maxillary partial denture	[No Cost-$260.00]
D5721	Rebase mandibular partial denture	[No Cost-$260.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$160.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$160.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$150.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-$160.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$220.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$220.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$215.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$215.00]
D5810	Interim complete denture (maxillary)	[No Cost-$405.00]
D5811	Interim complete denture (mandibular)	[No Cost-$405.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$295.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$305.00]
D5850	Tissue conditioning, maxillary	[No Cost-$50.00]
D5851	Tissue conditioning, mandibular	[No Cost-$50.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

– *Whether supported by a natural tooth or dental implant, when there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional [$100.00-$135.00]*[MS5] *per unit, beyond the 6th covered unit.*

– *Replacement of crowns, bridges and implant supported dentures requires the existing restoration to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00]*[MS6] *in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D6058	Abutment supported porcelain/ceramic crown	[No Cost-$750.00]
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	[No Cost-$780.00]
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	[No Cost-$615.00]
D6061	Abutment supported porcelain fused to metal crown (noble metal)	[No Cost-$710.00]
D6062	Abutment supported cast metal crown (high noble metal)	[No Cost-$720.00]
D6063	Abutment supported cast metal crown (predominantly base metal)	[No Cost-$615.00]
D6064	Abutment supported cast metal crown (noble metal)	[No Cost-$700.00]
D6065	Implant supported porcelain/ceramic crown	[No Cost-$780.00]
D6066	Implant supported crown - porcelain fused to high noble alloys	[No Cost-$780.00]
D6067	Implant supported crown - high noble alloys	[No Cost-$750.00]
D6068	Abutment supported retainer for porcelain/ceramic FPD	[No Cost-$725.00]
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	[No Cost-$750.00]
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	[No Cost-$600.00]
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	[No Cost-$700.00]
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	[No Cost-$780.00]
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	[No Cost-$595.00]
D6074	Abutment supported retainer for cast metal FPD (noble metal)	[No Cost-$660.00]
D6075	Implant supported retainer for ceramic FPD	[No Cost-$790.00]
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	[No Cost-$780.00]
D6077	Implant supported retainer for metal FPD - high noble alloys	[No Cost-$780.00]
D6082	Implant supported crown – porcelain fused to predominantly base alloys	[No Cost-$615.00]
D6083	Implant supported crown – porcelain fused to noble alloys	[No Cost-$710.00]
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	[No Cost-$660.00]
D6086	Implant supported crown – predominantly base alloys	[No Cost-$615.00]
D6087	Implant supported crown – noble alloys	[No Cost-$700.00]
D6088	Implant supported crown – titanium and titanium alloys	[No Cost-$660.00]
D6092	Re-cement or re-bond implant/abutment supported crown	[No Cost-$72.00]
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	[No Cost-$95.00]
D6094	Abutment supported crown - titanium and titanium alloys	[No Cost-$660.00]
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	[No Cost-$660.00]
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	[No Cost-$600.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	[No Cost-$700.00]
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	[No Cost-$975.00]
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	[No Cost-$975.00]
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	[No Cost-$1,080.00]
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	[No Cost-$1,080.00]
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	[No Cost-$975.00]
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	[No Cost-$975.00]
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	[No Cost-$1,080.00]
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	[No Cost-$1,080.00]
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	[No Cost-$595.00]
D6121	Implant supported retainer for metal FPD – predominantly base alloys	[No Cost-$595.00]
D6122	Implant supported retainer for metal FPD – noble alloys	[No Cost-$660.00]
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	[No Cost-$730.00]
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	[No Cost-$730.00]
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	[No Cost-$780.00]

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))

– *Whether supported by a natural tooth or dental implant, when there are six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional [$100.00-$135.00]*[MS7] *per unit, beyond the 6th unit.*

– *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00]*[MS8] *in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D6210	Pontic - cast high noble metal	[No Cost-$480.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$435.00]
D6212	Pontic - cast noble metal	[No Cost-$460.00]
D6214	Pontic - titanium and titanium alloys	[No Cost-$490.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost-$480.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$435.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$460.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$460.00]
D6245	Pontic - porcelain/ceramic	[No Cost-$480.00]
D6250	Pontic - resin with high noble metal	[No Cost-$420.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$380.00]
D6252	Pontic - resin with noble metal	[No Cost-$405.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces	[No Cost-$415.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[No Cost-$480.00]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$435.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$490.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$415.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$425.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$440.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$440.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces	[No Cost-$490.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[No Cost-$500.00]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$460.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$490.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$415.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$425.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$440.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$450.00]
D6624	Retainer inlay - titanium	[No Cost-$480.00]
D6634	Retainer onlay - titanium	[No Cost-$480.00]
D6720	Retainer crown - resin with high noble metal	[No Cost-$415.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$365.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$390.00]
D6740	Retainer crown - porcelain/ceramic	[No Cost-$530.00]
D6750	Retainer crown - porcelain fused to high noble metal	[No Cost-$490.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$435.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$460.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	[No Cost-$490.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$490.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost-$435.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost-$460.00]
D6783	Retainer crown – 3/4 porcelain/ceramic	[No Cost-$490.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$490.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$490.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$435.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$460.00]
D6794	Retainer crown - titanium and titanium alloys	[No Cost-$490.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$65.00]
D6940	Stress breaker	[No Cost-$64.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$100.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$60.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$64.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$155.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$165.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$220.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$250.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$305.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$155.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$225.00]
D7260	Oroantral fistula closure	[No Cost-$470.00]
D7261	Primary closure of a sinus perforation	[No Cost-$415.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$210.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7280	Exposure of an unerupted tooth	[No Cost-$270.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$135.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-$68.00]
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	[No Cost-$225.00]
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	[No Cost-$190.00]
D7287	Exfoliative cytological sample collection	[No Cost-$78.00]
D7288	Brush biopsy - transepithelial sample collection	[No Cost-$78.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$130.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$68.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$165.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$81.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$260.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$260.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$275.00]
D7472	Removal of torus palatinus	[No Cost-$275.00]
D7473	Removal of torus mandibularis	[No Cost-$275.00]
D7485	Reduction of osseous tuberosity	[No Cost-$165.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$110.00]
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	[No Cost-$165.00]
D7880	Occlusal orthotic device, by report – *limited to 1 per 24 months, only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	[No Cost-$495.00]
D7881	Occlusal orthotic device adjustment	[No Cost-$43.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$180.00]
D7963	Frenuloplasty	[No Cost-$220.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$90.00]
D7971	Excision of pericoronal gingiva	[No Cost-$90.00]

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*
- *Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's usual fee.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-$575.00]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
D0351	3D photographic image
D0470	Diagnostic casts

CODE	DESCRIPTION	ENROLLEE PAYS
	The benefit for post-treatment records includes:	[No Cost-$150.00]
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-$1,350.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$2,100.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$2,100.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$2,300.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development	[No Cost-$80.00]
D8670	Periodic orthodontic treatment visit - included in comprehensive case fee	[No Cost-$80.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	[No Cost-$500.00]
D8681	Removable orthodontic retainer adjustment	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	[No Cost-$550.00]
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$65.00]
D9211	Regional block anesthesia	[No Cost-$20.00]
D9212	Trigeminal division block anesthesia	[No Cost-$20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9222	Deep sedation/general anesthesia – first 15 minutes	[No Cost-$84.00]
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	[No Cost-$84.00]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[No Cost-$80.00]
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	[No Cost-$80.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$25.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$10.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$77.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[No Cost-$110.00]]
D9943	Occlusal guard adjustment	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9944	Occlusal guard – hard appliance, full arch – *limited to 1 D9944, D9945 or D9946 per 24 months*	[No Cost-$360.00]
D9945	Occlusal guard – soft appliance, full arch – *limited to 1 D9944, D9945 or D9946 per 24 months*	[No Cost-$360.00]
D9946	Occlusal guard – hard appliance, partial arch – *limited to 1 D9944, D9945 or D9946 per 24 months*	[No Cost-$360.00]
D9951	Occlusal adjustment, limited	[No Cost-$71.00]
D9952	Occlusal adjustment, complete	[No Cost-$225.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	[No Cost-$125.00]
D9986	Missed appointment - without 24 hour notice	[No Cost-$10.00]
D9987	Canceled appointment - without 24 hour notice	[No Cost-$10.00]
D9990	Certified translation or sign-language services – per visit	[No Cost-$20.00]
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
D9995	Teledentistry – synchronous; real-time encounter	[No Cost-$20.00]
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	[No Cost-$20.00]]
D9997	Dental case management – patients with special health care needs	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Us. The Enrollee pays the Copayment specified for such services.

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS
D05

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODES	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**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
D0180	Comprehensive periodontal evaluation – new or established patient	$30.00
D0210	Intraoral - complete series of radiographic images – *limited to 1 series every 24 months*	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 – *limited to 1 series every 6 months*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image – *limited to 1 series every 24 months*	No Cost
D0460	Pulp vitality tests	No Cost
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
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	No Cost
D1000-D1999	**PREVENTIVE**	
D1110	Prophylaxis cleaning – adult – *2 D1110, D1120, D4346 or D4910 per 12 month period*	No Cost
D1110	*Additional prophylaxis cleaning- adult (within the 12 month period)*	$41.00
D1120	Prophylaxis cleaning – child – *2 D1110, D1120, D4346 or D4910 per 12 month period*	No Cost
D1120	*Additional prophylaxis cleaning- child (within the 12 month period)*	$30.00

CODES	DESCRIPTION	ENROLLEE PAYS
D1206	Topical application of fluoride varnish – *child to age 19; 2 D1206 or D1208 per 12 month period*	No Cost
D1208	Topical application of fluoride excluding varnish – *child to age 19; 2 D1206 or D1208 per 12 month period*	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15; limited to 1 per tooth every 3 years*	$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth - *limited to permanent molars through age 15; limited to 1 per tooth every 3 years*	$10.00
D1353	Sealant repair – per tooth - *limited to permanent molars through age 15; limited to 1 per tooth every 3 years*	$10.00
D1354	Interim caries arresting medicament application – per tooth	No Cost
D1510	Space maintainer - fixed, unilateral – per quadrant	$85.00
D1516	Space maintainer - fixed - bilateral, maxillary	$85.00
D1517	Space maintainer - fixed - bilateral, mandibular	$85.00
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 – *child to age 9*	$85.00

D2000-D2999 RESTORATIVE

- *Porcelain or resin on molars is considered optional treatment. The added fee for a porcelain or resin crown on a molar tooth is not to exceed $200.*
- *Base or noble metal is the benefit. If high noble metal (precious) is used for an inlay, onlay or crown, the Enrollee will be charged the additional fee, not to exceed, $350 for high noble metal, and not to exceed $150 for indirectly fabricated post and core.*
- *Includes indirect pulp capping, bases, liners and acid etch procedures*
- *Replacement of crowns requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam -four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$75.00
D2390	Resin-based composite crown, anterior	$69.00
D2391	Resin-based composite – one surface, posterior	$35.00
D2392	Resin-based composite – two surfaces, posterior	$45.00
D2393	Resin-based composite – three surfaces, posterior	$65.00
D2394	Resin-based composite – four or more surfaces, posterior	$85.00
D2510	Inlay - metallic - one surface	$360+Lab
D2520	Inlay - metallic - two surfaces	$360+Lab
D2530	Inlay - metallic - three or more surfaces	$360+Lab
D2542	Onlay - metallic - two surfaces	$415+Lab
D2543	Onlay - metallic - three surfaces	$415+Lab
D2544	Onlay - metallic - four or more surfaces	$415+Lab
D2740	Crown - porcelain/ceramic	$445.00
D2750	Crown - porcelain fused to high noble metal	$405+Lab
D2751	Crown - porcelain fused to predominately base metal	$360.00
D2752	Crown - porcelain fused to noble metal	$385.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$405+Lab
D2780	Crown – 3/4 cast high noble metal	$405+Lab
D2781	Crown – 3/4 cast predominately base metal	$360.00
D2782	Crown – 3/4 cast noble metal	$385.00
D2790	Crown - full cast high noble metal	$405+Lab

CODES	DESCRIPTION	ENROLLEE PAYS
D2791	Crown - full cast predominately base metal	$360.00
D2792	Crown - full cast noble metal	$385.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$35.00
D2920	Re-cement or re-bond crown	$35.00
D2930	Prefabricated stainless steel crown - primary tooth	$95.00
D2931	Prefabricated stainless steel crown - permanent tooth	$95.00
D2932	Prefabricated resin crown - *anterior primary tooth*	$120.00
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	$150.00
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins when required	$120.00
D2951	Pin retention - per tooth, in addition to restoration	$10.00
D2952	Post and core in addition to crown, indirectly fabricated – includes canal preparation	$150+Lab
D2954	Prefabricated post and core in addition to crown – *base metal post; includes canal preparation*	$120.00
D2960	Labial veneer (resin laminate) - chairside	$65.00

D3000-D3999 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	$50.00
D3221	Pulpal debridement, primary and permanent teeth	$50.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$160.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$185.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$255.00
D3331	Treatment of root canal obstruction; non-surgical access	$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$70.00
D3333	Internal root repair of perforation defects	$70.00
D3346	Retreatment of previous root canal therapy - anterior	$210.00
D3347	Retreatment of previous root canal therapy - premolar	$240.00
D3348	Retreatment of previous root canal therapy - molar	$305.00
D3410	Apicoectomy - anterior	$190.00
D3421	Apicoectomy - premolar (first root)	$190.00
D3425	Apicoectomy - molar (first root)	$190.00
D3426	Apicoectomy (each additional root)	$75.00
D3430	Retrograde filling - per root	$50.00

D4000-D4999 PERIODONTICS

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*
- *Soft tissue management, including without limitation irrigation, infusion, and any special toothbrush, is included in listed copay.*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$60.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant	$155.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces, per quadrant	$80.00
D4245	Apically positioned flap	$155.00
D4249	Clinical crown lengthening - hard tissue	$170.00

CODES	DESCRIPTION	ENROLLEE PAYS
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$305.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$155.00
D4263	Bone replacement graft - retained natural tooth – first site in quadrant	$225.00
D4264	Bone replacement graft - retained natural tooth – each additional site in quadrant	$175.00
D4266	Guided tissue regeneration - resorbable barrier, per site	$295.00
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	$335.00
D4270	Pedicle soft tissue graft procedure	$210.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$210.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$210.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$105.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$126.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$60.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *2 D1110, D1120, D4346 or D4910 per 12 month period*	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$45.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$60.00
D4910	Periodontal maintenance – *2 D1110, D1120, D4346 or D4910 per 12 month period*	$35.00

D5000-D5899 PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture requires the existing denture to be 5+ years old.*
- *Replacement of a partial denture requires the existing partial denture to be 5+ years old unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.*
- *Stayplates, in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period or in children 16 years and under for missing anterior teeth.*

D5110	Complete denture - maxillary	$485.00
D5120	Complete denture - mandibular	$485.00
D5130	Immediate denture - maxillary	$485.00
D5140	Immediate denture - mandibular	$485.00

CODES	DESCRIPTION	ENROLLEE PAYS
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$430.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$430.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$560.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$560.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$430.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$430.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$560.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$560.00
D5410	Adjust complete denture - maxillary	$30.00
D5411	Adjust complete denture - mandibular	$30.00
D5421	Adjust partial denture - maxillary	$30.00
D5422	Adjust partial denture - mandibular	$30.00
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)	$57.00
D5611	Repair resin partial denture base, mandibular	$65.00
D5612	Repair resin partial denture base, maxillary	$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	$75.00
D5640	Replace broken teeth - per tooth	$63.00
D5650	Add tooth to existing partial denture	$65.00
D5660	Add clasp to existing partial denture - per tooth	$75.00
D5710	Rebase complete maxillary denture	$175.00
D5711	Rebase complete mandibular denture	$175.00
D5720	Rebase maxillary partial denture	$175.00
D5721	Rebase mandibular partial denture	$175.00
D5730	Reline complete maxillary denture (chairside)	$100.00
D5731	Reline complete mandibular denture (chairside)	$100.00
D5740	Reline maxillary partial denture (chairside)	$100.00
D5741	Reline mandibular partial denture (chairside)	$100.00
D5750	Reline complete maxillary denture (laboratory)	$150.00
D5751	Reline complete mandibular denture (laboratory)	$150.00
D5760	Reline maxillary partial denture (laboratory)	$150.00
D5761	Reline mandibular partial denture (laboratory)	$150.00
D5810	Interim complete denture (maxillary)	$229.00
D5811	Interim complete denture (mandibular)	$229.00
D5820	Interim partial denture (maxillary)	$198.00
D5821	Interim partial denture (mandibular)	$198.00

D5900-D5999 MAXILLOFACIAL PROSTHETICS – Not Covered

D6000-D6199 IMPLANT SERVICES – Not Covered

D6200-D6999 PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in fixed partial denture [bridge])

– *Porcelain on molars is considered optional treatment. The added fee for a porcelain retainer crown or pontic on a molar tooth is not to exceed $200.*

CODES	DESCRIPTION	ENROLLEE PAYS

– *Base or noble metal is the benefit. If high noble metal (precious) is used for a retainer inlay, retainer onlay, retainer crown or pontic, the Enrollee will be charged the additional fee, not to exceed, $350 for high noble metal.*
– *Replacement of a retainer crown or pontic or stress breaker requires the existing bridge to be 5+ years old.*

D6210	Pontic - cast high noble metal	$405+Lab
D6211	Pontic - cast predominantly base metal	$360.00
D6212	Pontic - cast noble metal	$385.00
D6240	Pontic - porcelain fused to high noble metal	$405+Lab
D6241	Pontic - porcelain fused to predominantly base metal	$360.00
D6242	Pontic - porcelain fused to noble metal	$385.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$385.00
D6245	Pontic - porcelain/ ceramic	$400.00
D6602	Retainer inlay - cast high noble metal, two surfaces	$405+Lab
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$405+Lab
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$360.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$360.00
D6606	Retainer inlay - cast noble metal, two surfaces	$385.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	$385.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$405+Lab
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$405+Lab
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$360.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$360.00
D6614	Retainer onlay - cast noble metal, two surfaces	$385.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	$385.00
D6740	Retainer crown – porcelain / ceramic	$445.00
D6750	Retainer crown – porcelain fused to high noble metal	$405+Lab
D6751	Retainer crown – porcelain fused to predominantly base metal	$360.00
D6752	Retainer crown – porcelain fused to noble metal	$385.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$405+Lab
D6780	Retainer crown – 3/4 cast high noble metal	$405+Lab
D6781	Retainer crown – 3/4 cast predominantly base metal	$360.00
D6782	Retainer crown – 3/4 cast noble metal	$385.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$405+Lab
D6790	Retainer crown – full cast high noble metal	$405+Lab
D6791	Retainer crown – full cast predominantly base metal	$360.00
D6792	Retainer crown – full cast noble metal	$385.00
D6930	Re-cement or re-bond fixed partial denture	$18.00

D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic*

D7111	Extraction, coronal remnants – primary teeth	$5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$35.00
D7220	Removal of impacted tooth – soft tissue	$30.00
D7230	Removal of impacted tooth – partially bony	$65.00
D7240	Removal of impacted tooth – completely bony	$85.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	$85.00
D7250	Removal of residual tooth roots (cutting procedure)	$35.00
D7260	Oroantral fistula closure	$85.00
D7261	Primary closure of a sinus perforation	$85.00
D7270	Tooth re-implantation and/or stabilization if accidentally evulsed or displaced tooth	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	$55.00
D7286	Incisional biopsy of oral tissue – soft	$45.00

CODES	DESCRIPTION	ENROLLEE PAYS
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$40.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$55.00
D7450	Removal of benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor- lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7485	Reduction of osseous tuberosity	$55.00
D7510	Incision and drainage of abscess – intraoral soft tissue	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

D8000-D8999 ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $75.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months. Beyond 24 months, an additional monthly fee, not to exceed $75.00, may apply.*
- *Plan Benefits cover 24 months of active limited or comprehensive orthodontic treatment and include the initial examination, diagnosis, consultation, initial banding, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months.*

Pre and Post-treatment records include the following: ..... No Cost

D0210	Intraoral – complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	
D0351	3D photographic image	
D0470	Diagnostic casts	
D8050	Interceptive orthodontic treatment of the primary dentition - *banding*	$375.00
D8060	Interceptive orthodontic treatment of the transitional dentition - *banding*	$375.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19; *banding*	$400.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19; *banding*	$400.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children; *banding*	$400.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$50.00
D8670	Periodic orthodontic treatment visit *(as part of contract)*	
	Children - up to 19th birthday; 24 month treatment fee	$1,500.00
	Charge per month for 24 months	$63.00
	Adults - 24 month treatment fee	$2,000.00
	Charge per month for 24 months	$83.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	$300.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	$150.00

CODES	DESCRIPTION	ENROLLEE PAYS
D9000-D9999	**ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain-minor procedure	No Cost
D9222	Deep sedation/general anesthesia – first 15 minutes	$65.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$65.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	$65.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	$65.00
D9310	Consultation - diagnostic services provided by a dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with medical health care professional	$10.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	$45.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	$30.00
D9944	Occlusal guard - hard appliance, full arch	$135.00
D9945	Occlusal guard - soft appliance, full arch	$135.00
D9946	Occlusal guard - hard appliance, partial arch	$135.00
D9951	Occlusal adjustment - limited	$25.00
D9952	Occlusal adjustment - complete	$140.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management – addressing appointment compliance barriers	$10.00
D9992	Dental case management – care coordination	$10.00
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

Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's filed fee for the Optional procedure and the filed fee for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits. Services that are more expensive than the treatment usually provided under accepted dental practice standards or include the use of specialized techniques instead of standard procedures such as a crown where filling would restore a tooth or an implant in place of a fixed bridge or partial to restore a missing tooth are considered optional treatment. The patient must pay the difference in cost between the dentist's usual fees for the Covered Benefit and the optional or more expensive treatment plus any applicable Copayment.

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist services, and are referred by the assigned Contract Dentist, must be authorized in writing by us. The Enrollee pays the Copayment specified for such services.

The Contract Dentist shall provide emergency dental care for a Covered procedure which is required while an Enrollee is within 35 miles of the facility of the Contract Dentist. If an Enrollee requires emergency dental care and is more than 35 miles from the facility of the Contract Dentist, then we shall reimburse the Enrollee the cost of such emergency dental care which exceeds the Enrollee's Copayment up to a $100 maximum, per any 12-month period. Emergency dental care shall be limited to listed procedures, and as described in code D9110 above: "Palliative (emergency) treatment of dental pain". Any further treatment of the cause of such emergency dental care must be authorized by us or provided by the assigned Contract Dentist.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$35.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$35.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$35.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$35.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$20.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$15.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$35.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$20.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings - three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	[No Cost-$20.00]
D0330	Panoramic radiographic image	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$20.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[No Cost-$20.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-$20.00]
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-$20.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis *cleaning* - adult - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1120	Prophylaxis *cleaning* - child - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1206	Topical application of fluoride varnish - *child to age 19; [1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1208	Topical application of fluoride - excluding varnish - *child to age 19*; *[1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1354	Interim caries arresting medicament application – per tooth - *child to age 19; [1-3] per [6-12] month period*	[No Cost-$20.00]
D1510	Space maintainer - fixed, unilateral - per quadrant	[No Cost-$120.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$120.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$120.00]
D1520	Space maintainer - removable, unilateral - per quadrant	[No Cost-$120.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$120.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$120.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$20.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$20.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$20.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$20.00]
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	[No Cost-$120.00]

D2000-D2999 III. RESTORATIVE

– *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$35.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$40.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$45.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$50.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$60.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$65.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$65.00]
D2390	Resin-based composite crown, anterior	[No Cost-$80.00]
D2391	Resin-based composite - one surface, posterior * [1]	[Optional]
D2392	Resin-based composite - two surfaces, posterior * [1]	[Optional]
D2393	Resin-based composite - three surfaces, posterior * [1]	[Optional]
D2394	Resin-based composite - four or more surfaces, posterior * [1]	[Optional]
D2510	Inlay - metallic - one surface [2,4]	[No Cost-$350.00]
D2520	Inlay - metallic - two surfaces [2,4]	[No Cost-$360.00]
D2530	Inlay - metallic - three or more surfaces [2,4]	[No Cost-$370.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2542	Onlay - metallic - two surfaces [2,4]	[No Cost-$370.00]
D2543	Onlay - metallic - three surfaces [2,4]	[No Cost-$380.00]
D2544	Onlay - metallic - four or more surfaces [2,4]	[No Cost-$390.00]
D2610	Inlay - porcelain/ceramic - one surface * [4]	[Optional]
D2620	Inlay - porcelain/ceramic - two surfaces * [4]	[Optional]
D2630	Inlay - porcelain/ceramic - three or more surfaces * [4]	[Optional]
D2642	Onlay - porcelain/ceramic - two surfaces * [4]	[Optional]
D2643	Onlay - porcelain/ceramic - three surfaces * [4]	[Optional]
D2644	Onlay - porcelain/ceramic - four or more surfaces * [4]	[Optional]
D2650	Inlay - resin-based composite - one surface * [4]	[Optional]
D2651	Inlay - resin-based composite - two surfaces * [4]	[Optional]
D2652	Inlay - resin-based composite - three or more surfaces * [4]	[Optional]
D2662	Onlay - resin-based composite - two surfaces * [4]	[Optional]
D2663	Onlay - resin-based composite - three surfaces * [4]	[Optional]
D2664	Onlay - resin-based composite - four or more surfaces * [4]	[Optional]
D2710	Crown - resin-based composite (indirect) [3,4]	[No Cost-$190.00]
D2712	Crown – 3/4 resin-based composite (indirect) [3,4]	[No Cost-$190.00]
D2720	Crown - resin with high noble metal [2,3,4]	[No Cost-$515.00]
D2721	Crown - resin with predominantly base metal [3,4]	[No Cost-$400.00]
D2722	Crown - resin with noble metal [3,4]	[No Cost-$390.00]
D2740	Crown - porcelain/ceramic [3,4]	[No Cost-$420.00]
D2750	Crown - porcelain fused to high noble metal [2,3,4]	[No Cost-$515.00]
D2751	Crown - porcelain fused to predominantly base metal [3,4]	[No Cost-$390.00]
D2752	Crown - porcelain fused to noble metal [3,4]	[No Cost-$390.00]
D2753	Crown - porcelain fused to titanium and titanium alloys [2,3,4]	[No Cost-$515.00]
D2780	Crown – 3/4 cast high noble metal [2,4]	[No Cost-$515.00]
D2781	Crown – 3/4 cast predominantly base metal [4]	[No Cost-$390.00]
D2782	Crown -3/4 cast noble metal [4]	[No Cost-$390.00]
D2790	Crown - full cast high noble metal [2,4]	[No Cost-$515.00]
D2791	Crown - full cast predominantly base metal [4]	[No Cost-$390.00]
D2792	Crown - full cast noble metal [4]	[No Cost-$390.00]
D2794	Crown - titanium and titanium alloys [2,4]	[No Cost-$515.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$20.00]
D2920	Re-cement or re-bond crown	[No Cost-$20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$65.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[No Cost-$120.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$120.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$120.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$140.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$120.00]
D2940	Protective restoration	[No Cost-$35.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$35.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$60.00]
D2950	Core buildup, including any pins when required	[No Cost-$60.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$60.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation* [2]	[No Cost-$95.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation* [2]	[No Cost-$65.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$85.00]
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$60.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$80.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$75.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$75.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost-$20.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$25.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$25.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$30.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$50.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$30.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3310	*Root canal* -endodontic therapy, anterior tooth (excluding final restoration) [5]	[No Cost-$190.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration) [5]	[No Cost-$255.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration) [5]	[No Cost-$345.00]
D3331	Treatment of root canal obstruction; non-surgical access [5]	[No Cost-$190.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth [5]	[No Cost-$190.00]
D3346	Retreatment of previous root canal therapy - anterior [5]	[No Cost-$210.00]
D3347	Retreatment of previous root canal therapy - premolar [5]	[No Cost-$280.00]
D3348	Retreatment of previous root canal therapy - molar [5]	[No Cost-$370.00]
D3410	Apicoectomy - anterior [5]	[No Cost-$215.00]
D3421	Apicoectomy - premolar (first root) [5]	[No Cost-$215.00]
D3425	Apicoectomy - molar (first root) [5]	[No Cost-$215.00]
D3426	Apicoectomy (each additional root) [5]	[No Cost-$110.00]
D3427	Periradicular surgery without apicoectomy [5]	[No Cost-$215.00]
D3430	Retrograde filling - per root [5]	[No Cost-$100.00]
D3450	Root amputation - per root - *not covered in conjunction with a hemisection* [5]	[No Cost-$115.00]

D4000-D4999 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	[No Cost-$400.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$150.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$150.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$95.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$90.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$95.00]
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	[No Cost-$75.00]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]
D5000-D5899	**VI. PROSTHODONTICS (removable)**	
D5110	Complete denture - maxillary [6,8]	[No Cost-$505.00]
D5120	Complete denture - mandibular [6,8]	[No Cost-$505.00]
D5130	Immediate denture - maxillary [6,8]	[No Cost-$575.00]
D5140	Immediate denture - mandibular [6,8]	[No Cost-$575.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) [6,8]	[No Cost-$500.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) [6,8]	[No Cost-$500.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [6,8]	[No Cost-$540.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [6,8]	[No Cost-$540.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth) [6,8]	[No Cost-$500.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth) [6,8]	[No Cost-$500.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [6,8]	[No Cost-$540.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [6,8]	[No Cost-$540.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) [6,8]	[No Cost-$590.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) [6,8]	[No Cost-$590.00]
D5410	Adjust complete denture - maxillary [6]	[No Cost-$20.00]
D5411	Adjust complete denture - mandibular [6]	[No Cost-$20.00]
D5421	Adjust partial denture - maxillary [6]	[No Cost-$20.00]
D5422	Adjust partial denture - mandibular [6]	[No Cost-$20.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$75.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$75.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$50.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5612	Repair resin partial denture base, maxillary	[No Cost-$75.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$75.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$75.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$75.00]
D5640	Replace broken teeth - per tooth	[No Cost-$40.00]
D5650	Add tooth to existing partial denture	[No Cost-$40.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$75.00]
D5710	Rebase complete maxillary denture [7]	[No Cost-$180.00]
D5711	Rebase complete mandibular denture [7]	[No Cost-$180.00]
D5720	Rebase maxillary partial denture [7]	[No Cost-$180.00]
D5721	Rebase mandibular partial denture [7]	[No Cost-$180.00]
D5730	Reline complete maxillary denture (chairside) [7]	[No Cost-$100.00]
D5731	Reline complete mandibular denture (chairside) [7]	[No Cost-$100.00]
D5740	Reline maxillary partial denture (chairside) [7]	[No Cost-$100.00]
D5741	Reline mandibular partial denture (chairside) [7]	[No Cost-$100.00]
D5750	Reline complete maxillary denture (laboratory) [7]	[No Cost-$170.00]
D5751	Reline complete mandibular denture (laboratory) [7]	[No Cost-$170.00]
D5760	Reline maxillary partial denture (laboratory) [7]	[No Cost-$170.00]
D5761	Reline mandibular partial denture (laboratory) [7]	[No Cost-$170.00]
D5820	Interim partial denture (maxillary) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [6]	[No Cost-$50.00]
D5821	Interim partial denture (mandibular) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [6]	[No Cost-$50.00]
D5850	Tissue conditioning, maxillary [6,7]	[No Cost-$50.00]
D5851	Tissue conditioning, mandibular [6,7]	[No Cost-$50.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).

D6210	Pontic - cast high noble metal [2,9]	[No Cost-$515.00]
D6211	Pontic - cast predominantly base metal [9]	[No Cost-$395.00]
D6212	Pontic - cast noble metal [9]	[No Cost-$395.00]
D6240	Pontic - porcelain fused to high noble metal [2,3,9]	[No Cost-$515.00]
D6241	Pontic - porcelain fused to predominantly base metal [3,9]	[No Cost-$395.00]
D6242	Pontic - porcelain fused to noble metal [3,9]	[No Cost-$395.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys [3,9]	[No Cost-$395.00]
D6245	Pontic - porcelain/ceramic * [9]	[Optional]
D6250	Pontic - resin with high noble metal [2,3,9]	[No Cost-$515.00]
D6251	Pontic - resin with predominantly base metal [3,9]	[No Cost-$395.00]
D6252	Pontic - resin with noble metal [3,9]	[No Cost-$395.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces * [9]	[Optional]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces * [9]	[Optional]
D6602	Retainer inlay - cast high noble metal, two surfaces [2,3,9]	[No Cost-$395.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces [2,3,9]	[No Cost-$410.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces [3,9]	[No Cost-$275.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces [3,9]	[No Cost-$290.00]
D6606	Retainer inlay - cast noble metal, two surfaces [3,9]	[No Cost-$275.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces [3,9]	[No Cost-$290.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces * [9]	[Optional]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces * [9]	[Optional]
D6610	Retainer onlay - cast high noble metal, two surfaces [2,3,9]	[No Cost-$375.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6611	Retainer onlay - cast high noble metal, three or more surfaces [2,3,9]	[No Cost-$410.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces [3,9]	[No Cost-$280.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces [3,9]	[No Cost-$300.00]
D6614	Retainer onlay - cast noble metal, two surfaces [3,9]	[No Cost-$275.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces [3,9]	[No Cost-$290.00]
D6720	Retainer crown - resin with high noble metal [2,3,9]	[No Cost-$515.00]
D6721	Retainer crown - resin with predominantly base metal [3,9]	[No Cost-$390.00]
D6722	Retainer crown - resin with noble metal [3,9]	[No Cost-$390.00]
D6740	Retainer crown - porcelain/ceramic * [9]	[Optional]
D6750	Retainer crown - porcelain fused to high noble metal [2,3,9]	[No Cost-$515.00]
D6751	Retainer crown - porcelain fused to predominantly base metal [3,9]	[No Cost-$390.00]
D6752	Retainer crown - porcelain fused to noble metal [3,9]	[No Cost-$390.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys [2,3,9]	[No Cost-$515.00]
D6780	Retainer crown – 3/4 cast high noble metal [2,9]	[No Cost-$515.00]
D6781	Retainer crown – 3/4 cast predominantly base metal [9]	[No Cost-$390.00]
D6782	Retainer crown – 3/4 cast noble metal [9]	[No Cost-$390.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys [2,9]	[No Cost-$515.00]
D6790	Retainer crown - full cast high noble metal [2,9]	[No Cost-$515.00]
D6791	Retainer crown - full cast predominantly base metal [9]	[No Cost-$390.00]
D6792	Retainer crown - full cast noble metal [9]	[No Cost-$390.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$30.00]
D6940	Stress breaker [9]	[No Cost-$80.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$60.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$30.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$30.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$65.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$100.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$250.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$280.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$245.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$180.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$245.00]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$200.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$225.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$40.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D8000-D8999	**XI. ORTHODONTICS**	
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* [10]	[No Cost-$2,750.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* [10]	[No Cost-$2,750.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* [10]	[No Cost-$2,950.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development - *not to be charged with any other consultation procedure(s)* [11]	[No Cost-$75.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) [12]	[No Cost-$300.00]
D8681	Removable orthodontic retainer adjustment [12]	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report ***- includes START UP FEES (including initial examination, diagnosis, consultation and initial banding)***	[No Cost-$350.00]
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$25.00]
D9211	Regional block anesthesia	[No Cost-$20.00]
D9212	Trigeminal division block anesthesia	[No Cost-$20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$45.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$15.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$55.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9986	Missed appointment – *without 24 hour notice - per 15 minutes of appointment time*	[No Cost-$20.00]
	[- up to an overall maximum of	*[No Cost - $50.00]]*
D9987	Canceled appointment – *without 24 hour notice - per 15 minutes of appointment time*	[No Cost-$20.00]
	[- up to an overall maximum of	*[No Cost - $50.00]]*
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

FOOTNOTES

* Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference

between the Contract Dentist's filed fee for the Optional procedure and the filed fee for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits.

1 An amalgam is the Benefit.
2 Base or noble metal is the Benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to [$50.00-$100.00] per tooth will be charged. This charge also applies to titanium crowns.
3 Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of [$75.00-$150.00].
4 Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.
5 A Benefit for permanent teeth only.
6 Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
7 Limited to [1-3] per denture during any 12 consecutive months.
8 Replacement is subject to a limitation requiring the existing denture to be 5+ years old.
9 Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.
10 Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of [$25.00-$75.00] applies.
11 In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00-$50.00] will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.
12 Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of [$25.00-$75.00] applies.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEEPAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$35.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$35.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$35.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$35.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$20.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$15.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$35.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$20.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical, each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings - three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	[No Cost-$20.00]
D0330	Panoramic radiographic image	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$20.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[No Cost-$20.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-$20.00]
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-$20.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis *cleaning* - adult - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1120	Prophylaxis *cleaning* - child - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1206	Topical application of fluoride varnish - *child to age 19; [1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1208	Topical application of fluoride - excluding varnish - *child to age 19; [1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1354	Interim caries arresting medicament application – per tooth - *child to age 19; [1-3] per [6-12] month period*	[No Cost-$20.00]
D1510	Space maintainer – fixed, unilateral - per quadrant	[No Cost-$120.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$120.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$120.00]
D1520	Space maintainer - removable, unilateral - per quadrant	[No Cost-$120.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$120.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$120.00]
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$20.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$20.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$20.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$20.00]
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	[No Cost-$120.00]

D2000-D2999 III. RESTORATIVE

– *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$35.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$40.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$45.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$50.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$60.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$65.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$65.00]
D2390	Resin-based composite crown, anterior	[No Cost-$80.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$80.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$90.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$100.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$115.00]
D2510	Inlay - metallic - one surface [1,3]	[No Cost-$350.00]
D2520	Inlay - metallic - two surfaces [1,3]	[No Cost-$360.00]
D2530	Inlay - metallic - three or more surfaces [1,3]	[No Cost-$370.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D2542	Onlay - metallic - two surfaces [1,3]	[No Cost-$370.00]
D2543	Onlay - metallic - three surfaces [1,3]	[No Cost-$380.00]
D2544	Onlay - metallic - four or more surfaces [1,3]	[No Cost-$390.00]
D2610	Inlay - porcelain/ceramic - one surface [2,3]	[No Cost-$470.00]
D2620	Inlay - porcelain/ceramic - two surfaces [2,3]	[No Cost-$490.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces [2,3]	[No Cost-$510.00]
D2642	Onlay - porcelain/ceramic - two surfaces [2,3]	[No Cost-$510.00]
D2643	Onlay - porcelain/ceramic - three surfaces [2,3]	[No Cost-$535.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces [2,3]	[No Cost-$565.00]
D2650	Inlay - resin-based composite - one surface [2,3]	[No Cost-$310.00]
D2651	Inlay - resin-based composite - two surfaces [2,3]	[No Cost-$360.00]
D2652	Inlay - resin-based composite - three or more surfaces [2,3]	[No Cost-$360.00]
D2662	Onlay - resin-based composite - two surfaces [2,3]	[No Cost-$410.00]
D2663	Onlay - resin-based composite - three surfaces [2,3]	[No Cost-$425.00]
D2664	Onlay - resin-based composite - four or more surfaces [2,3]	[No Cost-$460.00]
D2710	Crown - resin-based composite (indirect) [2,3]	[No Cost-$190.00]
D2712	Crown – 3/4 resin-based composite (indirect) [2,3]	[No Cost-$190.00]
D2720	Crown - resin with high noble metal [2,3]	[No Cost-$515.00]
D2721	Crown - resin with predominantly base metal [2,3]	[No Cost-$400.00]
D2722	Crown - resin with noble metal [2,3]	[No Cost-$390.00]
D2740	Crown - porcelain/ceramic [2,3]	[No Cost-$420.00]
D2750	Crown - porcelain fused to high noble metal [2,3]	[No Cost-$515.00]
D2751	Crown - porcelain fused to predominantly base metal [2,3]	[No Cost-$390.00]
D2752	Crown - porcelain fused to noble metal [2,3]	[No Cost-$390.00]
D2753	Crown - porcelain fused to titanium and titanium alloys [2,3]	[No Cost-$515.00]
D2780	Crown – 3/4 cast high noble metal [3]	[No Cost-$515.00]
D2781	Crown – 3/4 cast predominantly base metal [3]	[No Cost-$390.00]
D2782	Crown – 3/4 cast noble metal [3]	[No Cost-$390.00]
D2790	Crown - full cast high noble metal [3]	[No Cost-$515.00]
D2791	Crown - full cast predominantly base metal [3]	[No Cost-$390.00]
D2792	Crown - full cast noble metal [3]	[No Cost-$390.00]
D2794	Crown - titanium and titanium alloys [3]	[No Cost-$515.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$20.00]
D2920	Re-cement or re-bond crown	[No Cost-$20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$65.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[No Cost-$120.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$120.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$120.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$140.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$120.00]
D2940	Protective restoration	[No Cost-$35.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$35.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$60.00]
D2950	Core buildup, including any pins when required	[No Cost-$60.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$60.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation* [1]	[No Cost-$95.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation* [1]	[No Cost-$65.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$85.00]
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$60.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$80.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$75.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$75.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost-$20.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$25.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$25.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$30.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$50.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$30.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration) [4]	[No Cost-$190.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration) [4]	[No Cost-$255.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration) [4]	[No Cost-$345.00]
D3331	Treatment of root canal obstruction; non-surgical access [4]	[No Cost-$190.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth [4]	[No Cost-$190.00]
D3346	Retreatment of previous root canal therapy - anterior [4]	[No Cost-$210.00]
D3347	Retreatment of previous root canal therapy - premolar [4]	[No Cost-$280.00]
D3348	Retreatment of previous root canal therapy - molar [4]	[No Cost-$370.00]
D3410	Apicoectomy - anterior [4]	[No Cost-$215.00]
D3421	Apicoectomy - premolar (first root) [4]	[No Cost-$215.00]
D3425	Apicoectomy - molar (first root) [4]	[No Cost-$215.00]
D3426	Apicoectomy (each additional root) [4]	[No Cost-$110.00]
D3427	Periradicular surgery without apicoectomy [4]	[No Cost - $215.00]
D3430	Retrograde filling - per root [4]	[No Cost-$100.00]
D3450	Root amputation, per root - *not covered in conjunction with a hemisection* [4]	[No Cost-$115.00]

D4000-D4999 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	[No Cost-$400.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$150.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$150.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$95.00]
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$90.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$95.00]
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	[No Cost-$75.00]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]
D5000-D5899	**VI. PROSTHODONTICS (removable)**	
D5110	Complete denture - maxillary [5,7]	[No Cost-$505.00]
D5120	Complete denture - mandibular [5,7]	[No Cost-$505.00]
D5130	Immediate denture - maxillary [5,7]	[No Cost-$575.00]
D5140	Immediate denture - mandibular [5,7]	[No Cost-$575.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) [5,7]	[No Cost-$500.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) [5,7]	[No Cost-$500.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [5,7]	[No Cost-$540.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [5,7]	[No Cost-$540.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth) [5,7]	[No Cost-$500.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rest and teeth) [5,7]	[No Cost-$500.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) [5,7]	[No Cost-$540.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rest and teeth) [5,7]	[No Cost-$540.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$590.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$590.00]
D5410	Adjust complete denture - maxillary [5]	[No Cost-$20.00]
D5411	Adjust complete denture - mandibular [5]	[No Cost-$20.00]
D5421	Adjust partial denture - maxillary [5]	[No Cost-$20.00]
D5422	Adjust partial denture - mandibular [5]	[No Cost-$20.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$75.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$75.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$50.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$75.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D5621	Repair cast partial framework, mandibular	[No Cost-$75.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$75.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$75.00]
D5640	Replace broken teeth - per tooth	[No Cost-$40.00]
D5650	Add tooth to existing partial denture	[No Cost-$40.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$75.00]
D5710	Rebase complete maxillary denture [6]	[No Cost-$180.00]
D5711	Rebase complete mandibular denture [6]	[No Cost-$180.00]
D5720	Rebase maxillary partial denture [6]	[No Cost-$180.00]
D5721	Rebase mandibular partial denture [6]	[No Cost-$180.00]
D5730	Reline complete maxillary denture (chairside) [6]	[No Cost-$100.00]
D5731	Reline complete mandibular denture (chairside) [6]	[No Cost-$100.00]
D5740	Reline maxillary partial denture (chairside) [6]	[No Cost-$100.00]
D5741	Reline mandibular partial denture (chairside) [6]	[No Cost-$100.00]
D5750	Reline complete maxillary denture (laboratory) [6]	[No Cost-$170.00]
D5751	Reline complete mandibular denture (laboratory) [6]	[No Cost-$170.00]
D5760	Reline maxillary partial denture (laboratory) [6]	[No Cost-$170.00]
D5761	Reline mandibular partial denture (laboratory) [6]	[No Cost-$170.00]
D5820	Interim partial denture (maxillary) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [5]	[No Cost-$50.00]
D5821	Interim partial denture (mandibular) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [5]	[No Cost-$50.00]
D5850	Tissue conditioning, maxillary [5,6]	[No Cost-$50.00]
D5851	Tissue conditioning, mandibular [5,6]	[No Cost-$50.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).

D6210	Pontic - cast high noble metal [8]	[No Cost-$515.00]
D6211	Pontic - cast predominantly base metal [8]	[No Cost-$395.00]
D6212	Pontic - cast noble metal [8]	[No Cost-$395.00]
D6240	Pontic - porcelain fused to high noble metal [2,8]	[No Cost-$515.00]
D6241	Pontic - porcelain fused to predominantly base metal [2,8]	[No Cost-$395.00]
D6242	Pontic - porcelain fused to noble metal [2,8]	[No Cost-$395.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys [2,8]	[No Cost-$395.00]
D6245	Pontic - porcelain/ceramic [2,8]	[No Cost-$515.00]
D6250	Pontic - resin with high noble metal [2,8]	[No Cost-$515.00]
D6251	Pontic - resin with predominantly base metal [2,8]	[No Cost-$395.00]
D6252	Pontic - resin with noble metal [2,8]	[No Cost-$395.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces [2,8]	[No Cost-$360.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces [2,8]	[No Cost-$420.00]
D6602	Retainer inlay - cast high noble metal, two surfaces [2,8]	[No Cost-$395.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces [2,8]	[No Cost-$410.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces [2,8]	[No Cost-$275.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces [2,8]	[No Cost-$290.00]
D6606	Retainer inlay - cast noble metal, two surfaces [2,8]	[No Cost-$275.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces [2,8]	[No Cost-$290.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces [2,8]	[No Cost-$385.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces [2,8]	[No Cost-$470.00]
D6610	Retainer onlay - cast high noble metal, two surfaces [2,8]	[No Cost-$375.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces [2,8]	[No Cost-$410.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D6612	Retainer onlay - cast predominantly base metal, two surfaces [2,8]	[No Cost-$280.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces [2,8]	[No Cost-$300.00]
D6614	Retainer onlay - cast noble metal, two surfaces [2,8]	[No Cost-$275.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces [2,8]	[No Cost-$290.00]
D6720	Retainer crown - resin with high noble metal [2,8]	[No Cost-$515.00]
D6721	Retainer crown - resin with predominantly base metal [2,8]	[No Cost-$390.00]
D6722	Retainer crown - resin with noble metal [2,8]	[No Cost-$390.00]
D6740	Retainer crown - porcelain/ceramic [2,8]	[No Cost-$515.00]
D6750	Retainer crown - porcelain fused to high noble metal [2,8]	[No Cost-$515.00]
D6751	Retainer crown - porcelain fused to predominantly base metal [2,8]	[No Cost-$390.00]
D6752	Retainer crown - porcelain fused to noble metal [2,8]	[No Cost-$390.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys [2,8]	[No Cost-$515.00]
D6780	Retainer crown – 3/4 cast high noble metal [8]	[No Cost-$515.00]
D6781	Retainer crown – 3/4 cast predominantly base metal [8]	[No Cost-$390.00]
D6782	Retainer crown – 3/4 cast noble metal [8]	[No Cost-$390.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys [8]	[No Cost-$515.00]
D6790	Retainer crown - full cast high noble metal [8]	[No Cost-$515.00]
D6791	Retainer crown - full cast predominantly base metal [8]	[No Cost-$390.00]
D6792	Retainer crown - full cast noble metal [8]	[No Cost-$390.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$30.00]
D6940	Stress breaker [8]	[No Cost-$80.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$60.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$30.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$30.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$65.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$100.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$250.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$280.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$245.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$180.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$245.00]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$200.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7471	Removal of lateral exostosis - (maxilla or mandible)	[No Cost-$225.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$40.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEEPAYS

D8000-D8999 XI. ORTHODONTICS

D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* [9]	[No Cost-$2,750.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* [9]	[No Cost-$2,750.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* [9]	[No Cost-$2,950.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development - *not to be charged with any other consultation procedure(s)* [10]	[No Cost-$75.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) [11]	[No Cost-$300.00]
D8681	Removable orthodontic retainer adjustment [11]	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report ***- includes START-UP FEES (including initial examination, diagnosis, consultation and initial banding)***	[No Cost-$350.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$25.00]
D9211	Regional block anesthesia	[No Cost-$20.00]
D9212	Trigeminal division block anesthesia	[No Cost-$20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9310	Consultation - diagnostic service provided by a dentist or physician other than requesting dentist or physician	[No Cost-$45.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$15.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$55.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time*	[No Cost-$20.00]
	[- up to an overall maximum of	*[No Cost - $50.00]]*
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time*	[No Cost-$20.00]
	[- up to an overall maximum of	*[No Cost - $50.00]]*
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

FOOTNOTES

[1] Base or noble metal is the Benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to [$50.00-$100.00] per tooth will be charged for the upgrade.

2 Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of [$75.00-$150.00].
3 Replacement is subject to a limitation requiring the existing restoration to be 5+years old.
4 A Benefit for permanent teeth only.
5 Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
6 Limited to [1-3] per denture during any 12 consecutive months.
7 Replacement is subject to a limitation requiring the existing denture to be 5+years old.
8 Replacement is subject to a limitation requiring the existing bridge to be 5+years old.
9 Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of [$25.00-$75.00] applies.
10 In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00-$50.00] will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.
11 Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of [$25.00-$75.00] applies.

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$5.00
D0140	Limited oral evaluation - problem focused	$5.00
D0150	Comprehensive oral evaluation - new or established patient	$5.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	$15.00
D0190	Screening of a patient	$5.00
D0191	Assessment of a patient	$5.00
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	$25.00
D0220	Intraoral - periapical first radiographic image	$4.00
D0230	Intraoral - periapical, each additional radiographic image	$3.00
D0240	Intraoral - occlusal radiographic image	$4.00
D0270	Bitewing - single radiographic image	$4.00
D0272	Bitewings - two radiographic images	$5.00
D0273	Bitewings - three radiographic images	$5.00
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	$7.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$10.00
D0330	Panoramic radiographic image	$20.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	$20.00
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	No Cost
D0460	Pulp vitality tests	$10.00
D0470	Diagnostic casts	$10.00
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, *per visit (in addition to other services).*	No Cost
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis cleaning - adult - 2 *D1110, D1120 or D4346 per calendar year*	$10.00
D1120	Prophylaxis cleaning - child - 2 *D1110, D1120 or D4346 per calendar year*	$10.00
D1208	Topical application of fluoride - excluding varnish	$5.00
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$5.00

CODE	DESCRIPTION	ENROLLEE PAYS
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$5.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$5.00
D1510	Space maintainer - fixed, unilateral - per quadrant	$68.00
D1516	Space maintainer - fixed - bilateral, maxillary	$112.00
D1517	Space maintainer - fixed - bilateral, mandibular	$112.00
D1520	Space maintainer - removable, unilateral - per quadrant	$55.00
D1526	Space maintainer - removable - bilateral, maxillary	$112.00
D1527	Space maintainer - removable - bilateral, mandibular	$112.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$20.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$20.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$20.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	$68.00

D2000-D2999 III. RESTORATIVE

- *Base metal is the benefit. If noble or high noble metal is used, the Enrollee will be charged the additional amount not to exceed $400.00.*
- *Enrollee is responsible for an additional fee per unit for porcelain not to exceed $200.00*
- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	$28.00
D2150	Amalgam - two surfaces, primary or permanent	$35.00
D2160	Amalgam - three surfaces, primary or permanent	$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	$55.00
D2330	Resin-based composite - one surface, anterior	$35.00
D2331	Resin-based composite - two surfaces, anterior	$45.00
D2332	Resin-based composite - three surfaces, anterior	$55.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$80.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$50.00
D2393	Resin-based composite - three surfaces, posterior	$60.00
D2394	Resin-based composite - four or more surfaces, posterior	$80.00
D2510	Inlay - metallic - one surface	$84.00
D2520	Inlay - metallic - two surfaces	$165.00
D2530	Inlay - metallic - three or more surfaces	$210.00
D2543	Onlay - metallic - three surfaces	$50.00
D2544	Onlay - metallic - four or more surfaces	$75.00
D2610	Inlay - porcelain/ceramic - one surface	$250.00
D2620	Inlay - porcelain/ceramic - two surfaces	$275.00
D2710	Crown - resin-based composite (indirect)	$122.00
D2740	Crown - porcelain/ceramic	$273.00
D2750	Crown - porcelain fused to high noble metal	$390.00
D2751	Crown - porcelain fused to predominantly base metal	$370.00
D2752	Crown - porcelain fused to noble metal	$380.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$390.00
D2790	Crown - full cast high noble metal	$390.00
D2791	Crown - full cast predominantly base metal	$370.00
D2792	Crown - full cast noble metal	$380.00
D2799	Provisional crown	$88.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$15.00
D2920	Re-cement or re-bond crown	$25.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	$80.00
D2929	Prefabricated porcelain/ceramic crown - *(anterior)* primary tooth	$120.00
D2930	Prefabricated stainless steel crown - primary tooth	$70.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2931	Prefabricated stainless steel crown - permanent tooth	$88.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	$120.00
D2940	Protective restoration	$28.00
D2941	Interim therapeutic restoration - primary dentition	$28.00
D2949	Restorative foundation for an indirect restoration	$60.00
D2950	Core buildup, including any pins when required	$60.00
D2951	Pin retention - per tooth, in addition to restoration	$8.00
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	$100.00
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	$50.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	$70.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	$35.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	$5.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	$10.00
D3120	Pulp cap - indirect (excluding final restoration)	$10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$55.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$80.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$95.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$200.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$300.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$425.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$132.00
D3346	Retreatment of previous root canal therapy - anterior	$275.00
D3347	Retreatment of previous root canal therapy - premolar	$375.00
D3348	Retreatment of previous root canal therapy - molar	$500.00
D3410	Apicoectomy - anterior	$198.00
D3421	Apicoectomy - premolar (first root)	$205.00
D3425	Apicoectomy - molar (first root)	$215.00
D3426	Apicoectomy (each additional root)	$50.00
D3427	Periradicular surgery without apicoectomy	$198.00
D3430	Retrograde filling - per root	$70.00
D3450	Root amputation - per root	$84.00
D3910	Surgical procedure for isolation of tooth with rubber dam	$100.00
D3920	Hemisection (including any root removal), not including root canal therapy	$111.00

D4000-D4999 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	$200.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$45.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$45.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$157.00
D4249	Clinical crown lengthening - hard tissue	$200.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	$450.00

CODE	DESCRIPTION	ENROLLEE PAYS
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	$100.00
D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	$40.00
D4270	Pedicle soft tissue graft procedure	$154.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant or edentulous tooth position in graft	$154.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$150.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$150.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$92.00
D4320	Provisional splinting - intracoronal	$35.00
D4321	Provisional splinting - extracoronal	$35.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	$60.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *2 D1110, D1120 or D4346 per calendar year*	$10.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$35.00
D4910	Periodontal maintenance	$50.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	$350.00
D5120	Complete denture - mandibular	$350.00
D5130	Immediate denture - maxillary	$400.00
D5140	Immediate denture - mandibular	$400.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$200.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$200.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$425.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$425.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$200.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$200.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$425.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$425.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	$125.00

CODE	DESCRIPTION	ENROLLEE PAYS
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	$125.00
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	$125.00
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	$125.00
D5410	Adjust complete denture - maxillary	$9.00
D5411	Adjust complete denture - mandibular	$9.00
D5421	Adjust partial denture - maxillary	$14.00
D5422	Adjust partial denture - mandibular	$14.00
D5511	Repair broken complete denture base, mandibular	$48.00
D5512	Repair broken complete denture base, maxillary	$48.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$50.00
D5611	Repair resin partial denture base, mandibular	$45.00
D5612	Repair resin partial denture base, maxillary	$45.00
D5621	Repair cast partial framework, mandibular	$48.00
D5622	Repair cast partial framework, maxillary	$48.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	$38.00
D5640	Replace broken teeth - per tooth	$40.00
D5650	Add tooth to existing partial denture	$50.00
D5660	Add clasp to existing partial denture - per tooth	$75.00
D5710	Rebase complete maxillary denture	$110.00
D5711	Rebase complete mandibular denture	$110.00
D5720	Rebase maxillary partial denture	$50.00
D5721	Rebase mandibular partial denture	$50.00
D5730	Reline complete maxillary denture (chairside)	$55.00
D5731	Reline complete mandibular denture (chairside)	$55.00
D5740	Reline maxillary partial denture (chairside)	$55.00
D5741	Reline mandibular partial denture (chairside)	$55.00
D5750	Reline complete maxillary denture (laboratory)	$80.00
D5751	Reline complete mandibular denture (laboratory)	$80.00
D5760	Reline maxillary partial denture (laboratory)	$80.00
D5761	Reline mandibular partial denture (laboratory)	$80.00
D5810	Interim complete denture (maxillary)	$175.00
D5811	Interim complete denture (mandibular)	$175.00
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	$120.00
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	$120.00
D5850	Tissue conditioning, maxillary	$45.00
D5851	Tissue conditioning, mandibular	$45.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, FIXED (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge)

- *Base metal is the benefit. If noble or high noble metal is used, the Enrollee will be charged the additional amount not to exceed $400.00.*
- *Enrollee is responsible for an additional fee per unit for porcelain not to exceed $200.00*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6210	Pontic - cast high noble metal	$390.00
D6211	Pontic - cast predominantly base metal	$370.00
D6212	Pontic - cast noble metal	$380.00
D6240	Pontic - porcelain fused to high noble metal	$390.00
D6241	Pontic - porcelain fused to predominantly base metal	$370.00
D6242	Pontic - porcelain fused to noble metal	$380.00

CODE	DESCRIPTION	ENROLLEE PAYS
D6243	Pontic - porcelain fused to titanium and titanium alloys	$380.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$150.00
D6549	Resin retainer - for bonded fixed prosthesis	$150.00
D6750	Retainer crown - porcelain fused to high noble metal	$390.00
D6751	Retainer crown - porcelain fused to predominantly base metal	$370.00
D6752	Retainer crown - porcelain fused to noble metal	$380.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$390.00
D6780	Retainer crown – 3/4 cast high noble metal	$390.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$390.00
D6790	Retainer crown - full cast high noble metal	$390.00
D6791	Retainer crown - full cast predominantly base metal	$370.00
D6792	Retainer crown - full cast noble metal	$380.00
D6930	Re-cement or re-bond fixed partial denture	$32.00
D6940	Stress breaker	$75.00
D6950	Precision attachment	$100.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	$25.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$35.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$60.00
D7220	Removal of impacted tooth - soft tissue	$85.00
D7230	Removal of impacted tooth - partially bony	$110.00
D7240	Removal of impacted tooth - completely bony	$150.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$175.00
D7250	Removal of residual tooth roots (cutting procedure)	$85.00
D7251	Coronectomy - intentional partial tooth removal	$175.00
D7280	Exposure of an unerupted tooth	$145.00
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	$60.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$60.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$77.00
D7510	Incision and drainage of abscess - intraoral soft tissue	$46.00
D7520	Incision and drainage of abscess - extraoral soft tissue	$36.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$88.00
D7971	Excision of pericoronal gingiva	$78.00

D8000-D8999 XI. ORTHODONTICS

– *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*

– *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: $200.00

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally

CODE	DESCRIPTION	ENROLLEE PAYS
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	$500.00
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$525.00
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$550.00
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$575.00
D8050	Interceptive orthodontic treatment of the primary dentition	$800.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$900.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$2,200.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$2,200.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$2,200.00
D8210	Removable appliance therapy	$195.00
D8220	Fixed appliance therapy	$175.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$125.00
D8670	Periodic orthodontic treatment visit	$75.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	$200.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	$150.00
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$5.00
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	$28.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$30.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$30.00
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
D9910	Application of desensitizing medicament	$7.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	$7.00
D9932	Cleaning and inspection of removable complete denture, maxillary	$5.00
D9933	Cleaning and inspection of removable complete denture, mandibular	$5.00
D9934	Cleaning and inspection of removable partial denture, maxillary	$5.00
D9935	Cleaning and inspection of removable partial denture, mandibular	$5.00
D9941	Fabrication of athletic mouthguard	$5.00
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$130.00
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$130.00
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$130.00
D9950	Occlusion analysis - mounted case	$100.00

CODE	DESCRIPTION	ENROLLEE PAYS
D9951	Occlusal adjustment, limited	$46.00
D9952	Occlusal adjustment, complete	$119.00
D9974	Internal bleaching - per tooth	$88.00
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	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999 I.	**DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$0.00
D0140	Limited oral evaluation - problem focused	$0.00
D0145	Oral evaluation for a patient under three years of age	$0.00
D0150	Comprehensive oral evaluation - new or established patient	$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0.00
D0171	Re-evaluation – post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	$0.00
D0190	Screening of a patient	$0.00
D0191	Assessment of a patient	$0.00
D0210	Intra-oral complete series - *limited to 1 series per 3-year period*	$0.00
D0220	Intraoral - periapical first radiographic image	$0.00
D0230	Intraoral - periapical each additional radiographic image	$0.00
D0240	Intraoral - occlusal radiographic image	$0.00
D0270	Bitewing - single radiographic image	$0.00
D0272	Bitewings - two radiographic images	$0.00
D0273	Bitewings - three radiographic images	$0.00
D0274	Bitewings - four radiographic images - *limited to 1 series per 6 consecutive months through age 13, and one series per 12 consecutive months for age 14 and older*	$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$0.00
D0330	Panoramic radiographic image – *limited to 1 per 3-year period*	$0.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	$0.00
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	$0.00
D0460	Pulp vitality tests	$0.00
D0470	Diagnostic casts	$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk – *1 every 3 years*	$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk – *1 every 3 years*	$0.00
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS

D1000-D1999 II. PREVENTIVE

- *One additional Prophylaxis in a twelve consecutive month period for Members under the care of a medical professional for pregnancy. Member Copayments on the Schedule of Benefits shall apply.*
- *Space maintainers only eligible for Members through age 18 when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.*

D1110	Prophylaxis *cleaning* - adult - *2 D1110, D1120 or D4346 per plan year*	$0.00
D1120	Prophylaxis *cleaning* - child - *2 D1110, D1120 or D4346 per plan year*	$0.00
D1206	Topical fluoride varnish - *2 per plan year; through age 18*	$0.00
D1208	Topical application of fluoride – excluding varnish - *2 per plan year; through age 18*	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant - *limited to permanent first and second molars through age 15; 1 per tooth per three years*	$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$0.00
D1353	Sealant repair – per *tooth limited to permanent first and second molars through age 15; 1 per tooth per two years*	$0.00
D1354	Interim caries arresting medicament application – per tooth - *2 per plan year; through age 18*	$0.00
D1510	Space maintainer - fixed, unilateral – per quadrant – *through age 18*	$0.00
D1516	Space maintainer - fixed - bilateral, maxillary – *through age 18*	$0.00
D1517	Space maintainer - fixed - bilateral, mandibular – *through age 18*	$0.00
D1520	Space maintainer - removable, unilateral - per quadrant - *through age 18*	$0.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$0.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	$0.00

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures*
- *Replacement of crowns, inlays, onlays, buildups, post and cores requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	$0.00
D2150	Amalgam - two surfaces, primary or permanent	$0.00
D2160	Amalgam - three surfaces, primary or permanent	$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	$0.00
D2330	Resin-based composite - one surface, anterior	$0.00
D2331	Resin-based composite - two surfaces, anterior	$0.00
D2332	Resin-based composite - three surfaces, anterior	$0.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$70.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$60.00
D2393	Resin-based composite - three surfaces, posterior	$72.00
D2394	Resin-based composite - four or more surfaces, posterior	$84.00
D2510	Inlay - metallic - one surface	$60.00
D2520	Inlay - metallic - two surfaces	$100.00
D2530	Inlay - metallic - three or more surfaces	$120.00
D2542	Onlay - metallic - two surfaces	$20.00
D2543	Onlay - metallic - three surfaces	$30.00
D2544	Onlay - metallic - four or more surfaces	$50.00
D2710	Crown - resin-based composite (indirect)	$77.00
D2712	Crown – 3/4 resin-based composite (indirect)	$86.00
D2740	Crown - porcelain/ceramic	$270.00
D2750	Crown - porcelain fused to high noble metal	$276.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2751	Crown - porcelain fused to predominantly base metal	$258.00
D2752	Crown - porcelain fused to noble metal	$270.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$276.00
D2780	Crown – 3/4 cast high noble metal	$228.00
D2781	Crown – 3/4 cast predominantly base metal	$228.00
D2782	Crown – 3/4 cast noble metal	$228.00
D2783	Crown – 3/4 porcelain/ceramic	$228.00
D2790	Crown - full cast high noble metal	$228.00
D2791	Crown - full cast predominantly base metal	$258.00
D2792	Crown - full cast noble metal	$264.00
D2794	Crown - titanium and titanium alloys	$290.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations	$15.00
D2920	Re-cement or re-bond crown	$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	$70.00
D2930	Prefabricated stainless steel crown - primary tooth - *anterior primary tooth*	$48.00
D2931	Prefabricated stainless steel crown - permanent tooth	$56.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$48.00
D2940	Protective restoration	$0.00
D2941	Interim therapeutic restoration – primary dentition	$0.00
D2949	Restorative foundation for an indirect restoration	$100.00
D2950	Core buildup, including any pins when required	$100.00
D2951	Pin retention - per tooth, in addition to restoration	$10.00
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	$108.00
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	$45.00
D2954	Prefabricated post and core in addition to crown - *includes canal preparation*	$108.00
D2957	Each additional prefabricated post - same tooth - *includes canal preparation*	$45.00
D2971	Additional procedures to construct new crown under existing partial denture framework	$25.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	$0.00
D3120	Pulp cap - indirect (excluding final restoration)	$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$25.00
D3221	Pulpal debridement, primary and permanent teeth	$15.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - *through age five on primary anterior teeth and through age 11 on primary posterior teeth*	$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) - *through age five on primary anterior teeth and through age 11 on primary posterior teeth*	$55.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration) - *one per tooth per lifetime*	$108.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration) - *one per tooth per lifetime*	$144.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration) - *one per tooth per lifetime*	$198.00
D3346	Retreatment of previous root canal therapy – anterior - *one per tooth per lifetime*	$198.00
D3347	Retreatment of previous root canal therapy – premolar - *one per tooth per lifetime*	$234.00
D3348	Retreatment of previous root canal therapy – molar - *one per tooth per lifetime*	$288.00

CODE	DESCRIPTION	ENROLLEE PAYS
D3410	Apicoectomy - anterior	$107.00
D3421	Apicoectomy - premolar (first root)	$107.00
D3425	Apicoectomy - molar (first root)	$107.00
D3426	Apicoectomy (each additional root)	$41.00
D3427	Periradicular surgery without apicoectomy	$107.00
D3450	Root amputation, per root	$50.00
D3920	Hemisection (including any root removal), not including root canal therapy	$41.00

D4000-D4999 V. PERIODONTICS

– *Surgical periodontal procedures – one per 24 consecutive month period per area of the mouth.*
– *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	$125.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$50.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$0.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$54.00
D4245	Apically positioned flap	$110.00
D4249	Clinical crown lengthening - hard tissue - *one per tooth per lifetime*	$105.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$210.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$110.00
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	$115.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$45.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant or edentulous tooth position in graft	$100.00
D4276	Combined connective tissue and double pedicle graft, per tooth	$100.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$100.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$100.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$60.00
D4320	Provisional splinting - intracoronal	$40.00
D4321	Provisional splinting - extracoronal	$40.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$16.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *2 D1110, D1120 or D4346 per plan year*	$0.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit- *limited to 1 treatment in any 12 consecutive months*	$50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$100.00
D4910	Periodontal maintenance - *limited to 2 treatments per plan year*	$30.00
D4921	Gingival irrigation – per quadrant	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	$264.00
D5120	Complete denture - mandibular	$264.00
D5130	Immediate denture - maxillary	$288.00
D5140	Immediate denture - mandibular	$288.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$174.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$174.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$270.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$270.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$174.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$174.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$270.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$270.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$350.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$350.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	$78.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	$78.00
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	$78.00
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	$78.00
D5410	Adjust complete denture - maxillary	$7.00
D5411	Adjust complete denture - mandibular	$7.00
D5421	Adjust partial denture - maxillary	$7.00
D5422	Adjust partial denture - mandibular	$7.00
D5511	Repair broken complete denture base, mandibular	$21.00
D5512	Repair broken complete denture base, maxillary	$21.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$28.00
D5611	Repair resin partial denture base, mandibular	$23.00
D5612	Repair resin partial denture base, maxillary	$23.00
D5621	Repair cast partial framework, mandibular	$33.00
D5622	Repair cast partial framework, maxillary	$33.00
D5630	Repair or replace broken retentive/clasping materials – per tooth	$23.00
D5640	Replace broken teeth - per tooth	$18.00
D5650	Add tooth to existing partial denture	$23.00
D5660	Add clasp to existing partial denture – per tooth	$33.00

CODE	DESCRIPTION	ENROLLEE PAYS
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$147.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$147.00
D5710	Rebase complete maxillary denture	$55.00
D5711	Rebase complete mandibular denture	$55.00
D5720	Rebase maxillary partial denture	$48.00
D5721	Rebase mandibular partial denture	$48.00
D5730	Reline complete maxillary denture (chairside)	$40.00
D5731	Reline complete mandibular denture (chairside)	$40.00
D5740	Reline maxillary partial denture (chairside)	$40.00
D5741	Reline mandibular partial denture (chairside)	$40.00
D5750	Reline complete maxillary denture (laboratory)	$55.00
D5751	Reline complete mandibular denture (laboratory)	$55.00
D5760	Reline maxillary partial denture (laboratory)	$55.00
D5761	Reline mandibular partial denture (laboratory)	$55.00
D5810	Interim complete denture (maxillary)	$125.00
D5811	Interim complete denture (mandibular)	$125.00
D5820	Interim partial denture (maxillary) *limited to 1 in any 12 consecutive months*	$105.00
D5821	Interim partial denture (mandibular) *limited to 1 in any 12 consecutive months*	$105.00
D5850	Tissue conditioning, maxillary	$25.00
D5851	Tissue conditioning, mandibular	$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

– Replacement of a crown, fixed denture or retainer requires the existing unit to be 5+ years old.

D6010	Surgical placement of implant body: endosteal implant	$1,983.00
D6011	Second stage implant surgery	$0.00
D6013	Surgical placement of mini implant	$991.50
D6040	Surgical placement: eposteal implant	$1,983.00
D6050	Surgical placement: transosteal implant	$1,783.00
D6058	Abutment supported porcelain/ceramic crown	$1,030.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$1,030.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$970.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$985.00
D6062	Abutment supported cast metal crown (high noble metal)	$1,036.00
D6063	Abutment supported cast metal crown (predominantly base metal)	$925.00
D6064	Abutment supported cast metal crown (noble metal)	$985.00
D6065	Implant supported porcelain/ceramic crown	$1,030.00
D6066	Implant supported crown – porcelain fused to high noble alloys	$1,030.00
D6067	Implant supported crown – high noble alloys	$1,036.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	$54.00
D6082	Implant supported crown – porcelain fused to predominantly base alloys	$970.00
D6083	Implant supported crown – porcelain fused to noble alloys	$985.00
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	$987.00
D6085	Provisional implant crown	$0.00
D6086	Implant supported crown – predominantly base alloys	$925.00
D6087	Implant supported crown – noble alloys	$985.00
D6088	Implant supported crown – titanium and titanium alloys	$987.00
D6092	Re-cement or re-bond implant/abutment supported crown	$66.00
D6094	Abutment supported crown - titanium and titanium alloys	$987.00
D6095	Repair implant abutment, by report	$166.00
D6096	Remove broken implant retaining screw	$66.00

CODE	DESCRIPTION	ENROLLEE PAYS
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	$987.00
D6100	Implant removal, by report	$172.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	$54.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	$110.00
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	$115.00
D6104	Bone graft at time of implant placement	$115.00

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

– *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6205	Pontic - indirect resin based composite	$290.00
D6210	Pontic - cast high noble metal	$276.00
D6211	Pontic - cast predominantly base metal	$258.00
D6212	Pontic - cast noble metal	$264.00
D6214	Pontic - titanium and titanium alloys	$297.00
D6240	Pontic - porcelain fused to high noble metal	$276.00
D6241	Pontic - porcelain fused to predominantly base metal	$258.00
D6242	Pontic - porcelain fused to noble metal	$264.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$264.00
D6245	Pontic - porcelain/ceramic	$258.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$150.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$100.00
D6614	Retainer onlay - cast noble metal, two surfaces	$125.00
D6710	Retainer crown - indirect resin based composite	$290.00
D6740	Retainer crown - porcelain/ceramic	$258.00
D6750	Retainer crown - porcelain fused to high noble metal	$276.00
D6751	Retainer crown - porcelain fused to predominantly base metal	$258.00
D6752	Retainer crown - porcelain fused to noble metal	$264.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$276.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$276.00
D6790	Retainer crown - full cast high noble metal	$276.00
D6791	Retainer crown - full cast predominantly base metal	$258.00
D6792	Retainer crown - full cast noble metal	$264.00
D6794	Retainer crown - titanium and titanium alloys	$290.00
D6930	Re-cement or re-bond fixed partial denture	$17.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

– *Oral surgery services are limited to surgical exposure of teeth, removal of teeth, preparation of the mouth for dentures, removal of tooth generated cysts up to 1.25 cm., frenectomy and crown lengthening.*

D7111	Extraction, coronal remnants - primary tooth	$8.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$20.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$27.00
D7220	Removal of impacted tooth - soft tissue	$45.00
D7230	Removal of impacted tooth - partially bony	$55.00
D7240	Removal of impacted tooth - completely bony	$65.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$80.00

CODE	DESCRIPTION	ENROLLEE PAYS
D7250	Removal of residual tooth roots (cutting procedure)	$35.00
D7251	Coronectomy – intentional partial tooth removal	$65.00
D7280	Exposure of an unerupted tooth	$52.00
D7283	Placement of device to facilitate eruption of impacted tooth	$13.00
D7285	Incisional biopsy of oral tissue - hard - *does not include pathology laboratory procedures*	$35.00
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	$28.00
D7288	Brush biopsy - transepithelial sample collection	$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$23.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$30.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$30.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$60.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$60.00
D7472	Removal of torus palatinus	$60.00
D7473	Removal of torus mandibularis	$60.00
D7485	Reduction of osseous tuberosity	$60.00
D7510	Incision and drainage of abscess – intraoral soft tissue	$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$53.00
D7963	Frenuloplasty	$27.00
D7972	Surgical reduction of fibrous tuberosity	$60.00

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*
- *Comprehensive orthodontic treatment plan – one per lifetime*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: $150.00

D0210 Intraoral - complete series of radiographic images
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0340 2D cephalometric radiographic image – acquisition, measurement and analysis
D0350 2D oral/facial photographic image obtained intraorally or extra-orally
D0351 3D photographic image
D0470 Diagnostic casts

The benefit for post-treatment records includes: $100.00

D0210 Intraoral - complete series of radiographic images
D0470 Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	$380.00
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$405.00
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$430.00
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$455.00

CODE	DESCRIPTION	ENROLLEE PAYS
D8050	Interceptive orthodontic treatment of the primary dentition	$650.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$750.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$1,950.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$2,200.00
D8210	Removable appliance therapy	$390.00
D8220	Fixed appliance therapy	$370.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	$150.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	$0.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$15.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$20.00
D9211	Regional block anesthesia	$26.00
D9212	Trigeminal division block anesthesia	$15.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	$18.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$0.00
D9222	Deep sedation/general anesthesia - first 15 minutes	$103.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$103.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$100.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$100.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$20.00
D9311	Consultation with medical health care professional	$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0.00
D9440	Office visit - after regularly scheduled hours	$30.00
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9630	Drugs or medicaments dispensed in the office for home use	$20.00
D9932	Cleaning and inspection of removable complete denture, maxillary	$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	$0.00
D9951	Occlusal adjustment, limited	$20.00
D9952	Occlusal adjustment, complete	$45.00
D9990	Certified translation or sign-language services – per visit	$0.00
D9991	Dental case management - addressing appointment compliance barriers	$0.00
D9992	Dental case management - care coordination	$0.00
D9995	Teledentistry - synchronous; real-time encounter	$0.00
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	$0.00
D9997	Dental case management – patients with special health care needs	$0.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

[[AS1]SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$0.00
D0140	Limited oral evaluation - problem focused	$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0.00
D0150	Comprehensive oral evaluation - new or established patient	$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0.00
D0171	Re-evaluation - post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	$40.00
D0190	Screening of a patient	$0.00
D0191	Assessment of a patient	$0.00
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	$0.00
D0220	Intraoral - periapical first radiographic image	$0.00
D0230	Intraoral - periapical each additional radiographic image	$0.00
D0240	Intraoral - occlusal radiographic image	$0.00
D0270	Bitewing - single radiographic image	$0.00
D0272	Bitewings - two radiographic images	$0.00
D0273	Bitewings three radiographic images	$0.00
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$0.00
D0330	Panoramic radiographic image	$0.00
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	$0.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp vitality tests	$11.00
D0470	Diagnostic casts	$0.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	$0.00
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	$0.00

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult – *limited to 2 D1110, D1120 or D4346 per calendar year*	$0.00
D1110	*Additional prophylaxis cleaning - adult (within the 12 month period)*	*$45.00*
D1120	Prophylaxis cleaning - child - *limited to 2 D1110, D1120 or D4346 per calendar year*	$0.00
D1120	*Additional prophylaxis cleaning - child (within the 12 month period)*	*$30.00*
D1206	Topical application of fluoride varnish - *child to age 19; 2 D1206 or D1208 per calendar year*	$0.00
D1208	Topical application of fluoride - excluding varnish - *child to age 19; 2 D1206 or D1208 per calendar year*	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$15.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$15.00
D1354	Interim caries arresting medicament application - per tooth *child to age 19; 2 per calendar year*	$0.00
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
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$0.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	$95.00

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $130.00 per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	$16.00
D2150	Amalgam - two surfaces, primary or permanent	$21.00
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
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	$410.00
D2520	Inlay - metallic - two surfaces	$410.00
D2530	Inlay - metallic - three or more surfaces	$410.00
D2542	Onlay - metallic - two surfaces	$470.00
D2543	Onlay - metallic - three surfaces	$470.00
D2544	Onlay - metallic - four or more surfaces	$470.00
D2740	Crown - porcelain/ceramic	$505.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2750	Crown - porcelain fused to high noble metal	$460.00
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
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
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$41.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$41.00
D2920	Re-cement or re-bond crown	$41.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	$80.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	$98.00
D2930	Prefabricated stainless steel crown - primary tooth	$98.00
D2931	Prefabricated stainless steel crown - permanent tooth	$98.00
D2932	Prefabricated resin crown - anterior primary tooth	$120.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	$145.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$145.00
D2940	Protective restoration	$13.00
D2941	Interim therapeutic restoration - primary dentition	$13.00
D2949	Restorative foundation for an indirect restoration	$98.00
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 - includes canal preparation	$155.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	$130.00
D2960	Labial veneer (resin laminate) – chairside	$95.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	$15.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	$33.00
D3120	Pulp cap - indirect (excluding final restoration)	$33.00
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
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$78.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$315.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$370.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$505.00
D3331	Treatment of root canal obstruction; non-surgical access	$135.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$135.00
D3333	Internal root repair of perforation defects	$135.00
D3346	Retreatment of previous root canal therapy - anterior	$420.00
D3347	Retreatment of previous root canal therapy - premolar	$475.00
D3348	Retreatment of previous root canal therapy - molar	$605.00
D3410	Apicoectomy - anterior	$375.00
D3421	Apicoectomy - premolar (first root)	$405.00
D3425	Apicoectomy - molar (first root)	$430.00
D3426	Apicoectomy (each additional root)	$145.00
D3427	Periradicular surgery without apicoectomy	$375.00
D3430	Retrograde filling - per root	$100.00

CODE	DESCRIPTION	ENROLLEE PAYS

D4000-D4999 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	$120.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$120.00
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	$295.00
D4249	Clinical crown lengthening - hard tissue	$325.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$595.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$310.00
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
D4266	Guided tissue regeneration - resorbable barrier, per site	$380.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	$430.00
D4270	Pedicle soft tissue graft procedure	$395.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant or edentulous tooth position in graft	$395.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$395.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$198.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$237.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$110.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$61.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *limited to 2 D1110, D1120 or D4346 per calendar year*	$0.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$83.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$45.00
D4910	Periodontal maintenance - *limited to 2 per calendar year*	$78.00
D4921	Gingival irrigation - per quadrant	$0.00

D5000-D5899 VI. PROSTHODONTICS (removable)

– *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

CODE	DESCRIPTION	ENROLLEE PAYS

– *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
– *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

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
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 any retentive/clasping materials, rests and teeth)	$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$640.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$410.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$410.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$640.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$640.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$410.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$410.00
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
D5611	Repair resin partial denture base, mandibular	$65.00
D5612	Repair resin partial denture base, maxillary	$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	$82.00
D5640	Replace broken teeth - per tooth	$65.00
D5650	Add tooth to existing partial denture	$65.00
D5660	Add clasp to existing partial denture - per tooth	$82.00
D5710	Rebase complete maxillary denture	$195.00
D5711	Rebase complete mandibular denture	$195.00
D5720	Rebase maxillary partial denture	$195.00
D5721	Rebase mandibular partial denture	$195.00
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
D5810	Interim complete denture (maxillary)	$295.00
D5811	Interim complete denture (mandibular)	$295.00
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	$235.00
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	$235.00

CODE	DESCRIPTION	ENROLLEE PAYS

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $130.00 per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

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	$430.00
D6245	Pontic - porcelain/ceramic	$450.00
D6602	Retainer inlay - cast high noble metal, two surfaces	$460.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$460.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$405.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$405.00
D6606	Retainer inlay - cast noble metal, two surfaces	$430.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	$430.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$460.00
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
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	$460.00
D6634	Retainer onlay – titanium	$460.00
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
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
D6794	Retainer crown – titanium and titanium alloys	$460.00
D6930	Re-cement or re-bond fixed partial denture	$62.00

D7000-D7999 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
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

CODE	DESCRIPTION	ENROLLEE PAYS
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	$315.00
D7261	Primary closure of a sinus perforation	$315.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$155.00
D7280	Exposure of an unerupted tooth	$185.00
D7283	Placement of device to facilitate eruption of impacted tooth	$44.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$155.00
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	$120.00
D7287	Exfoliative cytological sample collection	$67.00
D7288	Brush biopsy - transepithelial sample collection	$67.00
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	$50.00
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	$66.00
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
D7485	Reduction of osseous tuberosity	135.00
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
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$11.00
D7963	Frenuloplasty	$17.00

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: $0.00

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally
D0351	3D photographic image
D0470	Diagnostic casts

CODE	DESCRIPTION	ENROLLEE PAYS
	The benefit for post-treatment records includes:	$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8050	Interceptive orthodontic treatment of the primary dentition	$1,148.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$1,401.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$2,774.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$2,774.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$3,590.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$61.00
D8670	Periodic orthodontic treatment visit	$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	$345.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session and records*	$175.00
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$45.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$0.00
D9222	Deep sedation/general anesthesia - first 15 minutes	$73.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$73.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	$73.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$73.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$0.00
D9311	Consultation with medical health care professional	$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0.00
D9440	Office visit - after regularly scheduled hours	$70.00
D9450	Case presentation, detailed and extensive treatment planning	$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary	$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	$0.00
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9951	Occlusal adjustment, limited	$50.00
D9952	Occlusal adjustment, complete	$260.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	$165.00
D9990	Certified translation or sign-language services - per visit	$0.00
D9991	Dental case management - addressing appointment compliance barriers	$0.00
D9992	Dental case management - care coordination	$0.00
D9995	Teledentistry - synchronous; real-time encounter	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	$0.00
D9997	Dental case management – patients with special health care needs	$0.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**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	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 36 months*	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
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental 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 - *limited to 2 series every 12 months*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - *limited to 1 every 36 months*	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No Cost
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	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 - *available only when performed in conjunction with a covered biopsy*	No Cost
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult - *3 D1110, D1120 or D4346 per 12 month period*	No Cost
D1120	Prophylaxis cleaning - child - *3 D1110, D1120 or D4346 per 12 month period*	No Cost
D1206	Topical application of fluoride varnish - *3 D1206 or D1208 per 12 month period*	No Cost
D1208	Topical application of fluoride - excluding varnish - *3 D1206 or D1208 per 12 month period*	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to 1 per tooth per 3 years for permanent molars through age 15*	No Cost
D1354	Interim caries arresting medicament application – per tooth *3 per 12 month period*	No Cost
D1510	Space maintainer - fixed, unilateral – per quadrant	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular	No Cost
D1520	Space maintainer - removable, unilateral – per quadrant	No Cost
D1526	Space maintainer - removable - bilateral, maxillary	No Cost
D1527	Space maintainer - removable - bilateral, mandibular	No Cost
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	No Cost
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	No Cost
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	No Cost
D1556	Removal of fixed unilateral space maintainer – per quadrant	No Cost
D1557	Removal of fixed bilateral space maintainer – maxillary	No Cost
D1558	Removal of fixed bilateral space maintainer – mandibular	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	No Cost

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional $125.00 per crown, beyond the 6th unit.*
- *The cost for the use of porcelain, noble, high noble or titanium metal is included in the listed copayment.*

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	$85.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2392	Resin-based composite - two surfaces, posterior	$109.00
D2393	Resin-based composite - three surfaces, posterior	$133.00
D2394	Resin-based composite - four or more surfaces, posterior	$140.00
D2510	Inlay - metallic - one surface	$20.00
D2520	Inlay - metallic - two surfaces	$145.00
D2530	Inlay - metallic - three or more surfaces	$145.00
D2542	Onlay - metallic - two surfaces	$145.00
D2543	Onlay - metallic - three surfaces	$145.00
D2544	Onlay - metallic - four or more surfaces	$145.00
D2610	Inlay - porcelain/ceramic - one surface	$145.00
D2620	Inlay - porcelain/ceramic - two surfaces	$145.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	$145.00
D2642	Onlay - porcelain/ceramic - two surfaces	$145.00
D2643	Onlay - porcelain/ceramic - three surfaces	$145.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	$145.00
D2650	Inlay - resin-based composite - one surface	$145.00
D2651	Inlay - resin-based composite - two surfaces	$145.00
D2652	Inlay - resin-based composite - three or more surfaces	$145.00
D2662	Onlay - resin-based composite - two surfaces	$145.00
D2663	Onlay - resin-based composite - three surfaces	$145.00
D2664	Onlay - resin-based composite - four or more surfaces	$145.00
D2710	Crown - resin-based composite (indirect)	$20.00
D2712	Crown – 3/4 resin-based composite (indirect)	$20.00
D2720	Crown - resin with high noble metal	$165.00
D2721	Crown - resin with predominantly base metal	$40.00
D2722	Crown - resin with noble metal	$165.00
D2740	Crown - porcelain/ceramic	$30.00
D2750	Crown - porcelain fused to high noble metal	$165.00
D2751	Crown - porcelain fused to predominantly base metal	$40.00
D2752	Crown - porcelain fused to noble metal	$165.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$165.00
D2780	Crown – 3/4 cast high noble metal	$165.00
D2781	Crown – 3/4 cast predominantly base metal	$40.00
D2782	Crown – 3/4 cast noble metal	$165.00
D2783	Crown – 3/4 porcelain/ceramic	$30.00
D2790	Crown - full cast high noble metal	$165.00
D2791	Crown - full cast predominantly base metal	$40.00
D2792	Crown - full cast noble metal	$165.00
D2794	Crown - titanium and titanium alloys	$40.00
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - anterior primary tooth	No Cost
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	No Cost
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	No Cost
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	No Cost
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	$10.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	No Cost
D2955	Post removal	No Cost
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	$10.00
D2960	Labial veneer (resin laminate) - chairside - *limited to replacement of significant tooth structure loss due to caries or fracture*	$250.00
D2961	Labial veneer (resin laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	$300.00
D2962	Labial veneer (porcelain laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	$350.00
D2971	Additional procedures to construct new crown under existing partial denture framework	$25.00
D2980	Crown repair necessitated by restorative material failure	No Cost

D3000-D3999 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	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$20.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$30.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$40.00
D3331	Treatment of root canal obstruction; non-surgical access	$40.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$35.00
D3333	Internal root repair of perforation defects	$40.00
D3346	Retreatment of previous root canal therapy - anterior - *limited to 1 per tooth per lifetime*	No Cost
D3347	Retreatment of previous root canal therapy - premolar - *limited to 1 per tooth per lifetime*	No Cost
D3348	Retreatment of previous root canal therapy - molar - *limited to 1 per tooth per lifetime*	No Cost
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - premolar (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost
D3910	Surgical procedure for isolation of tooth with rubber dam	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost
D3950	Canal preparation and fitting of preformed dowel or post	No Cost

D4000-D4999 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	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4245	Apically positioned flap	No Cost
D4249	Clinical crown lengthening - hard tissue - *limited to 1 per tooth per lifetime*	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	No Cost
D4263	Bone replacement graft - retained natural tooth - first site in quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	$120.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	$92.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) - *limited to 1 per 36 consecutive month period, per quadrant*	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 24 consecutive months*	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 24 consecutive months*	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *3 D1110, D1120 or D4346 per 12 month period*	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$43.00
D4910	Periodontal maintenance - *following active periodontal therapy are limited to 2 treatments each 12 month period in combination with routine prophylaxis*	No Cost
D4999	Periodontal charting for planning treatment of periodontal disease	No Cost
D4999	Periodontal hygiene instruction	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments, tissue conditioning, relines or rebases, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Subsequent denture relines or rebases are limited to 1 per denture during any 36 consecutive months thereafter.*

D5110	Complete denture - maxillary	$50.00
D5120	Complete denture - mandibular	$50.00
D5130	Immediate denture - maxillary	$50.00
D5140	Immediate denture - mandibular	$50.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$50.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$50.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$55.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$55.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$50.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	$50.00

CODE	DESCRIPTION	ENROLLEE PAYS
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$55.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	$55.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$63.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$63.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	$25.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	$25.00
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) – per quadrant	$25.00
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) – per quadrant	$25.00
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$36.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$36.00
D5710	Rebase complete maxillary denture	No Cost
D5711	Rebase complete mandibular denture	No Cost
D5720	Rebase maxillary partial denture	No Cost
D5721	Rebase mandibular partial denture	No Cost
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	$15.00
D5751	Reline complete mandibular denture (laboratory)	$15.00
D5760	Reline maxillary partial denture (laboratory)	$15.00
D5761	Reline mandibular partial denture (laboratory)	$15.00
D5810	Interim complete denture (maxillary)	$50.00
D5811	Interim complete denture (mandibular)	$50.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	$50.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	$50.00
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost
D5862	Precision attachment, by report	$160.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

CODE	DESCRIPTION	ENROLLEE PAYS

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a retainer crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $125.00 per unit, beyond the 6th unit.*
- *The cost for the use of porcelain, noble, high noble or titanium metal is included in the listed copayment.*

D6205	Pontic - indirect resin based composite	$40.00
D6210	Pontic - cast high noble metal	$165.00
D6211	Pontic - cast predominantly base metal	$40.00
D6212	Pontic - cast noble metal	$165.00
D6214	Pontic - titanium and titanium alloys	$40.00
D6240	Pontic - porcelain fused to high noble metal	$165.00
D6241	Pontic - porcelain fused to predominantly base metal	$40.00
D6242	Pontic - porcelain fused to noble metal	$165.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$165.00
D6245	Pontic - porcelain/ceramic	$40.00
D6250	Pontic - resin with high noble metal	$165.00
D6251	Pontic - resin with predominantly base metal	$40.00
D6252	Pontic - resin with noble metal	$165.00
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$40.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	$145.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	$145.00
D6602	Retainer inlay - cast high noble metal, two surfaces	$165.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$165.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$40.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$40.00
D6606	Retainer inlay - cast noble metal, two surfaces	$165.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	$165.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$145.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$145.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$165.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$165.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$40.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$40.00
D6614	Retainer onlay - cast noble metal, two surfaces	$165.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	$165.00
D6710	Retainer crown - indirect resin based composite	$40.00
D6720	Retainer crown - resin with high noble metal	$165.00
D6721	Retainer crown - resin with predominantly base metal	$40.00
D6722	Retainer crown - resin with noble metal	$165.00
D6740	Retainer crown - porcelain/ceramic	$40.00
D6750	Retainer crown - porcelain fused to high noble metal	$165.00
D6751	Retainer crown - porcelain fused to predominantly base metal	$40.00
D6752	Retainer crown - porcelain fused to noble metal	$165.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$165.00
D6780	Retainer crown – 3/4 cast high noble metal	$165.00
D6781	Retainer crown – 3/4 cast predominantly base metal	$40.00
D6782	Retainer crown – 3/4 cast noble metal	$165.00
D6783	Retainer crown – 3/4 porcelain/ceramic	$40.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$165.00
D6790	Retainer crown - full cast high noble metal	$165.00
D6791	Retainer crown - full cast predominantly base metal	$40.00
D6792	Retainer crown - full cast noble metal	$165.00
D6794	Retainer crown - titanium and titanium alloys	$40.00
D6930	Re-cement or re-bond fixed partial denture	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D6940	Stress breaker	$110.00
D6950	Precision attachment	$195.00
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*
- *Extractions solely for orthodontic purposes are not covered.*
- *Removal of asymptomatic third molars is not covered.*

D7111	Extraction, coronal remnants - primary tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) - *does not include pathology laboratory procedures*	No Cost
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	No Cost
D7287	Exfoliative cytological sample collection	$45.00
D7288	Brush biopsy - transepithelial sample collection	$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$15.00
D7520	Incision and drainage of abscess - extraoral soft tissue	No Cost
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$15.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost
D7963	Frenuloplasty	No Cost
D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*
- *Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's usual fee.*

CODE	DESCRIPTION	ENROLLEE PAYS
Pre and post orthodontic records include:		
The benefit for pre-treatment records and diagnostic services includes:		$100.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		$65.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$1,000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$1,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$1,250.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	No Cost
D8670	Periodic orthodontic treatment visit - *included in comprehensive case fee*	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	$240.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	$100.00
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9120	Fixed partial denture sectioning	No Cost
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	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	$68.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$68.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$15.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$42.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$42.00
D9248	Non-intravenous conscious sedation	$15.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	$40.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9610	Therapeutic parenteral drug, single administration	$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$25.00
D9630	Drugs or medicaments dispensed in the office for home use	$15.00
D9910	Application of desensitizing medicament	$15.00
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9942	Repair and/or reline of occlusal guard	$40.00
D9943	Occlusal guard adjustment	$10.00

CODE	DESCRIPTION	ENROLLEE PAYS
D9944	Occlusal guard - hard appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	$85.00
D9945	Occlusal guard - soft appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	$85.00
D9946	Occlusal guard - hard appliance, partial arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	$85.00
D9951	Occlusal adjustment, limited	No Cost
D9952	Occlusal adjustment, complete	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	$125.00
D9986	Missed appointment - *without 24 hour notice*	$25.00
D9987	Canceled appointment - *if less than 24 hour notice, See D9986*	No Cost
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us. The Enrollee pays the Copayment specified for such services.

[SCHEDULE B[IR1]

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional [$75.00 - $150.00] above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. Benefits provided by a contract pediatric Dentist are available at 75% of the Contract Specialist's Filed Fees. Referral by the assigned Contract Dentist is required before services are rendered.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

7. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed on Schedule A, Description of Benefits and Copayments.

[8. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975, (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally

missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of an out-of-network dental specialist, unless expressly authorized by us except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.

15. Changes in orthodontic treatment necessitated by accident of any kind.

16. Myofunctional and parafunctional appliances and/or therapies.

17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

19. Any part of a preventive or soft tissue management program which is not a listed covered service on Schedule A, Description of Benefits and Copayments.

20. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.]

SCHEDULE B[IR1]

LIMITATIONS OF BENEFITS

1. Prophylaxis is limited to [one-three] treatment[s] each [six-twelve] month period (includes periodontal maintenance).

2. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed [one-three] each in any [three-five] year period from initial placement.

3. Partial dentures are not to be replaced within any [three-five] year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.

4. Crowns and fixed partial dentures (bridges) are not to be replaced within any [three-five] year period from initial placement.

5. Denture relines are limited to [one per denture during any 12 consecutive months].

6. Periodontal treatments (scaling and root planing) are limited to [four quadrants during any 12 consecutive months].

7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period.

8. Bitewing x-rays are limited to not more than one series of four films in any six month period.

9. A full mouth x-ray series (including any combination of periapicals or bitewings with a panoramic film) or a series of seven or more vertical bitewings is limited to one series every [12-36] months.

10. Benefits for sealants include the application of sealants only to the occlusal surface of permanent molars for patients through age 15. The teeth must be free from caries or restorations on the occlusal surface. Benefits also include the repair or replacement of a sealant on any tooth within three years of its application by the same Contract Dentist who placed the sealant.

11. Replacement of prosthetic appliances (bridges, partial or full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the [three-five] year limitation for replacement.

12. Coverage is limited to the Benefit customarily provided. Enrollee must pay the difference in cost between the Contract Dentist's usual fees for the covered Benefit and the Optional or more expensive treatment plus any applicable Copayment.

13. Services that are more expensive than the treatment usually provided under accepted dental practice standards or include the use of specialized techniques instead of standard procedures, such as a crown where filling would restore a tooth or an implant in place of a fixed bridge or partial denture to restore a missing tooth, are considered Optional treatment.

14. Composite resin restorations to restore decay or missing tooth structure that extend beyond the enamel layer are limited to anterior teeth (cuspid to cuspid) and facial surfaces of maxillary bicuspids.

15. A fixed partial denture (bridge) is limited to the replacement of permanent anterior teeth provided it is not in connection with a partial denture on the same arch, or duplicates an existing, non-functional bridge and it meets the [three-five] year limitation for replacement.

16. Stayplates, in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period or in children 16 years and under for missing anterior teeth.

17. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

18. Porcelain crowns and porcelain fused to metal crowns on all molars is considered Optional treatment.

19. Fixed bridges used to replace missing posterior teeth are considered Optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered Optional dental treatment. The Enrollee must pay the difference in cost between the Contract Dentist's Filed Fees for the covered procedure and Optional treatment, plus any Copayment for the covered procedure.

20. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed in Schedule A, Description of Benefits and Copayments. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered Benefits.

[21. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

[5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.[AT1]]

[6. Orthodontic treatment is progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous Group sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.[AT2]]

[7. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger[DL3].]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, [or a Contract Orthodontist] except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental [or orthodontic] procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken [and orthodontics] unless qualified for the orthodontic treatment in progress provision.

[14. Lost, stolen or broken orthodontic appliances[AT4].]

[15. Changes in orthodontic treatment necessitated by accident of any kind[AT5]].

16. Myofunctional and parafunctional appliances and/or therapies.

[17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances[AT6].]

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

[19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.[IR7]]

[SCHEDULE[RH1] B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional [$100.00-$150.00] above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan Benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed $325.00 in addition to the listed Copayment. Contact the Customer Service Center at [800-422-4234] if you have questions regarding the additional fee or name brand services.

5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. We will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist.

6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[8. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on Schedule A.

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations or other diagnostic services for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric Dentist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription and over-the-counter drugs.

13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

14. Changes in orthodontic treatment necessitated by accident of any kind.

15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944 (Occlusal guard - hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch) and D9946 (Occlusal guard - hard appliance, partial arch).

16. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

18. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, which are supported either by a natural tooth or dental implant, the Enrollee may be charged an additional [$100.00-$135.00][MS1] above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. When recommending covered crown(s), bridge pontic(s) and/or bridge retainers, which are supported either by a natural tooth or dental implant, Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00][MS2] in addition to the listed Copayment. Contact the Customer Service Center at [800-422-4234][MS3] if you have questions regarding the additional fee or name brand services.

5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[8. Fabrication of athletic mouthguard are limited to once every 12 months.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for:

   a. cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch);, or

   b. conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and implant abutments, and fixed partial dentures (bridges) whether supported by a natural tooth or dental implant.

5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

6. Procedures that may include:

   a. precious metal for removable appliances;

   b. metallic or permanent soft bases for complete dentures;

   c. porcelain denture teeth;

   d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or

   e. personalization and characterization of complete and partial dentures.

7. Procedures that may include:

   a. pre-Implant diagnostic and therapeutic services, which are solely done to facilitate the placement of a dental implant including cone beam CT capture and interpretation, bone grafts and/or sinus augmentation;

   b. post-implant maintenance osseous surgeries and/or bone grafts; and/or

   c. removal of a dental implant and all other services associated with a dental implant, unless listed as a covered Benefit.

8. Consultations for non-covered Benefits.

9. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

11. Prescription drugs.

12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

13. Lost, stolen or broken orthodontic appliances.

14. Changes in orthodontic treatment necessitated by accident of any kind.

15. Myofunctional and parafunctional appliances and/or therapies.

16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

18. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

19. An implant-support prosthesis with one abutment supported by a natural tooth and the second supported by an implant are not covered.

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

3. Fixed bridges used to replace missing posterior teeth are considered Optional Treatment when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The Enrollee must pay the difference in cost between the DeltaCare Dentist's Plan Allowance for the Covered Benefit and the Optional Treatment, plus any Copayment for the Covered Benefit.

4. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

5. If treatment is not required or the Enrollee chooses not to start treatment after the Orthodontist has completed the diagnosis and consultation, the Enrollee will be charged a consultation fee of $25 in addition to diagnostic record fees.

6. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment the Enrollee will not be entitled to a refund of any amounts previously paid. In addition, the Enrollee will be responsible for all payments, up to and including the full Copayment, that is required by the new Contract Orthodontist for completion of the orthodontic treatment.

7. Orthodontic treatment in progress is limited to new DeltaCare® USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[8. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions of Benefits

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental Services for injuries or conditions that may be covered under Worker's Compensation or similar employer liability laws; benefits or services that are available under any federal, state, or municipal government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity; also services provided to the Enrollee without cost by any municipality, county or other political subdivision.

14. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction).

15. Prophylactic removal of impactions (asymptomatic, nonpathological).

16. Dental expenses incurred in connection with any dental or orthodontic procedure started before or after the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

17. Lost, stolen or broken orthodontic appliances.

18. Extractions solely for the purpose of orthodontics

19. Retreatment of orthodontic cases.

20. Surgical procedures incidental to orthodontic treatment.

21. Surgical procedures related to cleft palate, micrognathia or macrognathia.

22. Changes in orthodontic treatment necessitated by accident of any kind.

23. Myofunctional and parafunctional appliances and/or therapies.

24. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

25. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

26. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

SCHEDULE B

LIMITATIONS OF BENEFITS

1. Full mouth x-rays are limited to one set every 24 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.

2. Bitewing x-rays are limited to not more than one series of four films in any six month period.

3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered Benefits.

4. If a biopsy is prior approved by us to an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost.

5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.

6. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.

7. A filling is a Benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.

8. A crown is a Benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year limitation (Limitation #12).

9. A covered metallic inlay, onlay, crown or fixed partial denture (bridge) using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is $100.00 per tooth or pontic. For a cast post and core, the Benefit is for base or noble metal. If the Enrollee elects to have a high noble metal cast post and core instead, the maximum additional cost of this material upgrade is $100.00 per tooth.

10. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is $150.00 per molar.

11. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is $75.00.

12. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:

    a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and

    b. Either of the following:

        - The existing non-functional restoration/bridge/denture was placed five+ or more years prior to its replacement, or
        - If an existing partial denture is less than five+ years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.

13. A direct or indirect pulp cap is a Benefit only on a vital permanent tooth with an open apex or a vital primary tooth.

14. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a Benefit on a permanent tooth.

15. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.

16. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.

17. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.

18. Coverage for the placement of a fixed partial denture (bridge) requires that:

    a. No cantilevered posterior pontic (prosthetic tooth) be included; and

    b. Either of the following:

        - The sole tooth to be replaced in the arch is a permanent tooth, which cannot be replaced by adding another tooth to an existing removable partial denture; or
        - The new bridge would replace an existing, non-functional bridge (see Limitation #12); or
        - Each abutment tooth to be crowned meets Limitation #8.

19. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.

20. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:

    - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture; or
    - The replacement of permanent tooth/teeth for children under 16 years of age.

21. Retained primary teeth shall be covered as primary teeth.

22. Excision of the frenum is a Benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.

23. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

24. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed in Schedule A, Description of Benefits and Copayments. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter the Benefit for other covered services.

25. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

26. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's filed fee for the Optional procedure and the filed fee for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits. Optional procedures include:

- The use of a tooth-colored material when restoring a posterior tooth with a filling, inlay or onlay; and
- Units in a fixed partial denture (bridge) made of porcelain/ceramic, which is not fused to and supported by underlying cast metal.

[27. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

EXCLUSIONS OF BENEFITS

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is paid. Services that are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.

3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.

6. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics unless qualified for the orthodontic treatment in progress provision.

7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities.

8. Dispensing of drugs not normally supplied in a dental facility.

9. Any procedure that in the professional opinion of the Contract Dentist or the dental consultant:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized by us or as cited under Emergency Services. To obtain Authorization, the Enrollee should call the Customer Service Center at [800-422-4234].

11. Consultations for non-covered Benefits.

12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.

13. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

14. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.

15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).

16. An extensive initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA Program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the Benefit for other covered services.

17. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

18. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.

19. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.

20. Treatment required by reason of war declared or undeclared.

21. Any part of a preventive or soft tissue management program which is not a listed covered service in Schedule A, Description of Benefits and Copayments.

22 Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

ORTHODONTIC LIMITATIONS

The DeltaCare USA Program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in Schedule A, Description of Benefits and Copayments and subject to the following:

1. Orthodontic treatment must be provided by the Contract Orthodontist.

2. Benefits cover 24 months of active comprehensive orthodontic treatment. Included is the initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustment to retainers and office visits for a maximum of two years.

3. Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee not to exceed $75.00 per month.

4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not us will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of $2,800.00 for covered dependent children to age 19 and $3,000.00 for covered adults and dependent children to age 23. The amount will be prorated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist.

5. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual and customary fee.

6. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayments amount as for fixed appliances.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

ORTHODONTIC EXCLUSIONS

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.

2. Lost, stolen or broken orthodontic appliances.

3. Retreatment of orthodontic cases.

4. Surgical procedures incidental to orthodontic treatment.

6. Myofunctional therapy.

7. Surgical procedures related to cleft palate, micrognathia, or macrognathia.

8. Treatment related to temporomandibular joint disturbances.

9. Supplemental appliances not routinely used in typical comprehensive orthodontics.

10. Restorative work caused by orthodontic treatment.

11. Phase I orthodontics, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

12. Extractions solely for the purpose of orthodontics.

13. Treatment in progress at inception of eligibility unless qualified for the orthodontic treatment in progress provision.

14. Transfer after banding has been initiated.

15. Composite bands, lingual adaptation of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

16. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

3. Benefits provided by a contract pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

4. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

5. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, elective, or aesthetic dentistry, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the one-time orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.

15. Changes in orthodontic treatment necessitated by accident of any kind.

16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944 (Occlusal guard - hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch) and D9946 (Occlusal guard - hard appliance, partial arch).

17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

SCHEDULE B[IR1]

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Administration of I.V. sedation or general anesthesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more soft tissue, partial or full bony impactions (Procedures D7220, D7230, D7240, and D7241).

3. Benefits provided by a contract pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination the Enrollee is receiving orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination, except:

   a. If an Enrollee is receiving ongoing orthodontic treatment at the time of termination, we will continue to provide orthodontic Benefits for:

      - 60 days if the Enrollee is making monthly payments to the Contract Orthodontist, or

      - until the later of 60 days or the end of the quarter in progress, if the Enrollee is making quarterly payments to the Contract Orthodontist.

   At the end of 60 days (or at the end of the quarter), the Enrollee's obligation will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount over the number of months remaining in the initial 24 months of treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

5. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

6. Frequently, several alternate methods exist to treat a dental condition. For example, a tooth can be restored with a crown or a filling, and missing teeth can be replaced either with a fixed bridge or a partial denture. We will make payment based upon the allowance for the less expensive procedure, provided that the less expensive procedure meets accepted standards of dental treatment. Our decision does not commit You to the less expensive procedure. However, if You and the Dentist choose the more expensive procedure, You are responsible for the additional charges beyond those paid or allowed by us.

[7. Fabrication of athletic mouthguard is limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. As determined by the treating provider not acting on our behalf, services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel or required as the result of orthognathic surgery.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost, stolen or damaged appliances including, but not limited to, prosthetic device, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges) or any duplicative device.

6. For replacement of existing dentures that are, or can be made serviceable.

7. For prosthetic reconstruction or other services which require a prosthodontist.

8. For assistance at surgery.

9. Procedures, appliances or restoration solely for the purpose of changing vertical dimension, including but not limited, to full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

10. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

11. For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include, but are not limited to, such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex muscles, nerves and other tissues related to that joint.

12. Consultations for non-covered Benefits.

13. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

14. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

15. Prescription drugs or nonprescription drugs, home care items, vitamins or dietary supplements.

16. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program or after the termination date of coverage. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.

17. As determined by the treating provider not acting on our behalf, for elective procedures, including prophylactic extractions of third molars.

18. For the following, which are not included as orthodontic Benefits: retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, replacement of lost or stolen appliances, special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of 24 months.

19. Specialist or orthodontic treatment resulting from a prohibited referral. A prohibited referral is when the Contract Dentist directs an Enrollee to seek specialist or orthodontic care from another dental facility where a) the Contract Dentist owns a beneficial interest in the practice; b) the Contract Dentist's immediate family owns a beneficial interest of 3 percent or greater in the practice; or c) the Contract Dentist, the Contract Dentist's immediate family or a combination of the Contract Dentist and his or her immediate family has a compensation arrangement with the practice.

20. For broken appointments.

21. Dental conditions that are the responsibility of Worker's Compensation or employer's liability insurance. The DeltaCare USA Benefits would be in excess to the third party benefits and therefore, we would have the right of recovery for any Benefits paid in excess.

22. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the armed forces of any country or international authority.

23. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

[SCHEDULE[AS1] B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $130 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[7. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.

15. Changes in orthodontic treatment necessitated by accident of any kind.

16. Myofunctional and parafunctional appliances and/or therapies.

17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.]

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $125.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7220, D7230, D7240 and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon authorization by us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[7. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch) or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use or stays in a hospital, out-patient surgery center, extended care facility or other similar care facility.

12. Prescription drugs.

13. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.

14. Orthognathic surgery.

15. Dental services considered experimental in nature.

16. Services, supplies or charges that are necessary due to lack of cooperation with the treating Dentist, or failure to comply with a professionally prescribed treatment plan.

17. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

18. Lost, stolen or broken orthodontic appliances.

19. Changes in orthodontic treatment necessitated by accident of any kind.

20. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944 (Occlusal guard - hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch) and D9946 (Occlusal guard - hard appliance, partial arch).

21. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

22. Retreatment of orthodontic cases.

23. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

24. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

SCHEDULE C[DL1]

EXCLUSIONS OF BENEFITS

1. General anesthesia, IV sedation, and nitrous oxide and the services of a special anesthesiologist.

2. Dental procedures performed for purely cosmetic purposes.

3. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is payable. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.

4. Treatment required by reason of war, declared or undeclared.

5. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

6. Treatment of fractures, dislocations and subluxations of the mandible or maxilla. This includes any surgical treatment to correct facial mal-alignments of TMJ abnormalities.

7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).

8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage or dental expenses incurred in connection with any dental procedure started prior to Enrollee's eligibility with the DeltaCare USA Program. Examples: teeth prepared for crowns, root canals in progress, orthodontic treatment.

9. Any service that is not specifically listed in Schedule A, Description of Benefits and Copayments.

10. Correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function (unless mandated by state law).

11. Cysts and malignancies.

12. Prescription drugs.

13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of Benefits.

14. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.

15. Dental services received from any dental facility other than the assigned dental facility, unless expressly authorized by us or as cited under Section 4.04 or Emergency Services.

16. Prophylactic removal of impactions (asymptomatic, nonpathological).

17. "Consultations" for noncovered procedures.

18. Implant placement or removal of appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.

19. Placement of a crown where there is sufficient tooth structure to retain a standard filling.

20. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.

21. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).

22. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction).

23. Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization.

24. Any part of a preventive or soft tissue management program which is not a listed covered service in Schedule A, Description of Benefits and Copayments.

25. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

26. Restorative work caused by orthodontic treatment.

27. Extractions solely for the purpose of orthodontics.

28. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

SCHEDULE D[IR1]

ORTHODONTIC LIMITATIONS

The Program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The cost to the Enrollee for the treatment plan is listed in Schedule A, Description of Benefits and Copayments, subject to the following:

1. Orthodontic treatment must be provided by a Contract Orthodontist.

2. Benefits cover 24 months of active orthodontic treatment and include the initial examination, diagnosis, consultation, initial banding, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months.

3. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office visit fee not to exceed [$25.00-$75.00] per month.

4. Should an Enrollee's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination. In this event the Enrollee's obligation shall be based on the Contract Orthodontist's usual fee at the beginning of treatment. The Contract Orthodontist will prorate the amount over the number of months to completion of the treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation have been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of [$25.00-$50.00] in addition to diagnostic record fees.

6. [Three-five] recementations or replacements of a bracket/band on the same tooth or a total of [five-seven] rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual fee.

7. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, (i) the Enrollee will not be entitled to a refund of any amounts previously paid, and (ii) the Enrollee will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.

SCHEDULE E[IR1]

ORTHODONTIC EXCLUSIONS

1. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.

2. Retreatment of orthodontic cases.

3. Changes in treatment necessitated by accident of any kind, and/or lack of Enrollee cooperation.

4. Surgical procedures incidental to orthodontic treatment.

5. Myofunctional therapy.

6. Surgical procedures related to cleft palate, micrognathia, or macrognathia.

7. Treatment related to temporomandibular joint disturbances.

8. Supplemental appliances not routinely utilized in typical comprehensive orthodontics, including, but not limited to, palatal expander, habit control appliance, pendulum, quad helix or herbst.

9. Active treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge not to exceed [$25.00-$75.00] per month.

10. Restorative work caused by orthodontic treatment.

11. Phase 1 orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase 1 orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

12. Extractions solely for the purpose of orthodontics.

13. Treatment in progress at inception of eligibility.

14. Patient initiated transfer after bands have been placed.

15. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

16. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DC, DDIC, CDT20 grp, dc, forms
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	Please see the attached Cover Letter which mirrors the Filing Description.
Attachment(s):	Cover Letter - D.C. DDIC DeltaCare Group CDT 20.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Guaranty Association Notice
Comments:	Please see the attached Guaranty Association Notice.
Attachment(s):	D.C. Guaranty Association Notice (Revised 5-17-19).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variability
Comments:	Please see the attached Statements of Variability
Attachment(s):	SOV for S-A-DC-STD10-R20 Clean 121019.pdf SOV for S-A-DC-STD-VALUE-R20 Clean 121019.pdf SOV for S-A-DDIC-DC-CRT-R20 Clean 121019.pdf SOV for S-A-DDIC-DC-R20 Clean 121019.pdf SOV for S-B-DC-CSOR-R20 Clean 121019.pdf SOV for S-A-DC-CSOR-R20 Clean 121019.pdf SOV for S-A-DC-D57-R20 Clean 121019.pdf SOV for S-A-DC-D70-R20 Clean 121019.pdf SOV for S-A-DC-S14-R20 Clean 121019.pdf SOV for S-A-DC-S24-R20 Clean 121019.pdf SOV for S-B-DC-D57-R20 Clean 121019.pdf SOV for S-B-DC-D70-R20 Clean 121019.pdf SOV for S-B-DC-STD10-R20 Clean 121019.pdf SOV for S-B-DC-STD-VALUE-R29 Clean 121019.pdf SOV for S-B-DDIC-DC-CRT-R20 Clean 121019.pdf SOV for S-B-DDIC-DC-R20 Clean 121019.pdf SOV for S-C-DDIC-DC-CRT-R20 Clean 121019.pdf SOV for S-D-DDIC-DC-CRT-R20 Clean 121019.pdf SOV for S-E-DDIC-DC-CRT-R20 Clean 121019.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redlined Forms
Comments:	The attached redlined versions show the minor changes that were made to the forms.

State: District of Columbia
Filing Company: Delta Dental Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DC, DDIC, CDT20 grp, dc, forms
Project Name/Number: /

Attachment(s):	S-A-DC-CSOR-R20 Redlined 121019.pdf S-A-DC-D05-R20 Redlined 121019.pdf S-A-DC-D49-R20 Redlined 121019.pdf S-A-DC-D57-R20 Redlined 121019.pdf S-A-DC-D70-R20 Redlined 121019.pdf S-A-DC-D81-R20 Redlined 121019.pdf S-A-DC-S14-R20 Redlined 121019.pdf S-A-DC-S24-R20 Redlined 121019.pdf S-A-DC-STD10-R20 Redlined 121019.pdf S-A-DC-STD-VALUE-R20 Redlined 121019.pdf S-A-DDIC-DC-CRT-R20 Redlined 121019.pdf S-A-DDIC-DC-R20 Redlined 121019.pdf S-B-DC-(D03-D05)-R20 Redlined 121019.pdf S-B-DC-CSOR-R20 Redlined 121019.pdf S-B-DDIC-DC(S14-S24)-R20 Redlined 121019.pdf S-B-DDIC-DC-CRT-R20 Redlined 121019.pdf S-B-DDIC-DC-R20 Redlined 121019.pdf S-B-DC-D49-R20 Redlined 121019.pdf S-B-DC-D57-R20 Redlined 121019.pdf S-B-DC-D70-R20 Redlined 121019.pdf S-B-DC-D81-R20 Redlined 121019.pdf S-B-DC-STD10-R20 Redlined 121019.pdf S-B-DC-STD-VALUE-R29 Redlined 121019.pdf S-D-DDIC-DC-CRT-R20 Redlined 121019.pdf S-E-DDIC-DC-CRT-R20 Redlined 121019.pdf S-C-DDIC-DC-CRT-R20 Redlined 121019.pdf
Item Status:	
Status Date:	

DELTA DENTAL®

deltadentalins.com

Dear Sir/Madam:

Delta Dental Insurance Company respectfully submits the enclosed forms for the Department's review and approval for the DeltaCare® USA Program. These forms contain new and revised dental procedure codes and nomenclature recently promulgated by the American Dental Association® as Current Dental Terminology ("CDT"), CDT-2020.

This filing is not ACA/PPACA related.

The following forms will be used in conjunction with the approved Contract, MC-DDIC-DC (11/17), and Evidence of Coverage, DC-DDIC-EOC (11/17), approved by your Department on November 30, 2017 under SERFF Tracking No. DDPA-131252019:

Schedule A, Benefits and Copayments:
S-A-DC-CSOR-R20
S-A-DDIC-DC-CRT-R20
S-A-DDIC-DC-R20
S-A-DC-STD10-R20
S-A-DC-STD-VALUE-R20
S-A-DC-D05-R20
S-A-DC-S14-R20
S-A-DC-S24-R20
S-A-DC-D49-R20
S-A-DC-D57-R20
S-A-DC-D70-R20
S-A-DC-D81-R20

Schedule B, Limitations and Exclusions:
S-B-DC-CSOR-R20
S-B-DDIC-DC-CRT-R20
S-B-DDIC-DC-R20
S-B-DC-STD10-R20
S-B-DC-STD-VALUE-R20
S-B-DC-(D03-D05)-R20
S-B-DC(S14-S24)-R20
S-B-DC-D49-R20
S-B-DC-D57-R20
S-B-DC-D70-R20
S-B-DC-D81-R20

Additional Schedules:
S-C-DDIC-DC-CRT-R20
S-D-DDIC-DC-CRT-R20
S-E-DDIC-DC-CRT-R20

Delta Dental Insurance Company 415-972-8300
560 Mission Street, Suite 1300
San Francisco, CA 94105

Addresses, phone numbers, websites, page numbers and numerical data are variable unless required by law.

These forms do not have any impact on the rates or rating methodology that was approved by your Department on November 15, 2019 under SERFF Tracking No. DDPA-131856704.

The effective date for use of these forms is January 1, 2020.

Thank you for reviewing our filing. If you have any questions or need additional information, please feel free to contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,

Deb LeRiche
Regulatory Analyst

SUMMARY OF GENERAL PURPOSES, COVERAGE LIMITATIONS AND CONSUMER PROTECTION

General Purposes

Residents of the District of Columbia should know that licensed insurers who sell health insurance, life insurance, and annuities in the District of Columbia are members of the District of Columbia Life and Health Insurance Guaranty Association ("Guaranty Association").

The purpose of the Guaranty Association is to provide statutorily-determined benefits associated with covered policies and contracts in the unlikely event that a member insurer is unable to meet its financial obligations and is found by a court of law to be insolvent. When a member insurer is found by a court to be insolvent, the Guaranty Association will assess the other member insurers to satisfy the benefits associated with any outstanding covered claims of persons residing in the District of Columbia. However, the protection provided through the Guaranty Association is subjected to certain statutory limits explained under "Coverage Limitations" section, below. In some cases, the Guaranty Association may facilitate the reassignment of policies or contracts to other licensed insurance companies to keep the coverage in-force, with no change in contractual rights or benefits.

Coverage

The Guaranty Association, established pursuant to the Life and Health Guaranty Association Act of 1992 ("Act"), effective July 22, 1992 (D.C. Law 9-129; D.C. Official Code § 31-5401 *et seq*.), provides insolvency protection for certain types of insurance policies and contracts.

The insolvency protections provided by the Guaranty Association is generally conditioned on a person being 1) a resident of the District of Columbia and 2) the individual insured or owner under a health insurance, life insurance, or annuity contract issued by a member insurer, or insured under a group policy insurance contract issued by a member insurer. Beneficiaries, payees, or assignees of District insureds are also covered under the Act, even if they reside in another state.

Coverage Limitations

The Act also limits the amount the Guaranty Association is obligated to pay. The benefits for which the Guaranty Association may become liable shall be limited to the lesser of:

- The contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or
- With respect to any one life, regardless of the number of policies, contracts, or certificates:

- $300,000 in life insurance death benefits for any one life; including net cash surrender or net cash withdrawal values;
- $300,000 in the present value of annuity benefits, including net cash surrender or net cash withdrawal values;
- $300,000 in the present value of structured settlement annuity benefits, including net cash surrender or net cash withdrawal values;
- $300,000 for long-term care insurance benefits;
- $300,000 for disability insurance benefits;
- $500,000 for basic hospital, medical, and surgical insurance, or major medical insurance benefits;
- $100,000 for coverage not defined as disability insurance or basic hospital, medical and surgical insurance or major medical insurance or long term care insurance including any net cash surrender and net cash withdrawal values.

In no event is the Guaranty Association liable for more than $300,000 in benefits with respect to any one life ($500,000 in the event of basic hospital, medical and surgical insurance or major medical insurance).

Additionally, the Guaranty Association is not obligated to cover more than $5,000,000 for multiple non-group policies of life insurance with one owner regardless of the number of policies owned.

Exclusions Examples

Policy or contract holders are not protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was domiciled in a state whose guaranty association law protects insureds that live outside of that state);
- Their insurer was not authorized to do business in the District of Columbia; or
- Their policy was issued by a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, a non-profit hospital or medical service organization, a health maintenance organization, or a risk retention group.

The Guaranty Association also does not cover:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Any plan or program of an employer or association that provides life, health, or annuity benefits to its employees or members and is self-funded;
- Interest rate guarantees which exceed certain statutory limitations;

- Dividends, experience rating credits or fees for services in connection with a policy;
- Credits given in connection with the administration of a policy by a group contract holder; or
- Unallocated annuity contacts.

Consumer Protection

To learn more about the above referenced protections, please visit the Guaranty Association's website at www.dclifega.org. Additional questions may be directed to the District of Columbia Department of Insurance, Securities and Banking (DISB) and they will respond to questions not specifically addressed in this disclosure document.

Policy or contract holders with additional questions may contact either:

Commissioner
District of Columbia
Department of Insurance, Securities and Banking
1050 First Street, N.E., Suite 801
Washington, DC 20002
(202) 727-8000
Fax: (202) 354-1085

District of Columbia
Life and Health Guaranty Association
1200 G Street, N.W.
Washington, DC 20005
(202) 434-8771
Fax: (202) 347-2990

Pursuant to the Act (D.C. Official Code § 31-5416), insurers are required to provide notice to policy and contract holders of the existence of the Guaranty Association and the amounts of coverage provided under the Act. Your insurer and agent are prohibited by law from using the existence of the Guaranty Association and the protection it provides to market insurance products. You should not rely on the insolvency protection provided under the Act when selecting an insurer or insurance product. If you have obtained this document from an agent in connection with the purchase of a policy or contract, you should be aware that such delivery does not guarantee that the Guaranty Association would cover your policy or contract. Any determination of whether a policy or contract will be covered will be determined solely by the coverage provisions of the Act.

This disclosure is intended to summarize the general purpose of the Act and does not address all the provisions of the Act. Moreover, the disclosure is not intended and should not be relied upon to alter any rights established in any policy or contract or under the Act.

Main document changes and comments

Page 1: Commented [RH1] **Rachel Herzke (ca28839)** **12/1/2015 10:28:00 AM**

Bracketed information is variable and may change at the request of the Contractholder/Applicant.

Header and footer changes

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Footnote changes

Endnote changes

Main document changes and comments

Page 1: Commented [MS1] Michelle Shutt (pa34087) 2/28/2019 7:45:00 AM

Each listed procedure code may be included or removed based upon the plan selected by the group or at the applicant's option.

Page 1: Commented [MS2] Michelle Shutt (pa34087) 2/28/2019 7:46:00 AM

Copayments are shown in a range so this Schedule can be used with a number of different plans. The lowest and highest copayments are shown in the range. The actual copayment associated with the plan selected by the group is inserted.

Page 3: Commented [MS3] Michelle Shutt (pa34087) 2/28/2019 7:46:00 AM

Additional charge may be between $100.00 and $135.00.

Page 3: Commented [MS4] Michelle Shutt (pa34087) 2/28/2019 7:46:00 AM

Additional charge may be between $100.00 and $150.00.

Page 8: Commented [MS5] Michelle Shutt (pa34087) 2/28/2019 7:47:00 AM

Additional charge may be between $100.00 and $135.00.

Page 8: Commented [MS6] Michelle Shutt (pa34087) 2/28/2019 7:47:00 AM

Additional charge may be between $100.00 and $150.00.

Page 9: Commented [MS7] Michelle Shutt (pa34087) 2/28/2019 7:47:00 AM

Additional charge may be between $100.00 and $135.00.

Page 9: Commented [MS8] Michelle Shutt (pa34087) 2/28/2019 7:47:00 AM

Additional charge may be between $100.00 and $150.00.

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S-A-DDIC-DC-CRT-R20 Clean 121019

Main document changes and comments

Page 1: Commented [IR1] **Catherine Ruppel (pa34086)** **11/13/2018 1:41:00 PM**

Bracketed information is variable and may change at the request of the Contractholder.

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Footnote changes

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Main document changes and comments

Page 10: Commented [AT1] **Alisa Taylor** **11/8/2017 8:54:00 AM**

Orthodontic Services will be included or excluded, depending on whether or not the group includes these services in their plan.

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Page 1: Commented [IR1] **Catherine Ruppel (pa34086)** **11/13/2018 10:47:00 AM**

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S-A-DC-CSOR-R20 Clean 121019

Main document changes and comments

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Main document changes and comments

Page 1: Commented [IR1] **Catherine Ruppel (pa34086)** **9/19/2018 10:15:00 AM**

Bracketed information is variable and may change at the request of the Contractholder, State of Maryland.

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S-A-DC-D70-R20 Clean 121019

Main document changes and comments

Page 1: Commented [AS1] **Ashley Singer** **10/9/2015 9:47:00 AM**

Bracketed information is variable and may change at the request of the Contractholder.

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S-A-DC-S14-R20 Clean 121019 [Compatibility Mode]

Main document changes and comments

Page 1: Commented [lR1] **Catherine Ruppel (pa34086)** **11/13/2018 9:06:00 AM**

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Footnote changes

Endnote changes

S-A-DC-S24-R20 Clean 121019 [Compatibility Mode]

Main document changes and comments

Page 1: Commented [IR1] **Catherine Ruppel (pa34086)** **11/13/2018 9:06:00 AM**

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Main document changes and comments

Page 1: Commented [IR1] **Catherine Ruppel (pa34086)** **9/19/2018 10:11:00 AM**

Bracketed information is variable and may change at the request of the Contractholder, State of Maryland.

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S-B-DC-D70-R20 Clean 121019

Main document changes and comments

Page 1: Commented [AS1] **Ashley Singer** **10/9/2015 9:51:00 AM**

Bracketed information is variable and may change at the request of the Contractholder.

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Footnote changes

Endnote changes

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Page 1: Commented [RH1] **Rachel Herzke (ca28839)** **12/1/2015 10:36:00 AM**

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S-B-DC-STD-VALUE-R29 Clean 121019

Main document changes and comments

Page 1: Commented [MS1] Michelle Shutt (pa34087) 2/28/2019 12:35:00 PM

Additional charge may be between $100.00 and $135.00.

Page 1: Commented [MS2] Michelle Shutt (pa34087) 2/28/2019 12:36:00 PM

Additional charge may be between $100.00 and $150.00.

Page 1: Commented [MS3] Michelle Shutt (pa34087) 2/28/2019 12:36:00 PM

Phone number is variable should it need to be changed in the future.

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Page 1: Commented [IR1] **Catherine Ruppel (pa34086)** **11/13/2018 1:17:00 PM**

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Page 1: Commented [AT1] Alisa Taylor 9/18/2018 9:16:00 AM

This limitation will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

Page 1: Commented [AT2] Alisa Taylor 9/18/2018 9:16:00 AM

This limitation will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

Page 1: Commented [DL3] Debra LeRiche 12/10/2019 1:52:00 PM

This limitation will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

Page 2: Commented [AT4] Alisa Taylor 9/18/2018 9:16:00 AM

This exclusion will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

Page 2: Commented [AT5] Alisa Taylor 9/18/2018 9:16:00 AM

This exclusion will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

Page 2: Commented [AT6] Alisa Taylor 9/18/2018 9:16:00 AM

This exclusion will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

Page 2: Commented [IR7] Catherine Ruppel (pa34086) 9/18/2018 9:16:00 AM

This exclusion will be included or excluded, depending on whether or not the group includes orthodontic services in their plan.

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Page 1: Commented [DL1] **Debra LeRiche** **12/11/2019 8:37:00 AM**

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S-E-DDIC-DC-CRT-R20 Clean 121019

Main document changes and comments

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[SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-~~2019~~2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC - (*When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* ***	
D0999	Unspecified diagnostic procedure, by report – *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]
D0120	Periodic oral evaluation – established patient	[No Cost-$20.00]
D0140	Limited oral evaluation – problem focused	[No Cost-$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$25.00]
D0150	Comprehensive oral evaluation – new or established patient	[No Cost$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$30.00]
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	[No Cost-$30.00]
D0171	Re-evaluation – post-operative office visit	[No Cost-$30.00]
D0180	Comprehensive periodontal evaluation – new or established patient	[No Cost-$25.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images – *limited to 1 series every [12-36] months*	[No Cost-$50.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	[No Cost-$20.00]
D0251	Extraoral posterior dental radiographic image	[No Cost-$20.00]
D0270	Bitewing *radiograph* - single radiographic image	[No Cost-$20.00]
D0272	Bitewings *radiographs* - two radiographic images	[No Cost-$20.00]
D0273	Bitewings *radiographs* - three radiographic images	[No Cost-$20.00]
D0274	Bitewings *radiographs* - four radiographic images - *limited to 1 series every [6-12] months*	[No Cost-$25.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image	[No Cost-$50.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0425	Caries susceptibility tests	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$25.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[No Cost-$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-$120.00]
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-$170.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D1000-D1999	**II. PREVENTIVE - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* ***	
D1110	Prophylaxis *cleaning* - adult - *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per 12 month period]*	[No Cost-$35.00]
[D1110	*Additional prophylaxis cleaning - adult (within the 6 month period)*	[No Cost-$50.00]]
D1120	Prophylaxis *cleaning* - child - *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per 12 month period]*	[No Cost-$35.00]
[D1120	*Additional prophylaxis cleaning - child (within the 6 month period)*	[No Cost $50.00]]
D1206	Topical application of fluoride varnish - *[child to age 19]; [1 D1206 or D1208 per 6 month period]*	[No Cost-$15.00]
D1208	Topical application of fluoride – excluding varnish - *[child to age 19]*; [*1 D1206 or D1208 per 6 month period]*	[No Cost-$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-$20.00]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars [through age 15]*	[No Cost-$25.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth- *limited to permanent molars [through age 15]*	[No Cost-$25.00]
D1353	Sealant repair – per tooth - *limited to permanent molars [through age 15]*	[No Cost-$25.00]
D1354	Interim caries arresting medicament application – per tooth *[child to age 19]; [1 per 6 month period]*	[No Cost-$15.00]
D1510	Space maintainer - fixed, ~~–~~unilateral - per quadrant	[No Cost-$135.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$195.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$195.00]
D1520	Space maintainer - removable, ~~–~~unilateral - per quadrant	[No Cost-$150.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$245.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$245.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost-$35.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$35.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$35.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$35.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost-$40.00]~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$40.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$40.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$40.00]
D1575	Distal shoe space maintainer - fixed, ~~–~~unilateral - per quadrant - *child to age 9*	[No Cost-$135.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D2000-D2999 III. RESTORATIVE - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional [$75.00-$150.00] per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$65.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$80.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$100.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$110.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$75.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$85.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$100.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$110.00]
D2390	Resin-based composite crown, anterior	[No Cost-$130.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$90.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$100.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$120.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$135.00]
D2510	Inlay - metallic - one surface	[No Cost-$320.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$350.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$390.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$475.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$475.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$485.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-$475.00]
D2620	Inlay - porcelain/ceramic - two surfaces	[No Cost-$485.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces	[No Cost-$500.00]
D2642	Onlay - porcelain/ceramic - two surfaces	[No Cost-$500.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-$515.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces	[No Cost-$525.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-$230.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$250.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$290.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$285.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$310.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$360.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$300.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$300.00]
D2720	Crown - resin with high noble metal	[No Cost-$500.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$475.00]
D2722	Crown - resin with noble metal	[No Cost-$505.00]
D2740	Crown - porcelain/ceramic	[No Cost-$570.00]
D2750	Crown - porcelain fused to high noble metal	[No Cost-$500.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$505.00]
D2753	Crown - porcelain fused to titanium and titanium alloys	[No Cost-$500.00]
D2780	Crown – 3/4 cast high noble metal	[No Cost-$500.00]
D2781	Crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D2782	Crown – 3/4 cast noble metal	[No Cost-$505.00]
D2783	Crown – 3/4 porcelain/ceramic	[No Cost-$500.00]
D2790	Crown - full cast high noble metal	[No Cost-$500.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$475.00]
D2792	Crown - full cast noble metal	[No Cost-$505.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$500.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$40.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$40.00]
D2920	Re-cement or re-bond crown	[No Cost-$40.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$110.00]
D2929	Prefabricated porcelain/ceramic crown - *anterior* primary tooth	[No Cost-$150.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$95.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$105.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$105.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$150.00]
D2940	Protective restoration	[No Cost-$40.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$40.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$100.00]
D2950	Core buildup, including any pins when required	[No Cost-$100.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - *base metal post; includes canal preparation*	[No Cost-$145.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	[No Cost-$115.00]
D2954	Prefabricated post and core in addition to crown - *includes canal preparation*	[No Cost-$120.00]
D2957	Each additional prefabricated post - same tooth - *includes canal preparation*	[No Cost-$80.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$120.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$110.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$110.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$110.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$110.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost-$25.00]

D3000-D3999 IV. ENDODONTICS - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$30.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$30.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$70.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$90.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$70.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost-$320.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$380.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$485.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$100.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$130.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3333	Internal root repair of perforation defects	[No Cost-$140.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$440.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$500.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$625.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$165.00]
D3352	Apexification/recalcification - interim medication replacement	[No Cost-$120.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$120.00]
D3410	Apicoectomy - anterior	[No Cost-$270.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$320.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$350.00]
D3426	Apicoectomy (each additional root)	[No Cost-$150.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$270.00]
D3430	Retrograde filling - per root	[No Cost-$95.00]
D3450	Root amputation - per root	[No Cost-$170.00]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-$155.00]

D4000-D4999 V. PERIODONTICS - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

– *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	[No Cost-$200.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$120.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$120.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$260.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4245	Apically positioned flap	[No Cost-$190.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$500.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$525.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$420.00]
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	[No Cost-$250.00]
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	[No Cost-$200.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-$350.00]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$130.00]
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	[No Cost-$335.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$335.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$80.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - [*1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per 12 month period]*	[No Cost-$35.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$100.00]
D4910	Periodontal maintenance - *[limited to 1 treatment each 6 month period]*	[No Cost-$75.00]
[D4910	*Additional periodontal maintenance - (within the 6 month period)*	[No Cost-$90.00]]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]

D5000-D5899 VI. PROSTHONDONTICS (Removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.*

D5110	Complete denture - maxillary	[No Cost-$620.00]
D5120	Complete denture - mandibular	[No Cost-$620.00]
D5130	Immediate denture - maxillary	[No Cost-$680.00]
D5140	Immediate denture - mandibular	[No Cost-$680.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$550.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$550.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
D5410	Adjust complete denture - maxillary	[No Cost-$40.00]
D5411	Adjust complete denture - mandibular	[No Cost-$40.00]
D5421	Adjust partial denture - maxillary	[No Cost-$40.00]
D5422	Adjust partial denture - mandibular	[No Cost-$40.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$85.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$85.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$80.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$85.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5612	Repair resin partial denture base, maxillary	[No Cost-$85.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$85.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$85.00]
D5630	Repair or replace broken retentive/clasping materials – per tooth	[No Cost-$85.00]
D5640	Replace broken teeth - per tooth	[No Cost-$70.00]
D5650	Add tooth to existing partial denture	[No Cost-$80.00]
D5660	Add clasp to existing partial denture – per tooth	[No Cost-$90.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$315.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$315.00]
D5710	Rebase complete maxillary denture	[No Cost-$225.00]
D5711	Rebase complete mandibular denture	[No Cost-$225.00]
D5720	Rebase maxillary partial denture	[No Cost-$225.00]
D5721	Rebase mandibular partial denture	[No Cost-$225.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$120.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$120.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$120.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-$120.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$185.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$185.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$185.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$185.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5850	Tissue conditioning, maxillary	[No Cost-$65.00]
D5851	Tissue conditioning, mandibular	[No Cost-$65.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS – Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional [$75.00-$150.00] per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.*

D6210	Pontic - cast high noble metal	[No Cost-$500.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$475.00]
D6212	Pontic - cast noble metal	[No Cost-$505.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost-$500.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$505.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$505.00]
D6245	Pontic - porcelain/ceramic	[No Cost-$570.00]
D6250	Pontic - resin with high noble metal	[No Cost-$500.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$475.00]
D6252	Pontic - resin with noble metal	[No Cost-$505.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces	[No Cost-$485.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[No Cost-$500.00]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$425.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$320.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$350.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$375.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$400.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces	[No Cost-$500.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[No Cost-$525.00]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$430.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$360.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$400.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$400.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$420.00]
D6720	Retainer crown - resin with high noble metal	[No Cost-$500.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$475.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$505.00]
D6740	Retainer crown - porcelain/ceramic	[No Cost-$570.00]
D6750	Retainer crown - porcelain fused to high noble metal	[No Cost-$500.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$505.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	[No Cost-$500.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$500.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost-$505.00]
D6783	Retainer crown – 3/4 porcelain/ceramic	[No Cost-$570.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$500.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$500.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$475.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$505.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$50.00]
D6940	Stress breaker	[No Cost-$110.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$140.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$50.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$80.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$125.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$130.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$160.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$225.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$105.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$225.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$150.00]
D7280	Exposure of an unerupted tooth	[No Cost-$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-$75.00]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$100.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$110.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$110.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$125.00]
D7472	Removal of torus palatinus	[No Cost-$125.00]
D7473	Removal of torus mandibularis	[No Cost-$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$60.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$110.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$135.00]
D7971	Excision of pericoronal gingiva	[No Cost-$135.00]

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [$75.00-$125.00] [75 percent of the Contract Orthodontist's Filed Fees], may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-**]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	Oral/facial photographic images
D0470	Diagnostic casts

The benefit for post-treatment records includes: [No Cost-**]

D0210	Intraoral - complete series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	[No Cost-**]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-**]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-**]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-**]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-**]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-**]
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-**]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-**]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-**]

CODE	DESCRIPTION	ENROLLEE PAYS
D8660	Pre-orthodontic treatment examination to monitor growth and development	[No Cost-**]
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	[No Cost**]
D8681	Removable orthodontic retainer adjustment	[No Cost-**]
D8999	Unspecified orthodontic procedure, by report - *[includes treatment planning session]*	[No Cost-**]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - *(When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.)* *

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$40.00]
D9211	Regional block anesthesia	[No Cost-$15.00]
D9212	Trigeminal division block anesthesia	[No Cost-$15.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$15.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9222	Deep sedation/general anesthesia - first 15 minutes	[No Cost-$100.00]
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	[No Cost-$100.00]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[No Cost-$100.00]
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	[No Cost-$100.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$50.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	[No Cost-$30.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$65.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$50.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	[No Cost-$10.00]
D9944	Occlusal guard - hard appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9945	Occlusal guard - soft appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9946	Occlusal guard - hard appliance, partial arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9951	Occlusal adjustment, limited	[No Cost-$75.00]
D9952	Occlusal adjustment, complete	[No Cost-$210.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	[No Cost-$160.00]
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	[No Cost - $40.00]
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	[No Cost - $40.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

FOOTNOTES

* *If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide Specialist Services may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's Filed Fees. Specialist Services are only available upon referral by the assigned Contract Dentist.*

** *75 percent of the Contract Orthodontist's Filed Fee.]*

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS
D05

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODES	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**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
D0180	Comprehensive periodontal evaluation – new or established patient	$30.00
D0210	Intraoral - complete series of radiographic images – *limited to 1 series every 24 months*	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 – *limited to 1 series every 6 months*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image – *limited to 1 series every 24 months*	No Cost
D0460	Pulp vitality tests	No Cost
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
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	No Cost
D1000-D1999	**PREVENTIVE**	
D1110	Prophylaxis cleaning – adult – *2 D1110, D1120, D4346 or D4910 per 12 month period*	No Cost
D1110	*Additional prophylaxis cleaning- adult (within the 12 month period)*	$41.00
D1120	Prophylaxis cleaning – child – *2 D1110, D1120, D4346 or D4910 per 12 month period*	No Cost

CODES	DESCRIPTION	ENROLLEE PAYS
D1120	*Additional prophylaxis cleaning- child (within the 12 month period)*	$30.00
D1206	Topical application of fluoride varnish – *child to age 19; 2 D1206 or D1208 per 12 month period*	No Cost
D1208	Topical application of fluoride excluding varnish – *child to age 19; 2 D1206 or D1208 per 12 month period*	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15; limited to 1 per tooth every 3 years*	$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth - *limited to permanent molars through age 15; limited to 1 per tooth every 3 years*	$10.00
D1353	Sealant repair – per tooth - *limited to permanent molars through age 15; limited to 1 per tooth every 3 years*	$10.00
D1354	Interim caries arresting medicament application – per tooth	No Cost
D1510	Space maintainer - fixed, ~~-~~unilateral – per quadrant	$85.00
D1516	Space maintainer - fixed - bilateral, maxillary	$85.00
D1517	Space maintainer - fixed - bilateral, mandibular	$85.00
~~D1555~~	~~Removal of fixed space maintainer~~	~~$10.00~~
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 – *child to age 9*	$85.00

D2000-D2999 RESTORATIVE

- *Porcelain or resin on molars is considered optional treatment. The added fee for a porcelain or resin crown on a molar tooth is not to exceed $200.*
- *Base or noble metal is the benefit. If high noble metal (precious) is used for an inlay, onlay or crown, the Enrollee will be charged the additional fee, not to exceed, $350 for high noble metal, and not to exceed $150 for indirectly fabricated post and core.*
- *Includes indirect pulp capping, bases, liners and acid etch procedures*
- *Replacement of crowns requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam -four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$75.00
D2390	Resin-based composite crown, anterior	$69.00
D2391	Resin-based composite – one surface, posterior	$35.00
D2392	Resin-based composite – two surfaces, posterior	$45.00
D2393	Resin-based composite – three surfaces, posterior	$65.00
D2394	Resin-based composite – four or more surfaces, posterior	$85.00
D2510	Inlay - metallic - one surface	$360+Lab
D2520	Inlay - metallic - two surfaces	$360+Lab
D2530	Inlay - metallic - three or more surfaces	$360+Lab
D2542	Onlay - metallic - two surfaces	$415+Lab
D2543	Onlay - metallic - three surfaces	$415+Lab
D2544	Onlay - metallic - four or more surfaces	$415+Lab
D2740	Crown - porcelain/ceramic	$445.00
D2750	Crown - porcelain fused to high noble metal	$405+Lab
D2751	Crown - porcelain fused to predominately base metal	$360.00
D2752	Crown - porcelain fused to noble metal	$385.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$405+Lab
D2780	Crown – 3/4 cast high noble metal	$405+Lab

CODES	DESCRIPTION	ENROLLEE PAYS
D2781	Crown – 3/4 cast predominately base metal	$360.00
D2782	Crown – 3/4 cast noble metal	$385.00
D2790	Crown - full cast high noble metal	$405+Lab
D2791	Crown - full cast predominately base metal	$360.00
D2792	Crown - full cast noble metal	$385.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$35.00
D2920	Re-cement or re-bond crown	$35.00
D2930	Prefabricated stainless steel crown - primary tooth	$95.00
D2931	Prefabricated stainless steel crown - permanent tooth	$95.00
D2932	Prefabricated resin crown - *anterior primary tooth*	$120.00
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	$150.00
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins when required	$120.00
D2951	Pin retention - per tooth, in addition to restoration	$10.00
D2952	Post and core in addition to crown, indirectly fabricated – includes canal preparation	$150+Lab
D2954	Prefabricated post and core in addition to crown – *base metal post; includes canal preparation*	$120.00
D2960	Labial veneer (resin laminate) - chairside	$65.00

D3000-D3999 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	$50.00
D3221	Pulpal debridement, primary and permanent teeth	$50.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$160.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$185.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$255.00
D3331	Treatment of root canal obstruction; non-surgical access	$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$70.00
D3333	Internal root repair of perforation defects	$70.00
D3346	Retreatment of previous root canal therapy - anterior	$210.00
D3347	Retreatment of previous root canal therapy - premolar	$240.00
D3348	Retreatment of previous root canal therapy - molar	$305.00
D3410	Apicoectomy - anterior	$190.00
D3421	Apicoectomy - premolar (first root)	$190.00
D3425	Apicoectomy - molar (first root)	$190.00
D3426	Apicoectomy (each additional root)	$75.00
D3430	Retrograde filling - per root	$50.00

D4000-D4999 PERIODONTICS

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*
- *Soft tissue management, including without limitation irrigation, infusion, and any special toothbrush, is included in listed copay.*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$60.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant	$155.00

CODES	DESCRIPTION	ENROLLEE PAYS
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces, per quadrant	$80.00
D4245	Apically positioned flap	$155.00
D4249	Clinical crown lengthening - hard tissue	$170.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$305.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$155.00
D4263	Bone replacement graft - retained natural tooth – first site in quadrant	$225.00
D4264	Bone replacement graft - retained natural tooth – each additional site in quadrant	$175.00
D4266	Guided tissue regeneration - resorbable barrier, per site	$295.00
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	$335.00
D4270	Pedicle soft tissue graft procedure	$210.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$210.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$210.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$105.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$126.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$60.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *2 D1110, D1120, D4346 or D4910 per 12 month period*	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$45.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$60.00
D4910	Periodontal maintenance – *2 D1110, D1120, D4346 or D4910 per 12 month period*	$35.00

D5000-D5899 PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture requires the existing denture to be 5+ years old.*
- *Replacement of a partial denture requires the existing partial denture to be 5+ years old unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.*
- *Stayplates, in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period or in children 16 years and under for missing anterior teeth.*

CODES	DESCRIPTION	ENROLLEE PAYS
D5110	Complete denture - maxillary	$485.00
D5120	Complete denture - mandibular	$485.00
D5130	Immediate denture - maxillary	$485.00
D5140	Immediate denture - mandibular	$485.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$430.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$430.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth)	$560.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth)	$560.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$430.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$430.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$560.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$560.00
D5410	Adjust complete denture - maxillary	$30.00
D5411	Adjust complete denture - mandibular	$30.00
D5421	Adjust partial denture - maxillary	$30.00
D5422	Adjust partial denture - mandibular	$30.00
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)	$57.00
D5611	Repair resin partial denture base, mandibular	$65.00
D5612	Repair resin partial denture base, maxillary	$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	$75.00
D5640	Replace broken teeth - per tooth	$63.00
D5650	Add tooth to existing partial denture	$65.00
D5660	Add clasp to existing partial denture - per tooth	$75.00
D5710	Rebase complete maxillary denture	$175.00
D5711	Rebase complete mandibular denture	$175.00
D5720	Rebase maxillary partial denture	$175.00
D5721	Rebase mandibular partial denture	$175.00
D5730	Reline complete maxillary denture (chairside)	$100.00
D5731	Reline complete mandibular denture (chairside)	$100.00
D5740	Reline maxillary partial denture (chairside)	$100.00
D5741	Reline mandibular partial denture (chairside)	$100.00
D5750	Reline complete maxillary denture (laboratory)	$150.00
D5751	Reline complete mandibular denture (laboratory)	$150.00
D5760	Reline maxillary partial denture (laboratory)	$150.00
D5761	Reline mandibular partial denture (laboratory)	$150.00
D5810	Interim complete denture (maxillary)	$229.00
D5811	Interim complete denture (mandibular)	$229.00
D5820	Interim partial denture (maxillary)	$198.00
D5821	Interim partial denture (mandibular)	$198.00

D5900-D5999 MAXILLOFACIAL PROSTHETICS – Not Covered

D6000-D6199 IMPLANT SERVICES – Not Covered

CODES	DESCRIPTION	ENROLLEE PAYS

D6200-D6999 PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in fixed partial denture [bridge])

- *Porcelain on molars is considered optional treatment. The added fee for a porcelain retainer crown or pontic on a molar tooth is not to exceed $200.*
- *Base or noble metal is the benefit. If high noble metal (precious) is used for a retainer inlay, retainer onlay, retainer crown or pontic, the Enrollee will be charged the additional fee, not to exceed, $350 for high noble metal.*
- *Replacement of a retainer crown or pontic or stress breaker requires the existing bridge to be 5+ years old.*

D6210	Pontic - cast high noble metal	$405+Lab
D6211	Pontic - cast predominantly base metal	$360.00
D6212	Pontic - cast noble metal	$385.00
D6240	Pontic - porcelain fused to high noble metal	$405+Lab
D6241	Pontic - porcelain fused to predominantly base metal	$360.00
D6242	Pontic - porcelain fused to noble metal	$385.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$385.00
D6245	Pontic - porcelain/ ceramic	$400.00
D6602	Retainer inlay - cast high noble metal, two surfaces	$405+Lab
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$405+Lab
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$360.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$360.00
D6606	Retainer inlay - cast noble metal, two surfaces	$385.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	$385.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$405+Lab
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$405+Lab
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$360.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$360.00
D6614	Retainer onlay - cast noble metal, two surfaces	$385.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	$385.00
D6740	Retainer crown – porcelain / ceramic	$445.00
D6750	Retainer crown – porcelain fused to high noble metal	$405+Lab
D6751	Retainer crown – porcelain fused to predominantly base metal	$360.00
D6752	Retainer crown – porcelain fused to noble metal	$385.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$405+Lab
D6780	Retainer crown – 3/4 cast high noble metal	$405+Lab
D6781	Retainer crown – 3/4 cast predominantly base metal	$360.00
D6782	Retainer crown – 3/4 cast noble metal	$385.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$405+Lab
D6790	Retainer crown – full cast high noble metal	$405+Lab
D6791	Retainer crown – full cast predominantly base metal	$360.00
D6792	Retainer crown – full cast noble metal	$385.00
D6930	Re-cement or re-bond fixed partial denture	$18.00

D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic*

D7111	Extraction, coronal remnants – primary teeth	$5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$35.00
D7220	Removal of impacted tooth – soft tissue	$30.00
D7230	Removal of impacted tooth – partially bony	$65.00
D7240	Removal of impacted tooth – completely bony	$85.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	$85.00
D7250	Removal of residual tooth roots (cutting procedure)	$35.00
D7260	Oroantral fistula closure	$85.00
D7261	Primary closure of a sinus perforation	$85.00

CODES	DESCRIPTION	ENROLLEE PAYS
D7270	Tooth re-implantation and/or stabilization if accidentally evulsed or displaced tooth	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	$55.00
D7286	Incisional biopsy of oral tissue – soft	$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$40.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$55.00
D7450	Removal of benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor- lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7485	Reduction of osseous tuberosity	$55.00
D7510	Incision and drainage of abscess – intraoral soft tissue	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

D8000-D8999 ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $75.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months. Beyond 24 months, an additional monthly fee, not to exceed $75.00, may apply.*
- *Plan Benefits cover 24 months of active limited or comprehensive orthodontic treatment and include the initial examination, diagnosis, consultation, initial banding, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months.*

Pre and Post-treatment records include the following:		No Cost
D0210	Intraoral – complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	
D0351	3D photographic image	
D0470	Diagnostic casts	

D8050	Interceptive orthodontic treatment of the primary dentition - *banding*	$375.00
D8060	Interceptive orthodontic treatment of the transitional dentition - *banding*	$375.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19; *banding*	$400.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19; *banding*	$400.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children; *banding*	$400.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$50.00
D8670	Periodic orthodontic treatment visit *(as part of contract)*	
	Children - up to 19th birthday; 24 month treatment fee	$1,500.00
	Charge per month for 24 months	$63.00
	Adults - 24 month treatment fee	$2,000.00
	Charge per month for 24 months	$83.00

CODES	DESCRIPTION	ENROLLEE PAYS
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	$300.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	$150.00
D9000-D9999	**ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain-minor procedure	No Cost
D9222	Deep sedation/general anesthesia – first 15 minutes	$65.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$65.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	$65.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	$65.00
D9310	Consultation - diagnostic services provided by a dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with medical health care professional	$10.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	$45.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	$30.00
D9944	Occlusal guard - hard appliance, full arch	$135.00
D9945	Occlusal guard - soft appliance, full arch	$135.00
D9946	Occlusal guard - hard appliance, partial arch	$135.00
D9951	Occlusal adjustment - limited	$25.00
D9952	Occlusal adjustment - complete	$140.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management – addressing appointment compliance barriers	$10.00
D9992	Dental case management – care coordination	$10.00
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

Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are bBenefits. "Filed fees" mean the Contract Dentist's fees on file with the Plan. Questions regarding the DeltaCare USA Program should be directed to the Customer Service department at (800) 422-4234. Services that are more expensive than the treatment usually provided under accepted dental practice standards or include the use of specialized techniques instead of standard procedures such as a crown where filling would restore a tooth or an implant in place of a fixed bridge or partial to restore a missing tooth are considered optional treatment. The patient must pay the difference in cost between the dentist's usual fees for the Covered Benefit and the optional or more expensive treatment plus any applicable Copayment.

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist services, and are referred by the assigned Contract Dentist, must be authorized in writing by usDelta Dental. The Enrollee pays the Copayment specified for such services.

The Contract Dentist shall provide emergency dental care for a Covered procedure which is required while an Enrollee is within 35 miles of the facility of the Contract Dentist. If an Enrollee requires emergency dental care and is more than 35 miles from the facility of the Contract Dentist, then

weDelta Dental shall reimburse the Enrollee the cost of such emergency dental care which exceeds the Enrollee's Copayment up to a $100 maximum, per any 12-month period. Emergency dental care shall be limited to listed procedures, and as described in code D9110 above: "Palliative (emergency) treatment of dental pain". Any further treatment of the cause of such emergency dental care must be authorized by usDelta Dental or provided by the assigned Contract Dentist.

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$5.00
D0140	Limited oral evaluation - problem focused	$5.00
D0150	Comprehensive oral evaluation - new or established patient	$5.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	$15.00
D0190	Screening of a patient	$5.00
D0191	Assessment of a patient	$5.00
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	$25.00
D0220	Intraoral - periapical first radiographic image	$4.00
D0230	Intraoral - periapical, each additional radiographic image	$3.00
D0240	Intraoral - occlusal radiographic image	$4.00
D0270	Bitewing - single radiographic image	$4.00
D0272	Bitewings - two radiographic images	$5.00
D0273	Bitewings - three radiographic images	$5.00
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	$7.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$10.00
D0330	Panoramic radiographic image	$20.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	$20.00
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	No Cost
D0460	Pulp vitality tests	$10.00
D0470	Diagnostic casts	$10.00
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, *per visit (in addition to other services).*	No Cost
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis cleaning - adult - 2 *D1110, D1120 or D4346 per calendar year*	$10.00
D1120	Prophylaxis cleaning - child - 2 *D1110, D1120 or D4346 per calendar year*	$10.00
D1208	Topical application of fluoride - excluding varnish	$5.00
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$5.00

CODE	DESCRIPTION	ENROLLEE PAYS
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$5.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$5.00
D1510	Space maintainer - fixed, ~~-~~unilateral - per quadrant	$68.00
D1516	Space maintainer - fixed - bilateral, maxillary	$112.00
D1517	Space maintainer - fixed - bilateral, mandibular	$112.00
D1520	Space maintainer - removable, ~~-~~unilateral - per quadrant	$55.00
D1526	Space maintainer - removable - bilateral, maxillary	$112.00
D1527	Space maintainer - removable - bilateral, mandibular	$112.00
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~$20.00~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$20.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$20.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$20.00
D1575	Distal shoe space maintainer - fixed, ~~-~~unilateral - per quadrant - *child to age 9*	$68.00

D2000-D2999 III. RESTORATIVE

- *Base metal is the benefit. If noble or high noble metal is used, the Enrollee will be charged the additional amount not to exceed $400.00.*
- *Enrollee is responsible for an additional fee per unit for porcelain not to exceed $200.00*
- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	$28.00
D2150	Amalgam - two surfaces, primary or permanent	$35.00
D2160	Amalgam - three surfaces, primary or permanent	$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	$55.00
D2330	Resin-based composite - one surface, anterior	$35.00
D2331	Resin-based composite - two surfaces, anterior	$45.00
D2332	Resin-based composite - three surfaces, anterior	$55.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$80.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$50.00
D2393	Resin-based composite - three surfaces, posterior	$60.00
D2394	Resin-based composite - four or more surfaces, posterior	$80.00
D2510	Inlay - metallic - one surface	$84.00
D2520	Inlay - metallic - two surfaces	$165.00
D2530	Inlay - metallic - three or more surfaces	$210.00
D2543	Onlay - metallic - three surfaces	$50.00
D2544	Onlay - metallic - four or more surfaces	$75.00
D2610	Inlay - porcelain/ceramic - one surface	$250.00
D2620	Inlay - porcelain/ceramic - two surfaces	$275.00
D2710	Crown - resin-based composite (indirect)	$122.00
D2740	Crown - porcelain/ceramic	$273.00
D2750	Crown - porcelain fused to high noble metal	$390.00
D2751	Crown - porcelain fused to predominantly base metal	$370.00
D2752	Crown - porcelain fused to noble metal	$380.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$390.00
D2790	Crown - full cast high noble metal	$390.00
D2791	Crown - full cast predominantly base metal	$370.00
D2792	Crown - full cast noble metal	$380.00
D2799	Provisional crown	$88.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$15.00
D2920	Re-cement or re-bond crown	$25.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	$80.00
D2929	Prefabricated porcelain/ceramic crown - *(anterior)* primary tooth	$120.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2930	Prefabricated stainless steel crown - primary tooth	$70.00
D2931	Prefabricated stainless steel crown - permanent tooth	$88.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	$120.00
D2940	Protective restoration	$28.00
D2941	Interim therapeutic restoration - primary dentition	$28.00
D2949	Restorative foundation for an indirect restoration	$60.00
D2950	Core buildup, including any pins when required	$60.00
D2951	Pin retention - per tooth, in addition to restoration	$8.00
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	$100.00
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	$50.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	$70.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	$35.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	$5.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	$10.00
D3120	Pulp cap - indirect (excluding final restoration)	$10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$55.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$80.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$95.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$200.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$300.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$425.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$132.00
D3346	Retreatment of previous root canal therapy - anterior	$275.00
D3347	Retreatment of previous root canal therapy - premolar	$375.00
D3348	Retreatment of previous root canal therapy - molar	$500.00
D3410	Apicoectomy - anterior	$198.00
D3421	Apicoectomy - premolar (first root)	$205.00
D3425	Apicoectomy - molar (first root)	$215.00
D3426	Apicoectomy (each additional root)	$50.00
D3427	Periradicular surgery without apicoectomy	$198.00
D3430	Retrograde filling - per root	$70.00
D3450	Root amputation - per root	$84.00
D3910	Surgical procedure for isolation of tooth with rubber dam	$100.00
D3920	Hemisection (including any root removal), not including root canal therapy	$111.00

D4000-D4999 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	$200.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$45.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$45.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$157.00
D4249	Clinical crown lengthening - hard tissue	$200.00

CODE	DESCRIPTION	ENROLLEE PAYS
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	$450.00
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	$100.00
D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	$40.00
D4270	Pedicle soft tissue graft procedure	$154.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant or edentulous tooth position in graft	$154.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$150.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$150.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$92.00
D4320	Provisional splinting - intracoronal	$35.00
D4321	Provisional splinting - extracoronal	$35.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	$60.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *2 D1110, D1120 or D4346 per calendar year*	$10.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$35.00
D4910	Periodontal maintenance	$50.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	$350.00
D5120	Complete denture - mandibular	$350.00
D5130	Immediate denture - maxillary	$400.00
D5140	Immediate denture - mandibular	$400.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$200.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$200.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$425.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$425.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$200.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$200.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$425.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$425.00

CODE	DESCRIPTION	ENROLLEE PAYS
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	$125.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	$125.00
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	$125.00
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	$125.00
D5410	Adjust complete denture - maxillary	$9.00
D5411	Adjust complete denture - mandibular	$9.00
D5421	Adjust partial denture - maxillary	$14.00
D5422	Adjust partial denture - mandibular	$14.00
D5511	Repair broken complete denture base, mandibular	$48.00
D5512	Repair broken complete denture base, maxillary	$48.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$50.00
D5611	Repair resin partial denture base, mandibular	$45.00
D5612	Repair resin partial denture base, maxillary	$45.00
D5621	Repair cast partial framework, mandibular	$48.00
D5622	Repair cast partial framework, maxillary	$48.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	$38.00
D5640	Replace broken teeth - per tooth	$40.00
D5650	Add tooth to existing partial denture	$50.00
D5660	Add clasp to existing partial denture - per tooth	$75.00
D5710	Rebase complete maxillary denture	$110.00
D5711	Rebase complete mandibular denture	$110.00
D5720	Rebase maxillary partial denture	$50.00
D5721	Rebase mandibular partial denture	$50.00
D5730	Reline complete maxillary denture (chairside)	$55.00
D5731	Reline complete mandibular denture (chairside)	$55.00
D5740	Reline maxillary partial denture (chairside)	$55.00
D5741	Reline mandibular partial denture (chairside)	$55.00
D5750	Reline complete maxillary denture (laboratory)	$80.00
D5751	Reline complete mandibular denture (laboratory)	$80.00
D5760	Reline maxillary partial denture (laboratory)	$80.00
D5761	Reline mandibular partial denture (laboratory)	$80.00
D5810	Interim complete denture (maxillary)	$175.00
D5811	Interim complete denture (mandibular)	$175.00
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	$120.00
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	$120.00
D5850	Tissue conditioning, maxillary	$45.00
D5851	Tissue conditioning, mandibular	$45.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, FIXED (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge)

- *Base metal is the benefit. If noble or high noble metal is used, the Enrollee will be charged the additional amount not to exceed $400.00.*
- *Enrollee is responsible for an additional fee per unit for porcelain not to exceed $200.00*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6210	Pontic - cast high noble metal	$390.00
D6211	Pontic - cast predominantly base metal	$370.00
D6212	Pontic - cast noble metal	$380.00
D6240	Pontic - porcelain fused to high noble metal	$390.00

CODE	DESCRIPTION	ENROLLEE PAYS
D6241	Pontic - porcelain fused to predominantly base metal	$370.00
D6242	Pontic - porcelain fused to noble metal	$380.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$380.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$150.00
D6549	Resin retainer - for bonded fixed prosthesis	$150.00
D6750	Retainer crown - porcelain fused to high noble metal	$390.00
D6751	Retainer crown - porcelain fused to predominantly base metal	$370.00
D6752	Retainer crown - porcelain fused to noble metal	$380.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$390.00
D6780	Retainer crown – 3/4 cast high noble metal	$390.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$390.00
D6790	Retainer crown - full cast high noble metal	$390.00
D6791	Retainer crown - full cast predominantly base metal	$370.00
D6792	Retainer crown - full cast noble metal	$380.00
D6930	Re-cement or re-bond fixed partial denture	$32.00
D6940	Stress breaker	$75.00
D6950	Precision attachment	$100.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	$25.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$35.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$60.00
D7220	Removal of impacted tooth - soft tissue	$85.00
D7230	Removal of impacted tooth - partially bony	$110.00
D7240	Removal of impacted tooth - completely bony	$150.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$175.00
D7250	Removal of residual tooth roots (cutting procedure)	$85.00
D7251	Coronectomy - intentional partial tooth removal	$175.00
D7280	Exposure of an unerupted tooth	$145.00
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	$60.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$60.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$77.00
D7510	Incision and drainage of abscess - intraoral soft tissue	$46.00
D7520	Incision and drainage of abscess - extraoral soft tissue	$36.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$88.00
D7971	Excision of pericoronal gingiva	$78.00

D8000-D8999 XI. ORTHODONTICS

– *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*

– *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: $200.00

D0210 Intraoral - complete series of radiographic images
D0322 Tomographic survey
D0330 Panoramic radiographic image

CODE	DESCRIPTION	ENROLLEE PAYS
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	$500.00
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$525.00
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$550.00
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$575.00
D8050	Interceptive orthodontic treatment of the primary dentition	$800.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$900.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$2,200.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$2,200.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$2,200.00
D8210	Removable appliance therapy	$195.00
D8220	Fixed appliance therapy	$175.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$125.00
D8670	Periodic orthodontic treatment visit	$75.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	$200.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	$150.00
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$5.00
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	$28.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$30.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$30.00
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
D9910	Application of desensitizing medicament	$7.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	$7.00
D9932	Cleaning and inspection of removable complete denture, maxillary	$5.00
D9933	Cleaning and inspection of removable complete denture, mandibular	$5.00
D9934	Cleaning and inspection of removable partial denture, maxillary	$5.00
D9935	Cleaning and inspection of removable partial denture, mandibular	$5.00
D9941	Fabrication of athletic mouthguard	$5.00
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$130.00
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$130.00

CODE	DESCRIPTION	ENROLLEE PAYS
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$130.00
D9950	Occlusion analysis - mounted case	$100.00
D9951	Occlusal adjustment, limited	$46.00
D9952	Occlusal adjustment, complete	$119.00
D9974	Internal bleaching - per tooth	$88.00
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	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us~~the Administrator~~. The Enrollee pays the Copayment specified for such services.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

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CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999 I.	**DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$0.00
D0140	Limited oral evaluation - problem focused	$0.00
D0145	Oral evaluation for a patient under three years of age	$0.00
D0150	Comprehensive oral evaluation - new or established patient	$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0.00
D0171	Re-evaluation – post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	$0.00
D0190	Screening of a patient	$0.00
D0191	Assessment of a patient	$0.00
D0210	Intra-oral complete series - *limited to 1 series per 3-year period*	$0.00
D0220	Intraoral - periapical first radiographic image	$0.00
D0230	Intraoral - periapical each additional radiographic image	$0.00
D0240	Intraoral - occlusal radiographic image	$0.00
D0270	Bitewing - single radiographic image	$0.00
D0272	Bitewings - two radiographic images	$0.00
D0273	Bitewings - three radiographic images	$0.00
D0274	Bitewings - four radiographic images - *limited to 1 series per 6 consecutive months through age 13, and one series per 12 consecutive months for age 14 and older*	$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$0.00
D0330	Panoramic radiographic image – *limited to 1 per 3-year period*	$0.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	$0.00
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	$0.00
D0460	Pulp vitality tests	$0.00
D0470	Diagnostic casts	$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk – *1 every 3 years*	$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk – *1 every 3 years*	$0.00
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS

D1000-D1999 II. PREVENTIVE

- *One additional Prophylaxis in a twelve consecutive month period for Members under the care of a medical professional for pregnancy. Member Copayments on the Schedule of Benefits shall apply.*
- *Space maintainers only eligible for Members through age 18 when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.*

D1110	Prophylaxis *cleaning* - adult - *2 D1110, D1120 or D4346 per plan year*	$0.00
D1120	Prophylaxis *cleaning* - child - *2 D1110, D1120 or D4346 per plan year*	$0.00
D1206	Topical fluoride varnish - *2 per plan year; through age 18*	$0.00
D1208	Topical application of fluoride – excluding varnish - *2 per plan year; through age 18*	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant - *limited to permanent first and second molars through age 15; 1 per tooth per three years*	$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$0.00
D1353	Sealant repair – per *tooth limited to permanent first and second molars through age 15; 1 per tooth per two years*	$0.00
D1354	Interim caries arresting medicament application – per tooth - *2 per plan year; through age 18*	$0.00
D1510	Space maintainer - fixed, ~~–~~unilateral – per quadrant – *through age 18*	$0.00
D1516	Space maintainer - fixed - bilateral, maxillary – *through age 18*	$0.00
D1517	Space maintainer - fixed - bilateral, mandibular – *through age 18*	$0.00
D1520	Space maintainer - removable, ~~–~~unilateral - per quadrant - *through age 18*	$0.00
~~D1555~~	~~Removal of fixed space maintainer~~	~~$0.00~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$0.00
D1575	Distal shoe space maintainer - fixed, ~~–~~unilateral - per quadrant - *child to age 9*	$0.00

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures*
- *Replacement of crowns, inlays, onlays, buildups, post and cores requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	$0.00
D2150	Amalgam - two surfaces, primary or permanent	$0.00
D2160	Amalgam - three surfaces, primary or permanent	$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	$0.00
D2330	Resin-based composite - one surface, anterior	$0.00
D2331	Resin-based composite - two surfaces, anterior	$0.00
D2332	Resin-based composite - three surfaces, anterior	$0.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$70.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$60.00
D2393	Resin-based composite - three surfaces, posterior	$72.00
D2394	Resin-based composite - four or more surfaces, posterior	$84.00
D2510	Inlay - metallic - one surface	$60.00
D2520	Inlay - metallic - two surfaces	$100.00
D2530	Inlay - metallic - three or more surfaces	$120.00
D2542	Onlay - metallic - two surfaces	$20.00
D2543	Onlay - metallic - three surfaces	$30.00
D2544	Onlay - metallic - four or more surfaces	$50.00
D2710	Crown - resin-based composite (indirect)	$77.00
D2712	Crown – 3/4 resin-based composite (indirect)	$86.00
D2740	Crown - porcelain/ceramic	$270.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2750	Crown - porcelain fused to high noble metal	$276.00
D2751	Crown - porcelain fused to predominantly base metal	$258.00
D2752	Crown - porcelain fused to noble metal	$270.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$276.00
D2780	Crown – 3/4 cast high noble metal	$228.00
D2781	Crown – 3/4 cast predominantly base metal	$228.00
D2782	Crown – 3/4 cast noble metal	$228.00
D2783	Crown – 3/4 porcelain/ceramic	$228.00
D2790	Crown - full cast high noble metal	$228.00
D2791	Crown - full cast predominantly base metal	$258.00
D2792	Crown - full cast noble metal	$264.00
D2794	Crown - titanium and titanium alloys	$290.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations	$15.00
D2920	Re-cement or re-bond crown	$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	$70.00
D2930	Prefabricated stainless steel crown - primary tooth - *anterior primary tooth*	$48.00
D2931	Prefabricated stainless steel crown - permanent tooth	$56.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$48.00
D2940	Protective restoration	$0.00
D2941	Interim therapeutic restoration – primary dentition	$0.00
D2949	Restorative foundation for an indirect restoration	$100.00
D2950	Core buildup, including any pins when required	$100.00
D2951	Pin retention - per tooth, in addition to restoration	$10.00
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	$108.00
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	$45.00
D2954	Prefabricated post and core in addition to crown - *includes canal preparation*	$108.00
D2957	Each additional prefabricated post - same tooth - *includes canal preparation*	$45.00
D2971	Additional procedures to construct new crown under existing partial denture framework	$25.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	$0.00
D3120	Pulp cap - indirect (excluding final restoration)	$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$25.00
D3221	Pulpal debridement, primary and permanent teeth	$15.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - *through age five on primary anterior teeth and through age 11 on primary posterior teeth*	$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) - *through age five on primary anterior teeth and through age 11 on primary posterior teeth*	$55.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration) - *one per tooth per lifetime*	$108.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration) - *one per tooth per lifetime*	$144.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration) - *one per tooth per lifetime*	$198.00
D3346	Retreatment of previous root canal therapy – anterior - *one per tooth per lifetime*	$198.00
D3347	Retreatment of previous root canal therapy – premolar - *one per tooth per lifetime*	$234.00

CODE	DESCRIPTION	ENROLLEE PAYS
D3348	Retreatment of previous root canal therapy – molar - *one per tooth per lifetime*	$288.00
D3410	Apicoectomy - anterior	$107.00
D3421	Apicoectomy - premolar (first root)	$107.00
D3425	Apicoectomy - molar (first root)	$107.00
D3426	Apicoectomy (each additional root)	$41.00
D3427	Periradicular surgery without apicoectomy	$107.00
D3450	Root amputation, per root	$50.00
D3920	Hemisection (including any root removal), not including root canal therapy	$41.00

D4000-D4999 V. PERIODONTICS

– *Surgical periodontal procedures – one per 24 consecutive month period per area of the mouth.*
– *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	$125.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$50.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$0.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$54.00
D4245	Apically positioned flap	$110.00
D4249	Clinical crown lengthening - hard tissue - *one per tooth per lifetime*	$105.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$210.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$110.00
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	$115.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$45.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant or edentulous tooth position in graft	$100.00
D4276	Combined connective tissue and double pedicle graft, per tooth	$100.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$100.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$100.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$60.00
D4320	Provisional splinting - intracoronal	$40.00
D4321	Provisional splinting - extracoronal	$40.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$16.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *2 D1110, D1120 or D4346 per plan year*	$0.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit- *limited to 1 treatment in any 12 consecutive months*	$50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$100.00
D4910	Periodontal maintenance - *limited to 2 treatments per plan year*	$30.00
D4921	Gingival irrigation – per quadrant	$0.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	$264.00
D5120	Complete denture - mandibular	$264.00
D5130	Immediate denture - maxillary	$288.00
D5140	Immediate denture - mandibular	$288.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$174.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$174.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$270.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$270.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$174.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$174.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$270.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$270.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$350.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$350.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	$78.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	$78.00
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	$78.00
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	$78.00
D5410	Adjust complete denture - maxillary	$7.00
D5411	Adjust complete denture - mandibular	$7.00
D5421	Adjust partial denture - maxillary	$7.00
D5422	Adjust partial denture - mandibular	$7.00
D5511	Repair broken complete denture base, mandibular	$21.00
D5512	Repair broken complete denture base, maxillary	$21.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$28.00
D5611	Repair resin partial denture base, mandibular	$23.00
D5612	Repair resin partial denture base, maxillary	$23.00
D5621	Repair cast partial framework, mandibular	$33.00
D5622	Repair cast partial framework, maxillary	$33.00
D5630	Repair or replace broken retentive/clasping materials – per tooth	$23.00
D5640	Replace broken teeth - per tooth	$18.00
D5650	Add tooth to existing partial denture	$23.00

CODE	DESCRIPTION	ENROLLEE PAYS
D5660	Add clasp to existing partial denture – per tooth	$33.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$147.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$147.00
D5710	Rebase complete maxillary denture	$55.00
D5711	Rebase complete mandibular denture	$55.00
D5720	Rebase maxillary partial denture	$48.00
D5721	Rebase mandibular partial denture	$48.00
D5730	Reline complete maxillary denture (chairside)	$40.00
D5731	Reline complete mandibular denture (chairside)	$40.00
D5740	Reline maxillary partial denture (chairside)	$40.00
D5741	Reline mandibular partial denture (chairside)	$40.00
D5750	Reline complete maxillary denture (laboratory)	$55.00
D5751	Reline complete mandibular denture (laboratory)	$55.00
D5760	Reline maxillary partial denture (laboratory)	$55.00
D5761	Reline mandibular partial denture (laboratory)	$55.00
D5810	Interim complete denture (maxillary)	$125.00
D5811	Interim complete denture (mandibular)	$125.00
D5820	Interim partial denture (maxillary) *limited to 1 in any 12 consecutive months*	$105.00
D5821	Interim partial denture (mandibular) *limited to 1 in any 12 consecutive months*	$105.00
D5850	Tissue conditioning, maxillary	$25.00
D5851	Tissue conditioning, mandibular	$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

– Replacement of a crown, fixed denture or retainer requires the existing unit to be 5+ years old.

D6010	Surgical placement of implant body: endosteal implant	$1,983.00
D6011	Second stage implant surgery	$0.00
D6013	Surgical placement of mini implant	$991.50
D6040	Surgical placement: eposteal implant	$1,983.00
D6050	Surgical placement: transosteal implant	$1,783.00
D6058	Abutment supported porcelain/ceramic crown	$1,030.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$1,030.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$970.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$985.00
D6062	Abutment supported cast metal crown (high noble metal)	$1,036.00
D6063	Abutment supported cast metal crown (predominantly base metal)	$925.00
D6064	Abutment supported cast metal crown (noble metal)	$985.00
D6065	Implant supported porcelain/ceramic crown	$1,030.00
D6066	Implant supported ~~porcelain fused to metal~~ crown – ~~(titanium, titanium alloy or~~ porcelain fused to high noble ~~metal~~alloys~~)~~	$1,030.00
D6067	Implant supported ~~metal~~ crown – ~~(titanium, titanium alloy,~~ high noble alloys~~metal)~~	$1,036.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	$54.00
D6082	Implant supported crown – porcelain fused to predominantly base alloys	$970.00
D6083	Implant supported crown – porcelain fused to noble alloys	$985.00
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	$987.00
D6085	Provisional implant crown	$0.00
D6086	Implant supported crown – predominantly base alloys	$925.00
D6087	Implant supported crown – noble alloys	$985.00
D6088	Implant supported crown – titanium and titanium alloys	$987.00
D6092	Re-cement or re-bond implant/abutment supported crown	$66.00
D6094	Abutment supported crown - ~~(~~titanium and titanium alloys~~)~~	$987.00
D6095	Repair implant abutment, by report	$166.00

CODE	DESCRIPTION	ENROLLEE PAYS
D6096	Remove broken implant retaining screw	$66.00
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	$987.00
D6100	Implant removal, by report	$172.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	$54.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	$110.00
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	$115.00
D6104	Bone graft at time of implant placement	$115.00

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

– *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6205	Pontic - indirect resin based composite	$290.00
D6210	Pontic - cast high noble metal	$276.00
D6211	Pontic - cast predominantly base metal	$258.00
D6212	Pontic - cast noble metal	$264.00
D6214	Pontic - titanium and titanium alloys	$297.00
D6240	Pontic - porcelain fused to high noble metal	$276.00
D6241	Pontic - porcelain fused to predominantly base metal	$258.00
D6242	Pontic - porcelain fused to noble metal	$264.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$264.00
D6245	Pontic - porcelain/ceramic	$258.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$150.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$100.00
D6614	Retainer onlay - cast noble metal, two surfaces	$125.00
D6710	Retainer crown - indirect resin based composite	$290.00
D6740	Retainer crown - porcelain/ceramic	$258.00
D6750	Retainer crown - porcelain fused to high noble metal	$276.00
D6751	Retainer crown - porcelain fused to predominantly base metal	$258.00
D6752	Retainer crown - porcelain fused to noble metal	$264.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$276.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$276.00
D6790	Retainer crown - full cast high noble metal	$276.00
D6791	Retainer crown - full cast predominantly base metal	$258.00
D6792	Retainer crown - full cast noble metal	$264.00
D6794	Retainer crown - titanium and titanium alloys	$290.00
D6930	Re-cement or re-bond fixed partial denture	$17.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

– *Oral surgery services are limited to surgical exposure of teeth, removal of teeth, preparation of the mouth for dentures, removal of tooth generated cysts up to 1.25 cm., frenectomy and crown lengthening.*

D7111	Extraction, coronal remnants - primary tooth	$8.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$20.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$27.00
D7220	Removal of impacted tooth - soft tissue	$45.00
D7230	Removal of impacted tooth - partially bony	$55.00
D7240	Removal of impacted tooth - completely bony	$65.00

CODE	DESCRIPTION	ENROLLEE PAYS
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$80.00
D7250	Removal of residual tooth roots (cutting procedure)	$35.00
D7251	Coronectomy – intentional partial tooth removal	$65.00
D7280	Exposure of an unerupted tooth	$52.00
D7283	Placement of device to facilitate eruption of impacted tooth	$13.00
D7285	Incisional biopsy of oral tissue - hard - *does not include pathology laboratory procedures*	$35.00
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	$28.00
D7288	Brush biopsy - transepithelial sample collection	$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$23.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$30.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$30.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$60.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$60.00
D7472	Removal of torus palatinus	$60.00
D7473	Removal of torus mandibularis	$60.00
D7485	Reduction of osseous tuberosity	$60.00
D7510	Incision and drainage of abscess – intraoral soft tissue	$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$53.00
D7963	Frenuloplasty	$27.00
D7972	Surgical reduction of fibrous tuberosity	$60.00

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*
- *Comprehensive orthodontic treatment plan – one per lifetime*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: $150.00

D0210 Intraoral - complete series of radiographic images
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0340 2D cephalometric radiographic image – acquisition, measurement and analysis
D0350 2D oral/facial photographic image obtained intraorally or extra-orally
D0351 3D photographic image
D0470 Diagnostic casts

The benefit for post-treatment records includes: $100.00

D0210 Intraoral - complete series of radiographic images
D0470 Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	$380.00
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$405.00
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$430.00

CODE	DESCRIPTION	ENROLLEE PAYS
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$455.00
D8050	Interceptive orthodontic treatment of the primary dentition	$650.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$750.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$1,950.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$2,200.00
D8210	Removable appliance therapy	$390.00
D8220	Fixed appliance therapy	$370.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	$150.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	$0.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$15.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$20.00
D9211	Regional block anesthesia	$26.00
D9212	Trigeminal division block anesthesia	$15.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	$18.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$0.00
D9222	Deep sedation/general anesthesia - first 15 minutes	$103.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$103.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$100.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$100.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$20.00
D9311	Consultation with medical health care professional	$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0.00
D9440	Office visit - after regularly scheduled hours	$30.00
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9630	Drugs or medicaments~~,~~ dispensed in the office for home use	$20.00
D9932	Cleaning and inspection of removable complete denture, maxillary	$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	$0.00
D9951	Occlusal adjustment, limited	$20.00
D9952	Occlusal adjustment, complete	$45.00
D9990	Certified translation or sign-language services – per visit	$0.00
D9991	Dental case management - addressing appointment compliance barriers	$0.00
D9992	Dental case management - care coordination	$0.00
D9995	Teledentistry - synchronous; real-time encounter	$0.00
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	$0.00
D9997	Dental case management – patients with special health care needs	$0.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us~~the Administrator~~. The Enrollee pays the Copayment specified for such services.

[[AS1]SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$0.00
D0140	Limited oral evaluation - problem focused	$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0.00
D0150	Comprehensive oral evaluation - new or established patient	$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0.00
D0171	Re-evaluation - post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	$40.00
D0190	Screening of a patient	$0.00
D0191	Assessment of a patient	$0.00
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	$0.00
D0220	Intraoral - periapical first radiographic image	$0.00
D0230	Intraoral - periapical each additional radiographic image	$0.00
D0240	Intraoral - occlusal radiographic image	$0.00
D0270	Bitewing - single radiographic image	$0.00
D0272	Bitewings - two radiographic images	$0.00
D0273	Bitewings three radiographic images	$0.00
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$0.00
D0330	Panoramic radiographic image	$0.00
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	$0.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp vitality tests	$11.00
D0470	Diagnostic casts	$0.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	$0.00
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	$0.00

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult – *limited to 2 D1110, D1120 or D4346 per calendar year*	$0.00
D1110	*Additional prophylaxis cleaning - adult (within the 12 month period)*	*$45.00*
D1120	Prophylaxis cleaning - child - *limited to 2 D1110, D1120 or D4346 per calendar year*	$0.00
D1120	*Additional prophylaxis cleaning - child (within the 12 month period)*	*$30.00*
D1206	Topical application of fluoride varnish - *child to age 19; 2 D1206 or D1208 per calendar year*	$0.00
D1208	Topical application of fluoride - excluding varnish - *child to age 19; 2 D1206 or D1208 per calendar year*	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$15.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$15.00
D1354	Interim caries arresting medicament application - per tooth *child to age 19; 2 per calendar year*	$0.00
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
~~D1555~~	~~Removal of fixed space maintainer~~	~~$0.00~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$0.00
D1575	Distal shoe space maintainer - fixed, ~~-~~unilateral - per quadrant - *child to age 9*	$95.00

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $130.00 per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	$16.00
D2150	Amalgam - two surfaces, primary or permanent	$21.00
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
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	$410.00
D2520	Inlay - metallic - two surfaces	$410.00
D2530	Inlay - metallic - three or more surfaces	$410.00
D2542	Onlay - metallic - two surfaces	$470.00
D2543	Onlay - metallic - three surfaces	$470.00
D2544	Onlay - metallic - four or more surfaces	$470.00

CODE	DESCRIPTION	ENROLLEE PAYS
D2740	Crown - porcelain/ceramic	$505.00
D2750	Crown - porcelain fused to high noble metal	$460.00
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
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
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$41.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$41.00
D2920	Re-cement or re-bond crown	$41.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	$80.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	$98.00
D2930	Prefabricated stainless steel crown - primary tooth	$98.00
D2931	Prefabricated stainless steel crown - permanent tooth	$98.00
D2932	Prefabricated resin crown - anterior primary tooth	$120.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	$145.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$145.00
D2940	Protective restoration	$13.00
D2941	Interim therapeutic restoration - primary dentition	$13.00
D2949	Restorative foundation for an indirect restoration	$98.00
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 - includes canal preparation	$155.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	$130.00
D2960	Labial veneer (resin laminate) – chairside	$95.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	$15.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	$33.00
D3120	Pulp cap - indirect (excluding final restoration)	$33.00
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
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$78.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$315.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$370.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$505.00
D3331	Treatment of root canal obstruction; non-surgical access	$135.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$135.00
D3333	Internal root repair of perforation defects	$135.00
D3346	Retreatment of previous root canal therapy - anterior	$420.00
D3347	Retreatment of previous root canal therapy - premolar	$475.00
D3348	Retreatment of previous root canal therapy - molar	$605.00
D3410	Apicoectomy - anterior	$375.00
D3421	Apicoectomy - premolar (first root)	$405.00
D3425	Apicoectomy - molar (first root)	$430.00
D3426	Apicoectomy (each additional root)	$145.00
D3427	Periradicular surgery without apicoectomy	$375.00

CODE	DESCRIPTION	ENROLLEE PAYS
D3430	Retrograde filling - per root	$100.00

D4000-D4999 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	$120.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$120.00
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	$295.00
D4249	Clinical crown lengthening - hard tissue	$325.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$595.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$310.00
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
D4266	Guided tissue regeneration - resorbable barrier, per site	$380.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	$430.00
D4270	Pedicle soft tissue graft procedure	$395.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant or edentulous tooth position in graft	$395.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$395.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$198.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$237.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$110.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$61.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *limited to 2 D1110, D1120 or D4346 per calendar year*	$0.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$83.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$45.00
D4910	Periodontal maintenance - *limited to 2 per calendar year*	$78.00
D4921	Gingival irrigation - per quadrant	$0.00

D5000-D5899 VI. PROSTHODONTICS (removable)

– *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

CODE	DESCRIPTION	ENROLLEE PAYS

– *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
– *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

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
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 any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$640.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$410.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$410.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$640.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$640.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$410.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$410.00
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
D5611	Repair resin partial denture base, mandibular	$65.00
D5612	Repair resin partial denture base, maxillary	$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	$82.00
D5640	Replace broken teeth - per tooth	$65.00
D5650	Add tooth to existing partial denture	$65.00
D5660	Add clasp to existing partial denture - per tooth	$82.00
D5710	Rebase complete maxillary denture	$195.00
D5711	Rebase complete mandibular denture	$195.00
D5720	Rebase maxillary partial denture	$195.00
D5721	Rebase mandibular partial denture	$195.00
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
D5810	Interim complete denture (maxillary)	$295.00
D5811	Interim complete denture (mandibular)	$295.00
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	$235.00
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	$235.00

CODE	DESCRIPTION	ENROLLEE PAYS

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $130.00 per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

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	$430.00
D6245	Pontic - porcelain/ceramic	$450.00
D6602	Retainer inlay - cast high noble metal, two surfaces	$460.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$460.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$405.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$405.00
D6606	Retainer inlay - cast noble metal, two surfaces	$430.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	$430.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$460.00
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
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	$460.00
D6634	Retainer onlay – titanium	$460.00
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
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
D6794	Retainer crown – titanium and titanium alloys	$460.00
D6930	Re-cement or re-bond fixed partial denture	$62.00

D7000-D7999 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
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

CODE	DESCRIPTION	ENROLLEE PAYS
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	$315.00
D7261	Primary closure of a sinus perforation	$315.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$155.00
D7280	Exposure of an unerupted tooth	$185.00
D7283	Placement of device to facilitate eruption of impacted tooth	$44.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$155.00
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	$120.00
D7287	Exfoliative cytological sample collection	$67.00
D7288	Brush biopsy - transepithelial sample collection	$67.00
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	$50.00
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	$66.00
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
D7485	Reduction of osseous tuberosity	135.00
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
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$11.00
D7963	Frenuloplasty	$17.00

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: $0.00

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally
D0351	3D photographic image
D0470	Diagnostic casts

CODE	DESCRIPTION	ENROLLEE PAYS
	The benefit for post-treatment records includes:	$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8050	Interceptive orthodontic treatment of the primary dentition	$1,148.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$1,401.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$2,774.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$2,774.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$3,590.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$61.00
D8670	Periodic orthodontic treatment visit	$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	$345.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session and records*	$175.00
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$45.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$0.00
D9222	Deep sedation/general anesthesia - first 15 minutes	$73.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$73.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	$73.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$73.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$0.00
D9311	Consultation with medical health care professional	$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0.00
D9440	Office visit - after regularly scheduled hours	$70.00
D9450	Case presentation, detailed and extensive treatment planning	$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary	$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	$0.00
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9951	Occlusal adjustment, limited	$50.00
D9952	Occlusal adjustment, complete	$260.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	$165.00
D9990	Certified translation or sign-language services - per visit	$0.00
D9991	Dental case management - addressing appointment compliance barriers	$0.00
D9992	Dental case management - care coordination	$0.00
D9995	Teledentistry - synchronous; real-time encounter	$0.00

CODE	DESCRIPTION	ENROLLEE PAYS
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	$0.00
D9997	Dental case management – patients with special health care needs	$0.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be authorized by us~~the Plan~~. The Enrollee pays the Copayment specified for such services. *

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**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	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 36 months*	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
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental 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 - *limited to 2 series every 12 months*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - *limited to 1 every 36 months*	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No Cost
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	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 - *available only when performed in conjunction with a covered biopsy*	No Cost
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult - *3 D1110, D1120 or D4346 per 12 month period*	No Cost
D1120	Prophylaxis cleaning - child - *3 D1110, D1120 or D4346 per 12 month period*	No Cost
D1206	Topical application of fluoride varnish - *3 D1206 or D1208 per 12 month period*	No Cost
D1208	Topical application of fluoride - excluding varnish - *3 D1206 or D1208 per 12 month period*	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to 1 per tooth per 3 years for permanent molars through age 15*	No Cost
D1354	Interim caries arresting medicament application – per tooth *3 per 12 month period*	No Cost
D1510	Space maintainer - fixed, ~~-~~unilateral – per quadrant	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular	No Cost
D1520	Space maintainer - removable, ~~-~~unilateral – per quadrant	No Cost
D1526	Space maintainer - removable - bilateral, maxillary	No Cost
D1527	Space maintainer - removable - bilateral, mandibular	No Cost
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~No Cost~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	No Cost
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	No Cost
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	No Cost
~~D1555~~	~~Removal of fixed space maintainer~~	~~No Cost~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	No Cost
D1557	Removal of fixed bilateral space maintainer – maxillary	No Cost
D1558	Removal of fixed bilateral space maintainer – mandibular	No Cost
D1575	Distal shoe space maintainer - fixed, ~~-~~unilateral – per quadrant	No Cost

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional $125.00 per crown, beyond the 6th unit.*
- *The cost for the use of porcelain, noble, high noble or titanium metal is included in the listed copayment.*

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	$85.00
D2392	Resin-based composite - two surfaces, posterior	$109.00
D2393	Resin-based composite - three surfaces, posterior	$133.00
D2394	Resin-based composite - four or more surfaces, posterior	$140.00
D2510	Inlay - metallic - one surface	$20.00
D2520	Inlay - metallic - two surfaces	$145.00
D2530	Inlay - metallic - three or more surfaces	$145.00
D2542	Onlay - metallic - two surfaces	$145.00
D2543	Onlay - metallic - three surfaces	$145.00
D2544	Onlay - metallic - four or more surfaces	$145.00
D2610	Inlay - porcelain/ceramic - one surface	$145.00
D2620	Inlay - porcelain/ceramic - two surfaces	$145.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	$145.00
D2642	Onlay - porcelain/ceramic - two surfaces	$145.00
D2643	Onlay - porcelain/ceramic - three surfaces	$145.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	$145.00
D2650	Inlay - resin-based composite - one surface	$145.00
D2651	Inlay - resin-based composite - two surfaces	$145.00
D2652	Inlay - resin-based composite - three or more surfaces	$145.00
D2662	Onlay - resin-based composite - two surfaces	$145.00
D2663	Onlay - resin-based composite - three surfaces	$145.00
D2664	Onlay - resin-based composite - four or more surfaces	$145.00
D2710	Crown - resin-based composite (indirect)	$20.00
D2712	Crown – 3/4 resin-based composite (indirect)	$20.00
D2720	Crown - resin with high noble metal	$165.00
D2721	Crown - resin with predominantly base metal	$40.00
D2722	Crown - resin with noble metal	$165.00
D2740	Crown - porcelain/ceramic	$30.00
D2750	Crown - porcelain fused to high noble metal	$165.00
D2751	Crown - porcelain fused to predominantly base metal	$40.00
D2752	Crown - porcelain fused to noble metal	$165.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$165.00
D2780	Crown – 3/4 cast high noble metal	$165.00
D2781	Crown – 3/4 cast predominantly base metal	$40.00
D2782	Crown – 3/4 cast noble metal	$165.00
D2783	Crown – 3/4 porcelain/ceramic	$30.00
D2790	Crown - full cast high noble metal	$165.00
D2791	Crown - full cast predominantly base metal	$40.00
D2792	Crown - full cast noble metal	$165.00
D2794	Crown - titanium and titanium alloys	$40.00
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - anterior primary tooth	No Cost
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	No Cost
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	No Cost
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	$10.00
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	No Cost
D2955	Post removal	No Cost
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	$10.00
D2960	Labial veneer (resin laminate) - chairside - *limited to replacement of significant tooth structure loss due to caries or fracture*	$250.00
D2961	Labial veneer (resin laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	$300.00
D2962	Labial veneer (porcelain laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	$350.00
D2971	Additional procedures to construct new crown under existing partial denture framework	$25.00
D2980	Crown repair necessitated by restorative material failure	No Cost

D3000-D3999 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	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$20.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$30.00
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	$40.00
D3331	Treatment of root canal obstruction; non-surgical access	$40.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$35.00
D3333	Internal root repair of perforation defects	$40.00
D3346	Retreatment of previous root canal therapy - anterior - *limited to 1 per tooth per lifetime*	No Cost
D3347	Retreatment of previous root canal therapy - premolar - *limited to 1 per tooth per lifetime*	No Cost
D3348	Retreatment of previous root canal therapy - molar - *limited to 1 per tooth per lifetime*	No Cost
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - premolar (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost
D3910	Surgical procedure for isolation of tooth with rubber dam	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost
D3950	Canal preparation and fitting of preformed dowel or post	No Cost

D4000-D4999 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	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4245	Apically positioned flap	No Cost
D4249	Clinical crown lengthening - hard tissue - *limited to 1 per tooth per lifetime*	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	No Cost
D4263	Bone replacement graft - retained natural tooth - first site in quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	$120.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant - *limited to 1 per 36 consecutive month period, per quadrant*	$92.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) - *limited to 1 per 36 consecutive month period, per quadrant*	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 24 consecutive months*	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 24 consecutive months*	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *3 D1110, D1120 or D4346 per 12 month period*	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$43.00
D4910	Periodontal maintenance - *following active periodontal therapy are limited to 2 treatments each 12 month period in combination with routine prophylaxis*	No Cost
D4999	Periodontal charting for planning treatment of periodontal disease	No Cost
D4999	Periodontal hygiene instruction	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments, tissue conditioning, relines or rebases, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Subsequent denture relines or rebases are limited to 1 per denture during any 36 consecutive months thereafter.*

D5110	Complete denture - maxillary	$50.00
D5120	Complete denture - mandibular	$50.00
D5130	Immediate denture - maxillary	$50.00
D5140	Immediate denture - mandibular	$50.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$50.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$50.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$55.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$55.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$50.00

CODE	DESCRIPTION	ENROLLEE PAYS
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$50.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$55.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	$55.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$63.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$63.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	$25.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	$25.00
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) – per quadrant	$25.00
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) – per quadrant	$25.00
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$36.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$36.00
D5710	Rebase complete maxillary denture	No Cost
D5711	Rebase complete mandibular denture	No Cost
D5720	Rebase maxillary partial denture	No Cost
D5721	Rebase mandibular partial denture	No Cost
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	$15.00
D5751	Reline complete mandibular denture (laboratory)	$15.00
D5760	Reline maxillary partial denture (laboratory)	$15.00
D5761	Reline mandibular partial denture (laboratory)	$15.00
D5810	Interim complete denture (maxillary)	$50.00
D5811	Interim complete denture (mandibular)	$50.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	$50.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	$50.00
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost
D5862	Precision attachment, by report	$160.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

CODE	DESCRIPTION	ENROLLEE PAYS

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a retainer crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $125.00 per unit, beyond the 6th unit.*
- *The cost for the use of porcelain, noble, high noble or titanium metal is included in the listed copayment.*

D6205	Pontic - indirect resin based composite	$40.00
D6210	Pontic - cast high noble metal	$165.00
D6211	Pontic - cast predominantly base metal	$40.00
D6212	Pontic - cast noble metal	$165.00
D6214	Pontic - titanium and titanium alloys	$40.00
D6240	Pontic - porcelain fused to high noble metal	$165.00
D6241	Pontic - porcelain fused to predominantly base metal	$40.00
D6242	Pontic - porcelain fused to noble metal	$165.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$165.00
D6245	Pontic - porcelain/ceramic	$40.00
D6250	Pontic - resin with high noble metal	$165.00
D6251	Pontic - resin with predominantly base metal	$40.00
D6252	Pontic - resin with noble metal	$165.00
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$40.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	$145.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	$145.00
D6602	Retainer inlay - cast high noble metal, two surfaces	$165.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$165.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$40.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$40.00
D6606	Retainer inlay - cast noble metal, two surfaces	$165.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	$165.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$145.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$145.00
D6610	Retainer onlay - cast high noble metal, two surfaces	$165.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$165.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$40.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$40.00
D6614	Retainer onlay - cast noble metal, two surfaces	$165.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	$165.00
D6710	Retainer crown - indirect resin based composite	$40.00
D6720	Retainer crown - resin with high noble metal	$165.00
D6721	Retainer crown - resin with predominantly base metal	$40.00
D6722	Retainer crown - resin with noble metal	$165.00
D6740	Retainer crown - porcelain/ceramic	$40.00
D6750	Retainer crown - porcelain fused to high noble metal	$165.00
D6751	Retainer crown - porcelain fused to predominantly base metal	$40.00
D6752	Retainer crown - porcelain fused to noble metal	$165.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$165.00
D6780	Retainer crown – 3/4 cast high noble metal	$165.00
D6781	Retainer crown – 3/4 cast predominantly base metal	$40.00
D6782	Retainer crown – 3/4 cast noble metal	$165.00
D6783	Retainer crown – 3/4 porcelain/ceramic	$40.00
D6784	Retainer crown – 3/4 titanium and titanium alloys	$165.00
D6790	Retainer crown - full cast high noble metal	$165.00
D6791	Retainer crown - full cast predominantly base metal	$40.00
D6792	Retainer crown - full cast noble metal	$165.00
D6794	Retainer crown - titanium and titanium alloys	$40.00
D6930	Re-cement or re-bond fixed partial denture	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D6940	Stress breaker	$110.00
D6950	Precision attachment	$195.00
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*
- *Extractions solely for orthodontic purposes are not covered.*
- *Removal of asymptomatic third molars is not covered.*

D7111	Extraction, coronal remnants - primary tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) - *does not include pathology laboratory procedures*	No Cost
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	No Cost
D7287	Exfoliative cytological sample collection	$45.00
D7288	Brush biopsy - transepithelial sample collection	$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$15.00
D7520	Incision and drainage of abscess - extraoral soft tissue	No Cost
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$15.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost
D7963	Frenuloplasty	No Cost
D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*
- *Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's usual fee.*

CODE	DESCRIPTION	ENROLLEE PAYS
Pre and post orthodontic records include:		
The benefit for pre-treatment records and diagnostic services includes:		$100.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		$65.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$1,000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$1,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$1,250.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	No Cost
D8670	Periodic orthodontic treatment visit - *included in comprehensive case fee*	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	$240.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	$100.00
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9120	Fixed partial denture sectioning	No Cost
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	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	$68.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$68.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$15.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$42.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$42.00
D9248	Non-intravenous conscious sedation	$15.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	$40.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9610	Therapeutic parenteral drug, single administration	$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$25.00
D9630	Drugs or medicaments dispensed in the office for home use	$15.00
D9910	Application of desensitizing medicament	$15.00
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9942	Repair and/or reline of occlusal guard	$40.00
D9943	Occlusal guard adjustment	$10.00

CODE	DESCRIPTION	ENROLLEE PAYS
D9944	Occlusal guard - hard appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	$85.00
D9945	Occlusal guard - soft appliance, full arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	$85.00
D9946	Occlusal guard - hard appliance, partial arch – *limited to 1 D9944, D9945 or D9946 in 3 years*	$85.00
D9951	Occlusal adjustment, limited	No Cost
D9952	Occlusal adjustment, complete	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	$125.00
D9986	Missed appointment - *without 24 hour notice*	$25.00
D9987	Canceled appointment - *if less than 24 hour notice, See D9986*	No Cost
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us~~Delta Dental~~. The Enrollee pays the Copayment specified for such services.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$35.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$35.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$35.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$35.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$20.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$15.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$35.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$20.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings - three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	[No Cost-$20.00]
D0330	Panoramic radiographic image	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$20.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[No Cost-$20.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-$20.00]
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-$20.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis *cleaning* - adult - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1120	Prophylaxis *cleaning* - child - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1206	Topical application of fluoride varnish - *child to age 19; [1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1208	Topical application of fluoride - excluding varnish - *child to age 19*; *[1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1354	Interim caries arresting medicament application – per tooth - *child to age 19; [1-3] per [6-12] month period*	[No Cost-$20.00]
D1510	Space maintainer - fixed, ~~–~~unilateral - per quadrant	[No Cost-$120.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$120.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$120.00]
D1520	Space maintainer - removable, ~~–~~unilateral - per quadrant	[No Cost-$120.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$120.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$120.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost-$20.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$20.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$20.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$20.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost-$20.00]~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$20.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$20.00]
D1575	Distal shoe space maintainer - fixed, ~~–~~unilateral - per quadrant - *child to age 9*	[No Cost-$120.00]

D2000-D2999 III. RESTORATIVE

– *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$35.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$40.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$45.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$50.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$60.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$65.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$65.00]
D2390	Resin-based composite crown, anterior	[No Cost-$80.00]
D2391	Resin-based composite - one surface, posterior * [1]	[Optional]
D2392	Resin-based composite - two surfaces, posterior * [1]	[Optional]
D2393	Resin-based composite - three surfaces, posterior * [1]	[Optional]
D2394	Resin-based composite - four or more surfaces, posterior * [1]	[Optional]
D2510	Inlay - metallic - one surface [2,4]	[No Cost-$350.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2520	Inlay - metallic - two surfaces [2,4]	[No Cost-$360.00]
D2530	Inlay - metallic - three or more surfaces [2,4]	[No Cost-$370.00]
D2542	Onlay - metallic - two surfaces [2,4]	[No Cost-$370.00]
D2543	Onlay - metallic - three surfaces [2,4]	[No Cost-$380.00]
D2544	Onlay - metallic - four or more surfaces [2,4]	[No Cost-$390.00]
D2610	Inlay - porcelain/ceramic - one surface * [4]	[Optional]
D2620	Inlay - porcelain/ceramic - two surfaces * [4]	[Optional]
D2630	Inlay - porcelain/ceramic - three or more surfaces * [4]	[Optional]
D2642	Onlay - porcelain/ceramic - two surfaces * [4]	[Optional]
D2643	Onlay - porcelain/ceramic - three surfaces * [4]	[Optional]
D2644	Onlay - porcelain/ceramic - four or more surfaces * [4]	[Optional]
D2650	Inlay - resin-based composite - one surface * [4]	[Optional]
D2651	Inlay - resin-based composite - two surfaces * [4]	[Optional]
D2652	Inlay - resin-based composite - three or more surfaces * [4]	[Optional]
D2662	Onlay - resin-based composite - two surfaces * [4]	[Optional]
D2663	Onlay - resin-based composite - three surfaces * [4]	[Optional]
D2664	Onlay - resin-based composite - four or more surfaces * [4]	[Optional]
D2710	Crown - resin-based composite (indirect) [3,4]	[No Cost-$190.00]
D2712	Crown – 3/4 resin-based composite (indirect) [3,4]	[No Cost-$190.00]
D2720	Crown - resin with high noble metal [2,3,4]	[No Cost-$515.00]
D2721	Crown - resin with predominantly base metal [3,4]	[No Cost-$400.00]
D2722	Crown - resin with noble metal [3,4]	[No Cost-$390.00]
D2740	Crown - porcelain/ceramic [3,4]	[No Cost-$420.00]
D2750	Crown - porcelain fused to high noble metal [2,3,4]	[No Cost-$515.00]
D2751	Crown - porcelain fused to predominantly base metal [3,4]	[No Cost-$390.00]
D2752	Crown - porcelain fused to noble metal [3,4]	[No Cost-$390.00]
D2753	Crown - porcelain fused to titanium and titanium alloys [2,3,4]	[No Cost-$515.00]
D2780	Crown – 3/4 cast high noble metal [2,4]	[No Cost-$515.00]
D2781	Crown – 3/4 cast predominantly base metal [4]	[No Cost-$390.00]
D2782	Crown -3/4 cast noble metal [4]	[No Cost-$390.00]
D2790	Crown - full cast high noble metal [2,4]	[No Cost-$515.00]
D2791	Crown - full cast predominantly base metal [4]	[No Cost-$390.00]
D2792	Crown - full cast noble metal [4]	[No Cost-$390.00]
D2794	Crown - titanium and titanium alloys [2,4]	[No Cost-$515.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$20.00]
D2920	Re-cement or re-bond crown	[No Cost-$20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$65.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[No Cost-$120.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$120.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$120.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$140.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$120.00]
D2940	Protective restoration	[No Cost-$35.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$35.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$60.00]
D2950	Core buildup, including any pins when required	[No Cost-$60.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$60.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation* [2]	[No Cost-$95.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation* [2]	[No Cost-$65.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$85.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$60.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$80.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$75.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$75.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost-$20.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$25.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$25.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$30.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$50.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$30.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3310	*Root canal* -endodontic therapy, anterior tooth (excluding final restoration) [5]	[No Cost-$190.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration) [5]	[No Cost-$255.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration) [5]	[No Cost-$345.00]
D3331	Treatment of root canal obstruction; non-surgical access [5]	[No Cost-$190.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth [5]	[No Cost-$190.00]
D3346	Retreatment of previous root canal therapy - anterior [5]	[No Cost-$210.00]
D3347	Retreatment of previous root canal therapy - premolar [5]	[No Cost-$280.00]
D3348	Retreatment of previous root canal therapy - molar [5]	[No Cost-$370.00]
D3410	Apicoectomy - anterior [5]	[No Cost-$215.00]
D3421	Apicoectomy - premolar (first root) [5]	[No Cost-$215.00]
D3425	Apicoectomy - molar (first root) [5]	[No Cost-$215.00]
D3426	Apicoectomy (each additional root) [5]	[No Cost-$110.00]
D3427	Periradicular surgery without apicoectomy [5]	[No Cost-$215.00]
D3430	Retrograde filling - per root [5]	[No Cost-$100.00]
D3450	Root amputation - per root - *not covered in conjunction with a hemisection* [5]	[No Cost-$115.00]

D4000-D4999 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	[No Cost-$400.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$150.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$150.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$95.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$90.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$95.00]
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	[No Cost-$75.00]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary [6,8]	[No Cost-$505.00]
D5120	Complete denture - mandibular [6,8]	[No Cost-$505.00]
D5130	Immediate denture - maxillary [6,8]	[No Cost-$575.00]
D5140	Immediate denture - mandibular [6,8]	[No Cost-$575.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) [6,8]	[No Cost-$500.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) [6,8]	[No Cost-$500.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [6,8]	[No Cost-$540.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [6,8]	[No Cost-$540.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [6,8]	[No Cost-$500.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [6,8]	[No Cost-$500.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [6,8]	[No Cost-$540.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [6,8]	[No Cost-$540.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) [6,8]	[No Cost-$590.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) [6,8]	[No Cost-$590.00]
D5410	Adjust complete denture - maxillary [6]	[No Cost-$20.00]
D5411	Adjust complete denture - mandibular [6]	[No Cost-$20.00]
D5421	Adjust partial denture - maxillary [6]	[No Cost-$20.00]
D5422	Adjust partial denture - mandibular [6]	[No Cost-$20.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$75.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$50.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$75.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$75.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$75.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$75.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$75.00]
D5640	Replace broken teeth - per tooth	[No Cost-$40.00]
D5650	Add tooth to existing partial denture	[No Cost-$40.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$75.00]
D5710	Rebase complete maxillary denture [7]	[No Cost-$180.00]
D5711	Rebase complete mandibular denture [7]	[No Cost-$180.00]
D5720	Rebase maxillary partial denture [7]	[No Cost-$180.00]
D5721	Rebase mandibular partial denture [7]	[No Cost-$180.00]
D5730	Reline complete maxillary denture (chairside) [7]	[No Cost-$100.00]
D5731	Reline complete mandibular denture (chairside) [7]	[No Cost-$100.00]
D5740	Reline maxillary partial denture (chairside) [7]	[No Cost-$100.00]
D5741	Reline mandibular partial denture (chairside) [7]	[No Cost-$100.00]
D5750	Reline complete maxillary denture (laboratory) [7]	[No Cost-$170.00]
D5751	Reline complete mandibular denture (laboratory) [7]	[No Cost-$170.00]
D5760	Reline maxillary partial denture (laboratory) [7]	[No Cost-$170.00]
D5761	Reline mandibular partial denture (laboratory) [7]	[No Cost-$170.00]
D5820	Interim partial denture (maxillary) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [6]	[No Cost-$50.00]
D5821	Interim partial denture (mandibular) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [6]	[No Cost-$50.00]
D5850	Tissue conditioning, maxillary [6,7]	[No Cost-$50.00]
D5851	Tissue conditioning, mandibular [6,7]	[No Cost-$50.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).

D6210	Pontic - cast high noble metal [2,9]	[No Cost-$515.00]
D6211	Pontic - cast predominantly base metal [9]	[No Cost-$395.00]
D6212	Pontic - cast noble metal [9]	[No Cost-$395.00]
D6240	Pontic - porcelain fused to high noble metal [2,3,9]	[No Cost-$515.00]
D6241	Pontic - porcelain fused to predominantly base metal [3,9]	[No Cost-$395.00]
D6242	Pontic - porcelain fused to noble metal [3,9]	[No Cost-$395.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys [3,9]	[No Cost-$395.00]
D6245	Pontic - porcelain/ceramic * [9]	[Optional]
D6250	Pontic - resin with high noble metal [2,3,9]	[No Cost-$515.00]
D6251	Pontic - resin with predominantly base metal [3,9]	[No Cost-$395.00]
D6252	Pontic - resin with noble metal [3,9]	[No Cost-$395.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces * [9]	[Optional]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces * [9]	[Optional]
D6602	Retainer inlay - cast high noble metal, two surfaces [2,3,9]	[No Cost-$395.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces [2,3,9]	[No Cost-$410.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces [3,9]	[No Cost-$275.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces [3,9]	[No Cost-$290.00]
D6606	Retainer inlay - cast noble metal, two surfaces [3,9]	[No Cost-$275.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces [3,9]	[No Cost-$290.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces * [9]	[Optional]

CODE	DESCRIPTION	ENROLLEE PAYS
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces * [9]	[Optional]
D6610	Retainer onlay - cast high noble metal, two surfaces [2,3,9]	[No Cost-$375.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces [2,3,9]	[No Cost-$410.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces [3,9]	[No Cost-$280.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces [3,9]	[No Cost-$300.00]
D6614	Retainer onlay - cast noble metal, two surfaces [3,9]	[No Cost-$275.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces [3,9]	[No Cost-$290.00]
D6720	Retainer crown - resin with high noble metal [2,3,9]	[No Cost-$515.00]
D6721	Retainer crown - resin with predominantly base metal [3,9]	[No Cost-$390.00]
D6722	Retainer crown - resin with noble metal [3,9]	[No Cost-$390.00]
D6740	Retainer crown - porcelain/ceramic * [9]	[Optional]
D6750	Retainer crown - porcelain fused to high noble metal [2,3,9]	[No Cost-$515.00]
D6751	Retainer crown - porcelain fused to predominantly base metal [3,9]	[No Cost-$390.00]
D6752	Retainer crown - porcelain fused to noble metal [3,9]	[No Cost-$390.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys [2,3,9]	[No Cost-$515.00]
D6780	Retainer crown – 3/4 cast high noble metal [2,9]	[No Cost-$515.00]
D6781	Retainer crown – 3/4 cast predominantly base metal [9]	[No Cost-$390.00]
D6782	Retainer crown – 3/4 cast noble metal [9]	[No Cost-$390.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys [2,9]	[No Cost-$515.00]
D6790	Retainer crown - full cast high noble metal [2,9]	[No Cost-$515.00]
D6791	Retainer crown - full cast predominantly base metal [9]	[No Cost-$390.00]
D6792	Retainer crown - full cast noble metal [9]	[No Cost-$390.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$30.00]
D6940	Stress breaker [9]	[No Cost-$80.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$60.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$30.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$30.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$65.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$100.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$250.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$280.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$245.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$180.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$245.00]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$200.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$225.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$40.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$100.00]

D8000-D8999 XI. ORTHODONTICS

D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* [10]	[No Cost-$2,750.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* [10]	[No Cost-$2,750.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* [10]	[No Cost-$2,950.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development - *not to be charged with any other consultation procedure(s)* [11]	[No Cost-$75.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) [12]	[No Cost-$300.00]
D8681	Removable orthodontic retainer adjustment [12]	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report - ***includes START UP FEES (including initial examination, diagnosis, consultation and initial banding)***	[No Cost-$350.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$25.00]
D9211	Regional block anesthesia	[No Cost-$20.00]
D9212	Trigeminal division block anesthesia	[No Cost-$20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$45.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$15.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$55.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9986	Missed appointment – *without 24 hour notice - per 15 minutes of appointment time*	[No Cost-$20.00]
	[- up to an overall maximum of	*[No Cost - $50.00]]*
D9987	Canceled appointment – *without 24 hour notice - per 15 minutes of appointment time*	[No Cost-$20.00]
	[- up to an overall maximum of	*[No Cost - $50.00]]*
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

CODE	DESCRIPTION	ENROLLEE PAYS

FOOTNOTES

* Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's ~~F~~filed ~~F~~fee for the Optional procedure and the ~~F~~filed ~~F~~fee for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits. ~~Filed Fees mean the Contract Dentist's fees on file with [Company]. Questions regarding the DeltaCare USA Program should be directed to [Company]'s Customer Service department at [800-422-4234].~~

1 An amalgam is the Benefit.

2 Base or noble metal is the Benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to [$50.00-$100.00] per tooth will be charged. This charge also applies to titanium crowns.

3 Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of [$75.00-$150.00].

4 Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.

5 A Benefit for permanent teeth only.

6 Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

7 Limited to [1-3] per denture during any 12 consecutive months.

8 Replacement is subject to a limitation requiring the existing denture to be 5+ years old.

9 Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.

10 Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of [$25.00-$75.00] applies.

11 In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00-$50.00] will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.

12 Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of [$25.00-$75.00] applies.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEEPAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$35.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$35.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$35.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$35.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$20.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$15.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$35.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$20.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical, each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings - three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	[No Cost-$20.00]
D0330	Panoramic radiographic image	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$20.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report	[No Cost-$20.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-$20.00]
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-$20.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis *cleaning* - adult - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1120	Prophylaxis *cleaning* - child - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D1206	Topical application of fluoride varnish - *child to age 19; [1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1208	Topical application of fluoride - excluding varnish - *child to age 19; [1-3] D1206 or D1208 per [6-12] month period*	[No Cost-$20.00]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	[No Cost-$20.00]
D1354	Interim caries arresting medicament application – per tooth - *child to age 19; [1-3] per [6-12] month period*	[No Cost-$20.00]
D1510	Space maintainer ~~-~~ fixed, ~~-~~unilateral - per quadrant	[No Cost-$120.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$120.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$120.00]
D1520	Space maintainer - removable, ~~-~~unilateral - per quadrant	[No Cost-$120.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$120.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$120.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost-$20.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$20.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$20.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$20.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost-$20.00]~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$20.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$20.00]
D1575	Distal shoe space maintainer - fixed, ~~-~~unilateral - per quadrant - *child to age 9*	[No Cost-$120.00]

D2000-D2999 III. RESTORATIVE

– *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$35.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$40.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$45.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$50.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$60.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$65.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$65.00]
D2390	Resin-based composite crown, anterior	[No Cost-$80.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$80.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$90.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$100.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$115.00]
D2510	Inlay - metallic - one surface [1,3]	[No Cost-$350.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D2520	Inlay - metallic - two surfaces [1,3]	[No Cost-$360.00]
D2530	Inlay - metallic - three or more surfaces [1,3]	[No Cost-$370.00]
D2542	Onlay - metallic - two surfaces [1,3]	[No Cost-$370.00]
D2543	Onlay - metallic - three surfaces [1,3]	[No Cost-$380.00]
D2544	Onlay - metallic - four or more surfaces [1,3]	[No Cost-$390.00]
D2610	Inlay - porcelain/ceramic - one surface [2,3]	[No Cost-$470.00]
D2620	Inlay - porcelain/ceramic - two surfaces [2,3]	[No Cost-$490.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces [2,3]	[No Cost-$510.00]
D2642	Onlay - porcelain/ceramic - two surfaces [2,3]	[No Cost-$510.00]
D2643	Onlay - porcelain/ceramic - three surfaces [2,3]	[No Cost-$535.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces [2,3]	[No Cost-$565.00]
D2650	Inlay - resin-based composite - one surface [2,3]	[No Cost-$310.00]
D2651	Inlay - resin-based composite - two surfaces [2,3]	[No Cost-$360.00]
D2652	Inlay - resin-based composite - three or more surfaces [2,3]	[No Cost-$360.00]
D2662	Onlay - resin-based composite - two surfaces [2,3]	[No Cost-$410.00]
D2663	Onlay - resin-based composite - three surfaces [2,3]	[No Cost-$425.00]
D2664	Onlay - resin-based composite - four or more surfaces [2,3]	[No Cost-$460.00]
D2710	Crown - resin-based composite (indirect) [2,3]	[No Cost-$190.00]
D2712	Crown – 3/4 resin-based composite (indirect) [2,3]	[No Cost-$190.00]
D2720	Crown - resin with high noble metal [2,3]	[No Cost-$515.00]
D2721	Crown - resin with predominantly base metal [2,3]	[No Cost-$400.00]
D2722	Crown - resin with noble metal [2,3]	[No Cost-$390.00]
D2740	Crown - porcelain/ceramic [2,3]	[No Cost-$420.00]
D2750	Crown - porcelain fused to high noble metal [2,3]	[No Cost-$515.00]
D2751	Crown - porcelain fused to predominantly base metal [2,3]	[No Cost-$390.00]
D2752	Crown - porcelain fused to noble metal [2,3]	[No Cost-$390.00]
D2753	Crown - porcelain fused to titanium and titanium alloys [2,3]	[No Cost-$515.00]
D2780	Crown – 3/4 cast high noble metal [3]	[No Cost-$515.00]
D2781	Crown – 3/4 cast predominantly base metal [3]	[No Cost-$390.00]
D2782	Crown – 3/4 cast noble metal [3]	[No Cost-$390.00]
D2790	Crown - full cast high noble metal [3]	[No Cost-$515.00]
D2791	Crown - full cast predominantly base metal [3]	[No Cost-$390.00]
D2792	Crown - full cast noble metal [3]	[No Cost-$390.00]
D2794	Crown - titanium and titanium alloys [3]	[No Cost-$515.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$20.00]
D2920	Re-cement or re-bond crown	[No Cost-$20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$65.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[No Cost-$120.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$120.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$120.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$140.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$120.00]
D2940	Protective restoration	[No Cost-$35.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$35.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$60.00]
D2950	Core buildup, including any pins when required	[No Cost-$60.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$60.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation* [1]	[No Cost-$95.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation* [1]	[No Cost-$65.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$85.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$60.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$80.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$75.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$75.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$75.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost-$20.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$25.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$25.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$30.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$50.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$30.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$50.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration) [4]	[No Cost-$190.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration) [4]	[No Cost-$255.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration) [4]	[No Cost-$345.00]
D3331	Treatment of root canal obstruction; non-surgical access [4]	[No Cost-$190.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth [4]	[No Cost-$190.00]
D3346	Retreatment of previous root canal therapy - anterior [4]	[No Cost-$210.00]
D3347	Retreatment of previous root canal therapy - premolar [4]	[No Cost-$280.00]
D3348	Retreatment of previous root canal therapy - molar [4]	[No Cost-$370.00]
D3410	Apicoectomy - anterior [4]	[No Cost-$215.00]
D3421	Apicoectomy - premolar (first root) [4]	[No Cost-$215.00]
D3425	Apicoectomy - molar (first root) [4]	[No Cost-$215.00]
D3426	Apicoectomy (each additional root) [4]	[No Cost-$110.00]
D3427	Periradicular surgery without apicoectomy [4]	[No Cost - $215.00]
D3430	Retrograde filling - per root [4]	[No Cost-$100.00]
D3450	Root amputation, per root - *not covered in conjunction with a hemisection* [4]	[No Cost-$115.00]

D4000-D4999 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	[No Cost-$400.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$150.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$150.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$400.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$500.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$95.00]
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$90.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *[1-3] D1110, D1120 or D4346 per [6-12] month period*	[No Cost-$25.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$95.00]
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	[No Cost-$75.00]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary [5,7]	[No Cost-$505.00]
D5120	Complete denture - mandibular [5,7]	[No Cost-$505.00]
D5130	Immediate denture - maxillary [5,7]	[No Cost-$575.00]
D5140	Immediate denture - mandibular [5,7]	[No Cost-$575.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) [5,7]	[No Cost-$500.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) [5,7]	[No Cost-$500.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [5,7]	[No Cost-$540.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [5,7]	[No Cost-$540.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [5,7]	[No Cost-$500.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rest and teeth) [5,7]	[No Cost-$500.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth) [5,7]	[No Cost-$540.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rest and teeth) [5,7]	[No Cost-$540.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$590.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$590.00]
D5410	Adjust complete denture - maxillary [5]	[No Cost-$20.00]
D5411	Adjust complete denture - mandibular [5]	[No Cost-$20.00]
D5421	Adjust partial denture - maxillary [5]	[No Cost-$20.00]
D5422	Adjust partial denture - mandibular [5]	[No Cost-$20.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$75.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$75.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$50.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$75.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D5621	Repair cast partial framework, mandibular	[No Cost-$75.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$75.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$75.00]
D5640	Replace broken teeth - per tooth	[No Cost-$40.00]
D5650	Add tooth to existing partial denture	[No Cost-$40.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$75.00]
D5710	Rebase complete maxillary denture [6]	[No Cost-$180.00]
D5711	Rebase complete mandibular denture [6]	[No Cost-$180.00]
D5720	Rebase maxillary partial denture [6]	[No Cost-$180.00]
D5721	Rebase mandibular partial denture [6]	[No Cost-$180.00]
D5730	Reline complete maxillary denture (chairside) [6]	[No Cost-$100.00]
D5731	Reline complete mandibular denture (chairside) [6]	[No Cost-$100.00]
D5740	Reline maxillary partial denture (chairside) [6]	[No Cost-$100.00]
D5741	Reline mandibular partial denture (chairside) [6]	[No Cost-$100.00]
D5750	Reline complete maxillary denture (laboratory) [6]	[No Cost-$170.00]
D5751	Reline complete mandibular denture (laboratory) [6]	[No Cost-$170.00]
D5760	Reline maxillary partial denture (laboratory) [6]	[No Cost-$170.00]
D5761	Reline mandibular partial denture (laboratory) [6]	[No Cost-$170.00]
D5820	Interim partial denture (maxillary) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [5]	[No Cost-$50.00]
D5821	Interim partial denture (mandibular) - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [5]	[No Cost-$50.00]
D5850	Tissue conditioning, maxillary [5,6]	[No Cost-$50.00]
D5851	Tissue conditioning, mandibular [5,6]	[No Cost-$50.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).

D6210	Pontic - cast high noble metal [8]	[No Cost-$515.00]
D6211	Pontic - cast predominantly base metal [8]	[No Cost-$395.00]
D6212	Pontic - cast noble metal [8]	[No Cost-$395.00]
D6240	Pontic - porcelain fused to high noble metal [2,8]	[No Cost-$515.00]
D6241	Pontic - porcelain fused to predominantly base metal [2,8]	[No Cost-$395.00]
D6242	Pontic - porcelain fused to noble metal [2,8]	[No Cost-$395.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys [2,8]	[No Cost-$395.00]
D6245	Pontic - porcelain/ceramic [2,8]	[No Cost-$515.00]
D6250	Pontic - resin with high noble metal [2,8]	[No Cost-$515.00]
D6251	Pontic - resin with predominantly base metal [2,8]	[No Cost-$395.00]
D6252	Pontic - resin with noble metal [2,8]	[No Cost-$395.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces [2,8]	[No Cost-$360.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces [2,8]	[No Cost-$420.00]
D6602	Retainer inlay - cast high noble metal, two surfaces [2,8]	[No Cost-$395.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces [2,8]	[No Cost-$410.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces [2,8]	[No Cost-$275.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces [2,8]	[No Cost-$290.00]
D6606	Retainer inlay - cast noble metal, two surfaces [2,8]	[No Cost-$275.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces [2,8]	[No Cost-$290.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces [2,8]	[No Cost-$385.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces [2,8]	[No Cost-$470.00]
D6610	Retainer onlay - cast high noble metal, two surfaces [2,8]	[No Cost-$375.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces [2,8]	[No Cost-$410.00]

CODE	DESCRIPTION	ENROLLEEPAYS
D6612	Retainer onlay - cast predominantly base metal, two surfaces [2,8]	[No Cost-$280.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces [2,8]	[No Cost-$300.00]
D6614	Retainer onlay - cast noble metal, two surfaces [2,8]	[No Cost-$275.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces [2,8]	[No Cost-$290.00]
D6720	Retainer crown - resin with high noble metal [2,8]	[No Cost-$515.00]
D6721	Retainer crown - resin with predominantly base metal [2,8]	[No Cost-$390.00]
D6722	Retainer crown - resin with noble metal [2,8]	[No Cost-$390.00]
D6740	Retainer crown - porcelain/ceramic [2,8]	[No Cost-$515.00]
D6750	Retainer crown - porcelain fused to high noble metal [2,8]	[No Cost-$515.00]
D6751	Retainer crown - porcelain fused to predominantly base metal [2,8]	[No Cost-$390.00]
D6752	Retainer crown - porcelain fused to noble metal [2,8]	[No Cost-$390.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys [2,8]	[No Cost-$515.00]
D6780	Retainer crown – 3/4 cast high noble metal [8]	[No Cost-$515.00]
D6781	Retainer crown – 3/4 cast predominantly base metal [8]	[No Cost-$390.00]
D6782	Retainer crown – 3/4 cast noble metal [8]	[No Cost-$390.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys [8]	[No Cost-$515.00]
D6790	Retainer crown - full cast high noble metal [8]	[No Cost-$515.00]
D6791	Retainer crown - full cast predominantly base metal [8]	[No Cost-$390.00]
D6792	Retainer crown - full cast noble metal [8]	[No Cost-$390.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$30.00]
D6940	Stress breaker [8]	[No Cost-$80.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$60.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$30.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$30.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$65.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$100.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$250.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$280.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$245.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$180.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$245.00]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$200.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$185.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$270.00]
D7471	Removal of lateral exostosis - (maxilla or mandible)	[No Cost-$225.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$40.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEEPAYS

D8000-D8999 XI. ORTHODONTICS

D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* [9]	[No Cost-$2,750.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* [9]	[No Cost-$2,750.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* [9]	[No Cost-$2,950.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development - *not to be charged with any other consultation procedure(s)* [10]	[No Cost-$75.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) [11]	[No Cost-$300.00]
D8681	Removable orthodontic retainer adjustment [11]	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report ***- includes START-UP FEES (including initial examination, diagnosis, consultation and initial banding)***	[No Cost-$350.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$25.00]
D9211	Regional block anesthesia	[No Cost-$20.00]
D9212	Trigeminal division block anesthesia	[No Cost-$20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9310	Consultation - diagnostic service provided by a dentist or physician other than requesting dentist or physician	[No Cost-$45.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$15.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$55.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time* *[- up to an overall maximum of*	[No Cost-$20.00] *[No Cost - $50.00]]*
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time* *[- up to an overall maximum of*	[No Cost-$20.00] *[No Cost - $50.00]]*
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

FOOTNOTES

[1] Base or noble metal is the Benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to [$50.00-$100.00] per tooth will be charged for the upgrade.

CODE	DESCRIPTION	ENROLLEEPAYS

2 Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of [$75.00-$150.00].

3 Replacement is subject to a limitation requiring the existing restoration to be 5+years old.

4 A Benefit for permanent teeth only.

5 Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

6 Limited to [1-3] per denture during any 12 consecutive months.

7 Replacement is subject to a limitation requiring the existing denture to be 5+years old.

8 Replacement is subject to a limitation requiring the existing bridge to be 5+years old.

9 Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of [$25.00-$75.00] applies.

10 In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00-$50.00] will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.

11 Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of [$25.00-$75.00] applies.

[SCHEDULE[RH1] A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$25.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$30.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$30.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$30.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$25.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$50.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	[No Cost-$20.00]
D0251	Extraoral posterior dental radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings - three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 1 series every [6 - 12] months*	[No Cost-$25.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image	[No Cost-$50.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0425	Caries susceptibility tests	[No Cost-$20.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$25.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	[No Cost-$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	[No Cost-$120.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - *available only when performed in conjunction with a covered biopsy*	[No Cost-$170.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis *cleaning* - adult - [*1 D1110, D1120 or D4346 per 6 month period*] [*3 D1110, D1120 or D4346 per year*]	[No Cost-$35.00]
[D1110	*Additional prophylaxis cleaning - adult (within the 6 month period) [non-medically necessary / medically necessary]*	[No Cost-$50.00]]
D1120	Prophylaxis *cleaning* - child - [*1 D1110, D1120 or D4346 per 6 month period*] [*3 D1110, D1120 or D4346 per year*]	[No Cost-$35.00]
[D1120	*Additional prophylaxis cleaning - child (within the 6 month period) [non-medically necessary / medically necessary]*	[No Cost-$50.00]]
D1206	Topical application of fluoride varnish - [*child to age 19*] *[1 D1206 or D1208 per 6 month period*] *[2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$15.00]
D1208	Topical application of fluoride - excluding varnish - [child to age 19] *[1 D1206 or D1208 per 6 month period] [2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-$20.00]
[D1320	Tobacco counseling for the control and prevention of oral disease	[No Cost-$20.00]]
D1330	Oral hygiene instructions	[No Cost-$20.00]
D1351	Sealant - per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]
D1353	Sealant repair - per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]
D1354	Interim caries arresting medicament application –per tooth - *[child to age 19;] [1 per 6 month period] [2-3 per 12 month period] [3 per year]*	[No Cost-$15.00]
D1510	Space maintainer - fixed, ~~-~~unilateral - per quadrant	[No Cost-$135.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost-$195.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost-$195.00]
D1520	Space maintainer - removable, ~~-~~unilateral - per quadrant	[No Cost-$150.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost-$245.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost-$245.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost-$35.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$35.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$35.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$35.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost-$40.00]~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$40.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$40.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$40.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D1575	Distal shoe space maintainer - fixed, ~~-~~unilateral - per quadrant – *child to age 9*	[No Cost-$135.00]

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional [$100.00-$150.00] per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed $325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$65.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$80.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$100.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$110.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$75.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$85.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$100.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$110.00]
D2390	Resin-based composite crown, anterior	[No Cost-$130.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$90.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$100.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$120.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$135.00]
D2510	Inlay - metallic - one surface	[No Cost-$320.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$350.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$390.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$475.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$475.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$485.00]
[D2610	Inlay - porcelain/ceramic - one surface *	[No Cost-$475.00]]
[D2620	Inlay - porcelain/ceramic - two surfaces *	[No Cost-$485.00]]
[D2630	Inlay - porcelain/ceramic - three or more surfaces *	[No Cost-$500.00]]
[D2642	Onlay - porcelain/ceramic - two surfaces *	[No Cost-$500.00]]
[D2643	Onlay - porcelain/ceramic - three surfaces *	[No Cost-$515.00]]
[D2644	Onlay - porcelain/ceramic - four or more surfaces *	[No Cost-$525.00]]
D2650	Inlay - resin-based composite - one surface	[No Cost-$230.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$250.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$290.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$285.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$310.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$360.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$300.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$300.00]
D2720	Crown - resin with high noble metal	[No Cost-$500.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$475.00]
D2722	Crown - resin with noble metal	[No Cost-$505.00]
D2740	Crown - porcelain/ceramic *	[No Cost-$570.00]
D2750	Crown - porcelain fused to high noble metal *	[No Cost-$500.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$505.00]
D2753	Crown - porcelain fused to titanium and titanium alloys *	[No Cost-$500.00]
D2780	Crown – 3/4 cast high noble metal	[No Cost-$500.00]
D2781	Crown – 3/4 cast predominantly base metal	[No Cost-$475.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2782	Crown – 3/4 cast noble metal	[No Cost-$505.00]
D2783	Crown – 3/4 porcelain/ceramic *	[No Cost-$500.00]
D2790	Crown - full cast high noble metal	[No Cost-$500.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$475.00]
D2792	Crown - full cast noble metal	[No Cost-$505.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$500.00]
[D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	[No Cost-$125.00]]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$40.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$40.00]
D2920	Re-cement or re-bond crown	[No Cost-$40.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$110.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[No Cost-$150.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$95.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$105.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$105.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$150.00]
D2940	Protective restoration	[No Cost-$40.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$40.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$100.00]
D2950	Core buildup, including any pins when required	[No Cost-$100.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	[No Cost-$145.00]
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	[No Cost-$115.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$120.00]
[D2955	Post removal	[No Cost-$110.00]]
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$80.00]
[D2960	Labial veneer (resin laminate) - chairside - *limited to replacement of significant tooth structure loss due to caries or fracture*	[No Cost-$320.00]]
[D2961	Labial veneer (resin laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	[No Cost-$360.00]]
[D2962	Labial veneer (porcelain laminate) - laboratory - *limited to replacement of significant tooth structure loss due to caries or fracture*	[No Cost-$420.00]]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$120.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$110.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$110.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$110.00]
[D2983	Veneer repair necessitated by restorative material failure	[No Cost-$110.00]]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$25.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$30.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$30.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$70.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$90.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$70.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$85.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost-$320.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$380.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$485.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$100.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$130.00]
D3333	Internal root repair of perforation defects	[No Cost-$140.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$440.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$500.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$625.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$165.00]
D3352	Apexification/recalcification - interim medication replacement	[No Cost-$120.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$120.00]
D3410	Apicoectomy - anterior	[No Cost-$270.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$320.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$350.00]
D3426	Apicoectomy (each additional root)	[No Cost-$150.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$270.00]
D3430	Retrograde filling - per root	[No Cost-$95.00]
D3450	Root amputation - per root	[No Cost-$170.00]
[D3910	Surgical procedure for isolation of tooth with rubber dam	[No Cost-$25.00]]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-$155.00]
[D3950	Canal preparation and fitting of preformed dowel or post	[No Cost-$25.00]]
[D3999	Unspecified endodontic procedure, by report including culture canal	[No Cost-$25.00]]

D4000-D4999 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	[No Cost-$200.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$120.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$120.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$260.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4245	Apically positioned flap	[No Cost-$190.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$500.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$525.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$420.00]
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	[No Cost-$250.00]
D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	[No Cost-$200.00]
[D4266	Guided tissue regeneration - resorbable barrier, per site	[No Cost-$230.00]]
[D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	[No Cost-$260.00]]
D4270	Pedicle soft tissue graft procedure	[No Cost-$350.00]
[D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	[No Cost-$320.00]]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$130.00]
[D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	[No Cost-$370.00]]
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	[No Cost-$335.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth implant or edentulous tooth position in same graft site	[No Cost-$335.00]
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$300.00]
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$300.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$100.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to [4 quadrants] during any 12 consecutive months*	[No Cost-$80.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - [*1 D1110, D1120 or D4346 per 6 month period*] [*3 D1110, D1120 or D4346 per year*]	[No Cost-$35.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$100.00]
[D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - *for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance*	[No Cost-$80.00]]
[D4381	*Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - for an additional tooth treated in the same quadrant following root planing or periodontal maintenance*	[No Cost-$10.00]]
D4910	Periodontal maintenance - *limited to [1 treatment each 6 month period] [3 treatments each 12 month period]*	[No Cost-$75.00]
[D4910	*Additional periodontal maintenance - (within the 6 month period)*	[No Cost-$90.00]]
D4921	Gingival irrigation - per quadrant	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D5000-D5899 VI PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	[No Cost-$620.00]
D5120	Complete denture - mandibular	[No Cost-$620.00]
D5130	Immediate denture - maxillary	[No Cost-$680.00]
D5140	Immediate denture - mandibular	[No Cost-$680.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$550.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$550.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$550.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$650.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$700.00]
[D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	[No Cost-$420.00]]
[D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	[No Cost-$420.00]]
[D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	[No Cost-$420.00]]
[D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	[No Cost-$420.00]]
D5410	Adjust complete denture - maxillary	[No Cost-$40.00]
D5411	Adjust complete denture - mandibular	[No Cost-$40.00]
D5421	Adjust partial denture - maxillary	[No Cost-$40.00]
D5422	Adjust partial denture - mandibular	[No Cost-$40.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$85.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$85.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$80.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$85.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$85.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$85.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$85.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$85.00]
D5640	Replace broken teeth - per tooth	[No Cost-$70.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5650	Add tooth to existing partial denture	[No Cost-$80.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$90.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$315.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$315.00]
D5710	Rebase complete maxillary denture	[No Cost-$225.00]
D5711	Rebase complete mandibular denture	[No Cost-$225.00]
D5720	Rebase maxillary partial denture	[No Cost-$225.00]
D5721	Rebase mandibular partial denture	[No Cost-$225.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$120.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$120.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$120.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-$120.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$185.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$185.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$185.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$185.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$250.00]
D5850	Tissue conditioning, maxillary	[No Cost-$65.00]
D5851	Tissue conditioning, mandibular	[No Cost-$65.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds 6 units in the same treatment plan, an Enrollee may be charged an additional [$100.00 - $150.00] per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed $325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.*

[D6205	Pontic - indirect resin based composite	[No Cost-$180.00]]
D6210	Pontic - cast high noble metal	[No Cost-$500.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$475.00]
D6212	Pontic - cast noble metal	[No Cost-$505.00]
[D6214	Pontic - titanium and titanium alloys	[No Cost-$500.00]]
D6240	Pontic - porcelain fused to high noble metal *	[No Cost-$500.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$505.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$505.00]
D6245	Pontic - porcelain/ceramic *	[No Cost-$570.00]
D6250	Pontic - resin with high noble metal	[No Cost-$500.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$475.00]
D6252	Pontic - resin with noble metal	[No Cost-$505.00]
[D6545	Retainer - cast metal for resin bonded fixed prosthesis	[No Cost-$200.00]]
[D6549	Resin retainer - for resin bonded fixed prosthesis	[No Cost-$200.00]]
[D6600	Retainer inlay - porcelain/ceramic, two surfaces *	[No Cost-$485.00]]
[D6601	Retainer inlay - porcelain/ceramic, three or more surfaces *	[No Cost-$500.00]]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$425.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$320.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$350.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$375.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$400.00]
[D6608	Retainer onlay - porcelain/ceramic, two surfaces *	[No Cost-$500.00]]
[D6609	Retainer onlay - porcelain/ceramic, three or more surfaces *	[No Cost-$525.00]]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$400.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$430.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$360.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$400.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$400.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$420.00]
[D6710	Retainer crown - indirect resin based composite	[No Cost-$300.00]]
D6720	Retainer crown - resin with high noble metal	[No Cost-$500.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$475.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$505.00]
D6740	Retainer crown - porcelain/ceramic *	[No Cost-$570.00]
D6750	Retainer crown - porcelain fused to high noble metal *	[No Cost-$500.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$475.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$505.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys *	[No Cost-$500.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$500.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost-$475.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost-$505.00]
D6783	Retainer crown – 3/4 porcelain/ceramic *	[No Cost-$570.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$500.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$500.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$475.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$505.00]
[D6794	Retainer crown - titanium and titanium alloys	[No Cost-$500.00]]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$50.00]
D6940	Stress breaker	[No Cost-$110.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$140.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$50.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$80.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$125.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$130.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$160.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$225.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$105.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$225.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$150.00]
D7280	Exposure of an unerupted tooth	[No Cost-$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-$75.00]

CODE	DESCRIPTION	ENROLLEE PAYS
[D7285	Incisional biopsy of oral tissue - hard (bone, tooth) - *does not include pathology laboratory procedures*	[No Cost-$50.00]]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$100.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$110.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$110.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$150.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$125.00]
D7472	Removal of torus palatinus	[No Cost-$125.00]
D7473	Removal of torus mandibularis	[No Cost-$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$60.00]
[D7520	Incision and drainage of abscess - extraoral soft tissue	[No Cost-$100.00]]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$110.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$135.00]
D7971	Excision of pericoronal gingiva	[No Cost-$135.00]

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [$75.00 - $125.00], may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-$300.00]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally
D0351	3D photographic image
D0470	Diagnostic casts

The benefit for post-treatment records includes: [No Cost-$150.00]

D0210	Intraoral - complete series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-$1,350.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$2,600.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$2,600.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$3,200.00]
[D8210	Removable appliance therapy	[No Cost-$500.00]]
[D8220	Fixed appliance therapy	[No Cost-$500.00]]
D8660	Pre-orthodontic treatment examination to monitor growth and development [[1]]	[No Cost-$50.00]
[D8670	Periodic orthodontic treatment visit - *included in comprehensive case fee*	[No Cost-$20.00]]
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	[No Cost-$400.00]
D8681	Removable orthodontic retainer adjustment	[No Cost-$20.00]
~~[D8693~~	~~Re-bond or re-cement fixed retainer - *limited to 2 per 6 month period*~~	~~[No Cost-$65.00]]~~
~~[D8694~~	~~Repair of fixed retainers, includes reattachment - *limited to 2 per 6 month period*~~	~~[No Cost-$65.00]]~~
[D8698	Re-cement or re-bond fixed retainer – maxillary - *limited to 2 per 6 month period*	[No Cost-$65.00]]
[D8699	Re-cement or re-bond fixed retainer – mandibular - *limited to 2 per 6 month period*	[No Cost-$65.00]]
[D8701	Repair of fixed retainer, includes reattachment – maxillary - *limited to 2 per 6 month period*	[No Cost-$65.00]]
[D8702	Repair of fixed retainer, includes reattachment – mandibular - *limited to 2 per 6 month period*	[No Cost-$65.00]]
D8999	Unspecified orthodontic procedure, by report - [*includes treatment planning session] [includes initial examination, diagnosis, consultation and initial banding]*	[No Cost-$200.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$40.00]
D9211	Regional block anesthesia	[No Cost-$15.00]
D9212	Trigeminal division block anesthesia	[No Cost-$15.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$15.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9222	Deep sedation/general anesthesia - first 15 minutes	[No Cost-$100.00]
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	[No Cost-$100.00]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[No Cost-$100.00]
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	[No Cost-$100.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$50.00]
D9311	Consultation with medical health care professional	[No Cost-$10.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$30.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$65.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$50.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	[No Cost-$10.00]
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$210.00]
D9951	Occlusal adjustment, limited	[No Cost-$75.00]
D9952	Occlusal adjustment, complete	[No Cost-$210.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self treatment*	[No Cost-$160.00]
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time [up to an overall maximum of $40.00]*	[No Cost-$40.00]
D9987	Canceled appointment - *without 24 hour notice- per 15 minutes of appointment time [up to an overall maximum of $40.00]*	[No Cost-$40.00]
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us~~Delta Dental Insurance Company~~. The Enrollee pays the Copayment specified for such services.

[[1] *The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]*

[[1] In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00] applies. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]]

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION[MS1]	ENROLLEE PAYS[MS2]
[D0100-D0999	**I. DIAGNOSTIC**	
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost-$20.00]
D0120	Periodic oral evaluation - established patient	[No Cost-$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost-$25.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost-$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost-$30.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-$30.00]
D0171	Re-evaluation - post-operative office visit	[No Cost-$10.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$55.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 36 months, or more frequently if medically necessary*	[No Cost-$50.00]
D0220	Intraoral - periapical first radiographic image	[No Cost-$20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost-$20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost-$20.00]
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	[No Cost-$20.00]
D0251	Extraoral posterior dental radiographic image	[No Cost-$20.00]
D0270	Bitewing - single radiographic image	[No Cost-$20.00]
D0272	Bitewings - two radiographic images	[No Cost-$20.00]
D0273	Bitewings three radiographic images	[No Cost-$20.00]
D0274	Bitewings - four radiographic images - *limited to 2 series every 12 months, or more frequently if medically necessary*	[No Cost-$25.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image - *limited to 1 every 36 months, or more frequently if medically necessary*	[No Cost-$50.00]
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures – *limited to 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation*	[No Cost-$145.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-$20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost-$20.00]
D0425	Caries susceptibility tests	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	[No Cost-$50.00]
D0460	Pulp vitality tests	[No Cost-$20.00]
D0470	Diagnostic casts	[No Cost-$25.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	[No Cost-$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	[No Cost-$120.00]
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	[No Cost-$170.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost-$20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost-$20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost-$20.00]

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult – *2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary*	[No Cost-$35.00]
D1110	*Additional prophylaxis cleaning - adult (within the calendar year)*	[No Cost-$50.00]
D1120	Prophylaxis cleaning - child - *2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary*	[No Cost-$35.00]
D1120	*Additional prophylaxis cleaning - child (within the calendar year)*	[No Cost-$50.00]
D1206	Topical application of fluoride varnish – *2 D1206 or D1208 per calendar year, or more frequently if medically necessary*	[No Cost-$15.00]
D1206	*Additional topical application of fluoride varnish (within the calendar year)*	[No Cost-$15.00]
D1208	Topical application of fluoride - excluding varnish - *2 D1206 or D1208 per calendar year, or more frequently if medically necessary*	[No Cost-$15.00]
D1208	*Additional topical application of fluoride – excluding varnish (within the calendar year)*	[No Cost-$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-$15.00]
D1320	Tobacco counseling for the control and prevention of oral disease	[No Cost-$15.00]
D1330	Oral hygiene instructions	[No Cost-$15.00]
D1351	Sealant - per tooth	[No Cost-$17.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	[No Cost-$17.00]
D1353	Sealant repair - per tooth	[No Cost-$17.00]
D1354	Interim caries arresting medicament application per tooth - *2 per 12 month period, or more frequently if medically necessary*	[No Cost-$10.00]
D1510	Space maintainer - fixed, ~~–~~unilateral – per quadrant	[No Cost-$110.00]
D1516	Space maintainer – fixed – bilateral, maxillary	[No Cost-$170.00]
D1517	Space maintainer – fixed – bilateral, mandibular	[No Cost-$170.00]
D1520	Space maintainer - removable, ~~–~~unilateral – per quadrant	[No Cost-$120.00]
D1526	Space maintainer – removable – bilateral, maxillary	[No Cost-$180.00]
D1527	Space maintainer – removable – bilateral, mandibular	[No Cost-$180.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost-$15.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$15.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$15.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$15.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost-$15.00]~~

CODE	DESCRIPTION	ENROLLEE PAYS
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$15.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$15.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$15.00]
D1575	Distal shoe space maintainer - fixed, ~~–~~unilateral – per quadrant	[No Cost-$110.00]

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *Whether supported by a natural tooth or dental implant, when there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional [$100.00-$135.00]*[MS3] *per unit, beyond the 6th covered unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00]*[MS4] *in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$23.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$30.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$40.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$33.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$40.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$50.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$88.00]
D2390	Resin-based composite crown, anterior	[No Cost-$140.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$65.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$75.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$85.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$115.00]
D2510	Inlay - metallic - one surface	[No Cost-$435.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$435.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$435.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$480.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$495.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$505.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-$350.00]
D2620	Inlay - porcelain/ceramic - two surfaces	[No Cost-$375.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces	[No Cost-$420.00]
D2642	Onlay - porcelain/ceramic - two surfaces	[No Cost-$470.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-$505.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces	[No Cost-$525.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-$230.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$265.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$285.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$395.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$420.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$465.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$315.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$315.00]
D2720	Crown - resin with high noble metal	[No Cost-$465.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$365.00]
D2722	Crown - resin with noble metal	[No Cost-$405.00]
D2740	Crown - porcelain/ceramic	[No Cost-$520.00]
D2750	Crown - porcelain fused to high noble metal	[No Cost-$480.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$425.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$450.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2753	Crown - porcelain fused to titanium and titanium alloys	[No Cost-$480.00]
D2780	Crown – 3/4 cast high noble metal	[No Cost-$490.00]
D2781	Crown – 3/4 cast predominantly base metal	[No Cost-$435.00]
D2782	Crown – 3/4 cast noble metal	[No Cost-$460.00]
D2783	Crown – 3/4 porcelain/ceramic	[No Cost-$490.00]
D2790	Crown - full cast high noble metal	[No Cost-$490.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$435.00]
D2792	Crown - full cast noble metal	[No Cost-$460.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$490.00]
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	[No Cost-$115.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$43.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost-$43.00]
D2920	Re-cement or re-bond crown	[No Cost-$43.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	[No Cost-$98.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	[No Cost-$165.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$110.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$110.00]
D2932	Prefabricated resin crown - anterior primary tooth	[No Cost-$135.00]
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	[No Cost-$165.00]
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	[No Cost-$165.00]
D2940	Protective restoration	[No Cost-$24.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost-$24.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$92.00]
D2950	Core buildup, including any pins when required	[No Cost-$125.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$29.00]
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	[No Cost-$170.00]
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	[No Cost-$120.00]
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	[No Cost-$140.00]
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	[No Cost-$80.00]
D2960	Labial veneer (resin laminate) - chairside - limited to replacement of significant tooth structure loss due to caries or fracture	[No Cost-$130.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$83.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$60.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$60.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost-$60.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$60.00]
D2990	Resin infiltration of incipient smooth surface lesions	[No Cost-$16.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$38.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$38.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$97.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$105.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost-$110.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$100.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$100.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost-$375.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$445.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$595.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$170.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$185.00]
D3333	Internal root repair of perforation defects	[No Cost-$175.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$525.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$585.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$710.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$117.00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	[No Cost-$97.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$97.00]
D3410	Apicoectomy - anterior	[No Cost-$440.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$470.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$540.00]
D3426	Apicoectomy (each additional root)	[No Cost-$147.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$225.00]
D3430	Retrograde filling - per root	[No Cost-$130.00]
D3450	Root amputation - per root	[$95.00-$115.00]
D3920	Hemisection (including any root removal), not including root canal therapy	[$85.00-$105.00]

D4000-D4999 V. PERIODONTICS

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*
- *Periodontal regenerative procedures, D4263 D4264, D4266 and D4267, are limited to 1 per site (or per tooth, if applicable).*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$320.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$135.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$350.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$220.00]
D4245	Apically positioned flap	[No Cost-$345.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$405.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$640.00]
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$385.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	[No Cost-$280.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	[No Cost-$225.00]
D4266	Guided tissue regeneration - resorbable barrier, per site	[No Cost-$305.00]
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	[No Cost-$300.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-$495.00]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$275.00]
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	[No Cost-$495.00]
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	[No Cost-$495.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	[No Cost-$250.00]
D4285	Non-autogenous connective graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$248.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$125.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	[No Cost-$75.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation – *2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary*	[No Cost-$40.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$75.00]
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance	[No Cost-$45.00]
D4910	Periodontal maintenance - *following active periodontal therapy, limited to 4 treatments per calendar year*	[No Cost-$79.00]
D4921	Gingival irrigation - per quadrant	[No Cost-$45.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary	[No Cost-$675.00]
D5120	Complete denture - mandibular	[No Cost-$675.00]
D5130	Immediate denture - maxillary	[No Cost-$705.00]
D5140	Immediate denture - mandibular	[No Cost-$705.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$525.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$525.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$780.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$780.00]
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$525.00]
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$525.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$780.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials~~conventional clasps~~, rests and teeth)	[No Cost-$780.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$605.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$605.00]
D5410	Adjust complete denture - maxillary	[No Cost-$43.00]
D5411	Adjust complete denture - mandibular	[No Cost-$43.00]
D5421	Adjust partial denture - maxillary	[No Cost-$46.00]
D5422	Adjust partial denture - mandibular	[No Cost-$46.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$92.00]
D5512	Repair broken complete denture base, maxillary	[No Cost-$92.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$81.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$92.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$92.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$92.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$92.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost-$115.00]
D5640	Replace broken teeth - per tooth	[No Cost-$81.00]
D5650	Add tooth to existing partial denture	[No Cost-$92.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost-$115.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$200.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$200.00]
D5710	Rebase complete maxillary denture	[No Cost-$260.00]
D5711	Rebase complete mandibular denture	[No Cost-$260.00]
D5720	Rebase maxillary partial denture	[No Cost-$260.00]
D5721	Rebase mandibular partial denture	[No Cost-$260.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$160.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$160.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$150.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-$160.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$220.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$220.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$215.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$215.00]
D5810	Interim complete denture (maxillary)	[No Cost-$405.00]
D5811	Interim complete denture (mandibular)	[No Cost-$405.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$295.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$305.00]
D5850	Tissue conditioning, maxillary	[No Cost-$50.00]
D5851	Tissue conditioning, mandibular	[No Cost-$50.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

– *Whether supported by a natural tooth or dental implant, when there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional [$100.00-$135.00]*[MS5] *per unit, beyond the 6th covered unit.*

– *Replacement of crowns, bridges and implant supported dentures requires the existing restoration to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00]*[MS6] *in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D6058 Abutment supported porcelain/ceramic crown ..... [No Cost-$750.00]
D6059 Abutment supported porcelain fused to metal crown (high noble metal) ..... [No Cost-$780.00]
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal) ..... [No Cost-$615.00]
D6061 Abutment supported porcelain fused to metal crown (noble metal) ..... [No Cost-$710.00]
D6062 Abutment supported cast metal crown (high noble metal) ..... [No Cost-$720.00]
D6063 Abutment supported cast metal crown (predominantly base metal) ..... [No Cost-$615.00]
D6064 Abutment supported cast metal crown (noble metal) ..... [No Cost-$700.00]
D6065 Implant supported porcelain/ceramic crown ..... [No Cost-$780.00]
D6066 Implant supported ~~porcelain fused to metal~~ crown - ~~(titanium, titanium alloy,~~ porcelain fused to high noble alloys~~metal)~~ ..... [No Cost-$780.00]
D6067 Implant supported ~~metal~~ crown - ~~(titanium, titanium alloy,~~ high noble alloys~~metal)~~ ..... [No Cost-$750.00]
D6068 Abutment supported retainer for porcelain/ceramic FPD ..... [No Cost-$725.00]
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal) ..... [No Cost-$750.00]
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) ..... [No Cost-$600.00]
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal) ..... [No Cost-$700.00]
D6072 Abutment supported retainer for cast metal FPD (high noble metal) ..... [No Cost-$780.00]
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal) ..... [No Cost-$595.00]
D6074 Abutment supported retainer for cast metal FPD (noble metal) ..... [No Cost-$660.00]
D6075 Implant supported retainer for ceramic FPD ..... [No Cost-$790.00]
D6076 Implant supported retainer for FPD - porcelain fused to ~~metal FPD (titanium, titanium alloy, or~~ high noble alloys~~metal)~~ ..... [No Cost-$780.00]
D6077 Implant supported retainer for ~~cast~~ metal FPD ~~(titanium, titanium alloy, or~~ high noble alloys~~metal)~~ ..... [No Cost-$780.00]
D6082 Implant supported crown – porcelain fused to predominantly base alloys ..... [No Cost-$615.00]
D6083 Implant supported crown – porcelain fused to noble alloys ..... [No Cost-$710.00]
D6084 Implant supported crown – porcelain fused to titanium and titanium alloys ..... [No Cost-$660.00]
D6086 Implant supported crown – predominantly base alloys ..... [No Cost-$615.00]
D6087 Implant supported crown – noble alloys ..... [No Cost-$700.00]
D6088 Implant supported crown – titanium and titanium alloys ..... [No Cost-$660.00]
D6092 Re-cement or re-bond implant/abutment supported crown ..... [No Cost-$72.00]
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture ..... [No Cost-$95.00]
D6094 Abutment supported crown - ~~(~~titanium and titanium alloys~~)~~ ..... [No Cost-$660.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	[No Cost-$660.00]
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	[No Cost-$600.00]
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	[No Cost-$700.00]
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	[No Cost-$975.00]
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	[No Cost-$975.00]
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	[No Cost-$1,080.00]
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	[No Cost-$1,080.00]
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	[No Cost-$975.00]
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	[No Cost-$975.00]
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	[No Cost-$1,080.00]
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	[No Cost-$1,080.00]
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	[No Cost-$595.00]
D6121	Implant supported retainer for metal FPD – predominantly base alloys	[No Cost-$595.00]
D6122	Implant supported retainer for metal FPD – noble alloys	[No Cost-$660.00]
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	[No Cost-$730.00]
D6194	Abutment supported retainer crown for FPD - ~~(~~titanium and titanium alloys~~)~~	[No Cost-$730.00]
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	[No Cost-$780.00]

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))

– *Whether supported by a natural tooth or dental implant, when there are six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional [$100.00-$135.00]*[MS7] *per unit, beyond the 6th unit.*

– *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

* *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00]*[MS8] *in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D6210	Pontic - cast high noble metal	[No Cost-$480.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$435.00]
D6212	Pontic - cast noble metal	[No Cost-$460.00]
D6214	Pontic - titanium and titanium alloys	[No Cost-$490.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost-$480.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$435.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$460.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$460.00]
D6245	Pontic - porcelain/ceramic	[No Cost-$480.00]
D6250	Pontic - resin with high noble metal	[No Cost-$420.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$380.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D6252	Pontic - resin with noble metal	[No Cost-$405.00]
D6600	Retainer inlay - porcelain/ceramic, two surfaces	[No Cost-$415.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[No Cost-$480.00]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$435.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$490.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$415.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$425.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$440.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$440.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces	[No Cost-$490.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[No Cost-$500.00]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$460.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$490.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$415.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$425.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$440.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$450.00]
D6624	Retainer inlay - titanium	[No Cost-$480.00]
D6634	Retainer onlay - titanium	[No Cost-$480.00]
D6720	Retainer crown - resin with high noble metal	[No Cost-$415.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$365.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$390.00]
D6740	Retainer crown - porcelain/ceramic	[No Cost-$530.00]
D6750	Retainer crown - porcelain fused to high noble metal	[No Cost-$490.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$435.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$460.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	[No Cost-$490.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$490.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost-$435.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost-$460.00]
D6783	Retainer crown – 3/4 porcelain/ceramic	[No Cost-$490.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$490.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$490.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$435.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$460.00]
D6794	Retainer crown - titanium and titanium alloys	[No Cost-$490.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$65.00]
D6940	Stress breaker	[No Cost-$64.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$100.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$60.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$64.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$155.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$165.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$220.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-$250.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$305.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$155.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7251	Coronectomy - intentional partial tooth removal	[No Cost-$225.00]
D7260	Oroantral fistula closure	[No Cost-$470.00]
D7261	Primary closure of a sinus perforation	[No Cost-$415.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$210.00]
D7280	Exposure of an unerupted tooth	[No Cost-$270.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$135.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-$68.00]
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	[No Cost-$225.00]
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	[No Cost-$190.00]
D7287	Exfoliative cytological sample collection	[No Cost-$78.00]
D7288	Brush biopsy - transepithelial sample collection	[No Cost-$78.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$130.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$68.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$165.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$81.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$260.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$260.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$275.00]
D7472	Removal of torus palatinus	[No Cost-$275.00]
D7473	Removal of torus mandibularis	[No Cost-$275.00]
D7485	Reduction of osseous tuberosity	[No Cost-$165.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$110.00]
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	[No Cost-$165.00]
D7880	Occlusal orthotic device, by report – *limited to 1 per 24 months, only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	[No Cost-$495.00]
D7881	Occlusal orthotic device adjustment	[No Cost-$43.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$180.00]
D7963	Frenuloplasty	[No Cost-$220.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$90.00]
D7971	Excision of pericoronal gingiva	[No Cost-$90.00]

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*
- *Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's usual fee.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-$575.00]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image

CODE	DESCRIPTION	ENROLLEE PAYS
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		[No Cost-$150.00]
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-$1,350.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$2,100.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$2,100.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$2,300.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development	[No Cost-$80.00]
D8670	Periodic orthodontic treatment visit - included in comprehensive case fee	[No Cost-$80.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	[No Cost-$500.00]
D8681	Removable orthodontic retainer adjustment	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	[No Cost-$550.00]
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$65.00]
D9211	Regional block anesthesia	[No Cost-$20.00]
D9212	Trigeminal division block anesthesia	[No Cost-$20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost-$20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost-$20.00]
D9222	Deep sedation/general anesthesia – first 15 minutes	[No Cost-$84.00]
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	[No Cost-$84.00]
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	[No Cost-$80.00]
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	[No Cost-$80.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$25.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$10.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$77.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-$20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost-$20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost-$20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost-$20.00]
[D9941	Fabrication of athletic mouthguard ~~– *limited to 1 per 12 month period*~~	[No Cost-$110.00]]
D9943	Occlusal guard adjustment	[No Cost-$20.00]
D9944	Occlusal guard – hard appliance, full arch – *limited to 1 D9944, D9945 or D9946 per 24 months*	[No Cost-$360.00]
D9945	Occlusal guard – soft appliance, full arch – *limited to 1 D9944, D9945 or D9946 per 24 months*	[No Cost-$360.00]
D9946	Occlusal guard – hard appliance, partial arch – *limited to 1 D9944, D9945 or D9946 per 24 months*	[No Cost-$360.00]
D9951	Occlusal adjustment, limited	[No Cost-$71.00]
D9952	Occlusal adjustment, complete	[No Cost-$225.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	[No Cost-$125.00]
D9986	Missed appointment - without 24 hour notice	[No Cost-$10.00]
D9987	Canceled appointment - without 24 hour notice	[No Cost-$10.00]
D9990	Certified translation or sign-language services – per visit	[No Cost-$20.00]
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
D9995	Teledentistry – synchronous; real-time encounter	[No Cost-$20.00]
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	[No Cost-$20.00]]
D9997	Dental case management – patients with special health care needs	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Us. The Enrollee pays the Copayment specified for such services.

SCHEDULE A[IR1]

DESCRIPTION OF BENEFITS AND COPAYMENTS

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedules B, C, D and E* Limitations and Exclusions of Benefits for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	[No Cost - $20.00]
D0140	Limited oral evaluation - problem focused	[No Cost - $35.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[No Cost - $20.00]
D0150	Comprehensive oral evaluation - new or established patient	[No Cost - $35.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report	[No Cost - $35.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost - $20.00]
D0171	Re-evaluation - post-operative office visit	[No Cost - $20.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost - $35.00]
D0190	Screening of a patient	[No Cost - $20.00]
D0191	Assessment of a patient	[No Cost - $20.00]
D0210	Intraoral - complete series of radiographic images	[No Cost - $20.00]
D0220	Intraoral - periapical first radiographic image	[No Cost - $20.00]
D0230	Intraoral - periapical each additional radiographic image	[No Cost - $20.00]
D0240	Intraoral - occlusal radiographic image	[No Cost - $20.00]
D0270	Bitewing - single radiographic image	[No Cost - $20.00]
D0272	Bitewings - two radiographic images	[No Cost - $20.00]
D0273	Bitewings - three radiographic images	[No Cost - $20.00]
D0274	Bitewings - four radiographic images	[No Cost - $20.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost - $20.00]
D0330	Panoramic radiographic image	[No Cost - $20.00]
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	[No Cost - $20.00]
D0460	Pulp vitality tests	[No Cost - $20.00]
D0470	Diagnostic casts	[No Cost - $20.00]
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	[No Cost - $20.00]
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	[No Cost - $20.00]
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	[No Cost - $20.00]
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost - $20.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis *cleaning* - adult - [*1-3*] *D1110, D1120 or D4346 per* [*6-12*] *month period*	[No Cost - $25.00]
D1120	Prophylaxis *cleaning* - child - [*1-3*] *D1110, D1120 or D4346 per* [*6-12*] *month period*	[No Cost - $25.00]
D1206	Topical application of fluoride varnish - child *to age 19;* [*1-3*] *D1206 or D1208 per* [*6-12*] *month period*	[No Cost - $20.00]
D1208	Topical application of fluoride excluding varnish - *child to age 19;* [*1-3*] *D1206 or D1208 per* [*6-12*] *month period*	[No Cost - $20.00]
D1330	Oral hygiene instructions	[No Cost - $20.00]
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	[No Cost - $20.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	[No Cost - $20.00]
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	[No Cost - $20.00]
D1354	Interim caries arresting medicament application – per tooth - *child to age 19; [1-3] per [6-12] month period*	[No Cost - $20.00]
D1510	Space maintainer - fixed, ~~-~~unilateral – per quadrant	[No Cost - $120.00]
D1516	Space maintainer - fixed - bilateral, maxillary	[No Cost - $120.00]
D1517	Space maintainer - fixed - bilateral, mandibular	[No Cost - $120.00]
D1520	Space maintainer - removable, ~~-~~unilateral – per quadrant	[No Cost - $120.00]
D1526	Space maintainer - removable - bilateral, maxillary	[No Cost - $120.00]
D1527	Space maintainer - removable - bilateral, mandibular	[No Cost - $120.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost - $20.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$20.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$20.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$20.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost - $20.00]~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$20.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$20.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$20.00]
D1575	Distal shoe space maintainer - fixed, ~~-~~unilateral – per quadrant - *child to age 9*	[No Cost - $120.00]

D2000-D2999 III. RESTORATIVE

– *Includes indirect pulp capping, bases, liners and acid etch procedures.*

D2140	Amalgam - one surface, primary or permanent	[No Cost - $35.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost - $40.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost - $45.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost - $50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost - $50.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost - $60.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost - $65.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost - $65.00]
D2390	Resin-based composite crown, anterior	[No Cost - $80.00]
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 *	[No Cost - $350.00]
D2520	Inlay - metallic - two surfaces *	[No Cost - $360.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2530	Inlay - metallic - three or more surfaces *	[No Cost - $370.00]
D2542	Onlay - metallic - two surfaces *	[No Cost - $370.00]
D2543	Onlay - metallic - three surfaces *	[No Cost - $380.00]
D2544	Onlay - metallic - four or more surfaces *	[No Cost - $390.00]
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]
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) †	[No Cost - $190.00]
D2720	Crown - resin with high noble metal *†	[No Cost - $515.00]
D2721	Crown - resin with predominantly base metal †	[No Cost - $400.00]
D2722	Crown - resin with noble metal †	[No Cost - $390.00]
D2740	Crown - porcelain/ceramic †	[No Cost - $420.00]
D2750	Crown - porcelain fused to high noble metal *†	[No Cost - $515.00]
D2751	Crown - porcelain fused to predominantly base metal †	[No Cost - $390.00]
D2752	Crown - porcelain fused to noble metal †	[No Cost - $390.00]
D2753	Crown - porcelain fused to titanium and titanium alloys *†	[No Cost-$515.00]
D2780	Crown – 3/4 cast high noble metal *	[No Cost - $515.00]
D2781	Crown - 3/4 cast predominantly base metal	[No Cost - $390.00]
D2782	Crown - 3/4 cast noble metal	[No Cost - $390.00]
D2783	Crown - 3/4 porcelain/ceramic †	[No Cost - $390.00]
D2790	Crown - full cast high noble metal *	[No Cost - $515.00]
D2791	Crown - full cast predominantly base metal	[No Cost - $390.00]
D2792	Crown - full cast noble metal	[No Cost - $390.00]
D2794	Crown - titanium and titanium alloys *	[No Cost - $515.00]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost - $20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost - $20.00]
D2920	Re-cement or re-bond crown	[No Cost - $20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost - $65.00]
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	[Optional]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost - $120.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost - $120.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost - $140.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[Optional]
D2940	Protective restoration	[No Cost - $35.00]
D2941	Interim therapeutic restoration - primary dentition	[No Cost - $35.00]
D2949	Restorative foundation for an indirect restoration	[No Cost - $60.00]
D2950	Core buildup, including any pins when required	[No Cost - $60.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost - $60.00]
D2952	Post and core in addition to crown, indirectly fabricated *	[No Cost - $95.00]
D2953	Each additional indirectly fabricated post - same tooth *	[No Cost - $65.00]
D2954	Prefabricated post and core in addition to crown	[No Cost - $85.00]
D2957	Each additional prefabricated post - same tooth	[No Cost - $60.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost - $80.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D2980	Crown repair necessitated by restorative material failure	[No Cost - $75.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost - $75.00]
D2982	Onlay repair necessitated by restorative material failure	[No Cost - $75.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost - $75.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	[No Cost - $20.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost - $25.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost - $25.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost - $30.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost - $50.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	[No Cost - $50.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost - $50.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost - $50.00]
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	[No Cost - $190.00]
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	[No Cost - $255.00]
D3330	*Root canal* - endodontic therapy, molar tooth (excluding final restoration)	[No Cost - $345.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost - $190.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost - $190.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost - $210.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost - $280.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost - $370.00]
D3410	Apicoectomy - anterior	[No Cost - $215.00]
D3421	Apicoectomy - premolar (first root)	[No Cost - $215.00]
D3425	Apicoectomy - molar (first root)	[No Cost - $215.00]
D3426	Apicoectomy (each additional root)	[No Cost - $110.00]
D3427	Periradicular surgery without apicoectomy	[No Cost - $215.00]
D3430	Retrograde filling - per root	[No Cost - $100.00]

D4000-D4999 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	[No Cost - $400.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $400.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost - $400.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $400.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $400.00]
D4245	Apically positioned flap	[No Cost - $210.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost - $350.00]
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $500.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost - $500.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	[No Cost - $95.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	[No Cost - $90.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - [*1-3*] *D1110, D1120 or D4346 per* [*6-12*] *month period*	[No Cost - $25.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	[No Cost - $95.00]
D4910	Periodontal maintenance	[No Cost - $75.00]
D4921	Gingival irrigation - per quadrant	[No Cost - $75.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary **	[No Cost - $505.00]
D5120	Complete denture - mandibular **	[No Cost - $505.00]
D5130	Immediate denture - maxillary **	[No Cost - $575.00]
D5140	Immediate denture - mandibular **	[No Cost - $575.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) **	[No Cost - $500.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) **	[No Cost - $500.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5221	Immediate maxillary partial denture - resin base (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth) **	[No Cost - $500.00]
D5222	Immediate mandibular partial denture - resin base (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth) **	[No Cost - $500.00]
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~ retentive/clasping materials, rests and teeth) **	[No Cost - $540.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) **	[Optional]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) **	[Optional]
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	[No Cost - $350.00]
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	[No Cost - $350.00]
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	[No Cost - $350.00]
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	[No Cost - $350.00]
D5410	Adjust complete denture - maxillary	[No Cost - $20.00]
D5411	Adjust complete denture - mandibular	[No Cost - $20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5421	Adjust partial denture - maxillary	[No Cost - $20.00]
D5422	Adjust partial denture - mandibular	[No Cost - $20.00]
D5511	Repair broken complete denture base, mandibular	[No Cost - $75.00]
D5512	Repair broken complete denture base, maxillary	[No Cost - $75.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost - $50.00]
D5611	Repair resin partial denture base, mandibular	[No Cost - $75.00]
D5612	Repair resin partial denture base, maxillary	[No Cost - $75.00]
D5621	Repair cast partial framework, mandibular	[No Cost - $75.00]
D5622	Repair cast partial framework, maxillary	[No Cost - $75.00]
D5630	Repair or replace broken retentive/clasping materials - per tooth	[No Cost - $75.00]
D5640	Replace broken teeth - per tooth	[No Cost - $40.00]
D5650	Add tooth to existing partial denture	[No Cost - $40.00]
D5660	Add clasp to existing partial denture - per tooth	[No Cost - $75.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost - $220.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost - $220.00]
D5710	Rebase complete maxillary denture	[No Cost - $180.00]
D5711	Rebase complete mandibular denture	[No Cost - $180.00]
D5720	Rebase maxillary partial denture	[No Cost - $180.00]
D5721	Rebase mandibular partial denture	[No Cost - $180.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost - $100.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost - $100.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost - $100.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost - $100.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost - $170.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost - $170.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost - $170.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost - $170.00]
D5820	Interim partial denture (maxillary)	[No Cost - $50.00]
D5821	Interim partial denture (mandibular)	[No Cost - $50.00]
D5850	Tissue conditioning, maxillary	[No Cost - $50.00]
D5851	Tissue conditioning, mandibular	[No Cost - $50.00]
D5863	Overdenture - complete maxillary	[Optional]
D5864	Overdenture - partial maxillary	[Optional]
D5865	Overdenture - complete mandibular	[Optional]
D5866	Overdenture - partial mandibular	[Optional]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

D6210	Pontic - cast high noble metal *	[No Cost - $515.00]
D6211	Pontic - cast predominantly base metal	[No Cost - $395.00]
D6212	Pontic - cast noble metal	[No Cost - $395.00]
D6240	Pontic - porcelain fused to high noble metal *†	[No Cost - $515.00]
D6241	Pontic - porcelain fused to predominantly base metal †	[No Cost - $395.00]
D6242	Pontic - porcelain fused to noble metal †	[No Cost - $395.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys †	[No Cost-$395.00]
D6250	Pontic - resin with high noble metal *†	[No Cost - $515.00]
D6251	Pontic - resin with predominantly base metal †	[No Cost - $395.00]
D6252	Pontic - resin with noble metal †	[No Cost - $395.00]
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]

CODE	DESCRIPTION	ENROLLEE PAYS
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 *	[No Cost - $395.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces *	[No Cost - $410.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost - $275.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost - $290.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost - $275.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost - $290.00]
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 *	[No Cost - $375.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces *	[No Cost - $410.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost - $280.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost - $300.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost - $275.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost - $290.00]
D6720	Retainer crown - resin with high noble metal *†	[No Cost - $515.00]
D6721	Retainer crown - resin with predominantly base metal †	[No Cost - $390.00]
D6722	Retainer crown - resin with noble metal †	[No Cost - $390.00]
D6750	Retainer crown - porcelain fused to high noble metal *†	[No Cost - $515.00]
D6751	Retainer crown - porcelain fused to predominantly base metal †	[No Cost - $390.00]
D6752	Retainer crown - porcelain fused to noble metal †	[No Cost - $390.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys *†	[No Cost-$515.00]
D6780	Retainer crown – 3/4 cast high noble metal *	[No Cost - $515.00]
D6781	Retainer crown – 3/4 cast predominantly base metal	[No Cost - $390.00]
D6782	Retainer crown – 3/4 cast noble metal	[No Cost - $390.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys *	[No Cost-$515.00]
D6790	Retainer crown - full cast high noble metal *	[No Cost - $515.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost - $390.00]
D6792	Retainer crown - full cast noble metal	[No Cost - $390.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost - $30.00]
D6940	Stress breaker	[No Cost - $80.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost - $30.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost - $30.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost - $65.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost - $100.00]
D7230	Removal of impacted tooth - partially bony	[No Cost - $250.00]
D7240	Removal of impacted tooth - completely bony	[No Cost - $280.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost - $245.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost - $180.00]
D7251	Coronectomy - intentional partial tooth removal	[No Cost - $245.00]
D7286	Incisional biopsy of oral tissue - soft	[No Cost - $200.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost - $185.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost - $185.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost - $270.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost - $270.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost - $225.00]
D7472	Removal of torus palatinus	[No Cost - $120.00]
D7473	Removal of torus mandibularis	[No Cost - $120.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost - $40.00]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost - $100.00]

D8000-D8999 XI. ORTHODONTICS

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: ..... [No Cost - $350.00]

D0210 Intraoral - complete series of radiographic images
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis
D0350 2D oral/facial photographic images obtained intraorally or extraorally
D0351 3D photographic image
D0470 Diagnostic casts

The benefit for post-treatment records includes: ..... [No Cost - $350.00]

D0210 Intraoral - complete series of radiographic images
D0470 Diagnostic casts

D8020	Limited orthodontic treatment of the transitional dentition ***	[No Cost - $2,750.00]
D8030	Limited orthodontic treatment of the adolescent dentition ***	[No Cost - $2,750.00]
D8040	Limited orthodontic treatment of the adult dentition ***	[No Cost - $2,950.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition ***	[No Cost - $2,750.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition ***	[No Cost - $2,750.00]
D8090	Comprehensive orthodontic treatment of the adult dentition ***	[No Cost - $2,950.00]
D8660	Pre-orthodontic treatment examination to monitor growth and development *(applied to treatment fee if patient proceeds with treatment)*	[No Cost - $75.00]
D8670	Periodic orthodontic treatment visit - Inclusive of treatment fee	[No Cost - $75.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) ***	[No Cost - $300.00]
D8681	Removable orthodontic retainer adjustment ***	[No Cost - $20.00]

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost - $25.00]
D9211	Regional block anesthesia	[No Cost - $20.00]
D9212	Trigeminal division block anesthesia	[No Cost - $20.00]
D9215	Local anesthesia in conjunction with operative or surgical procedures	[No Cost - $20.00]
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	[No Cost - $20.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost - $45.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost - $20.00]
D9440	Office visit - after regularly scheduled hours	[No Cost - $55.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost - $20.00]
D9932	Cleaning and inspection of removable complete denture, maxillary	[No Cost - $20.00]
D9933	Cleaning and inspection of removable complete denture, mandibular	[No Cost - $20.00]
D9934	Cleaning and inspection of removable partial denture, maxillary	[No Cost - $20.00]
D9935	Cleaning and inspection of removable partial denture, mandibular	[No Cost - $20.00]
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9986	Missed *appointment without 24 hour notice per 15 minutes of appointment time*	[No Cost - $20.00]
D9987	Canceled appointment *without 24 hour notice per 15 minutes of appointment time*	[No Cost - $20.00]
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management - care coordination	[No Cost-$20.00]
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

Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits. "Filed fees" mean the Contract Dentist's fees on file with [Company]. Questions regarding the DeltaCare USA Program should be directed to the Customer Service department at [800-422-4234].

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us[Company]. The Enrollee pays the Copayment specified for such services.

The Contract Dentist shall provide emergency dental care for a covered procedure which is required while an Enrollee is within 35 miles of the facility of the Contract Dentist. If an Enrollee requires emergency dental care and is more than 35 miles from the facility of the Contract Dentist, then we[Company] shall reimburse the Enrollee for the cost of such emergency dental care which exceeds the Enrollee's Copayment up to a [$50.00-$100.00] maximum per [any 12-month period or 12-month calendar year]. Emergency dental care shall be limited to listed procedures and as described in code D9110 above: (Palliative (emergency) treatment of dental pain). Any further treatment of the cause of such emergency dental care must be authorized by us[Company] or provided by the assigned Contract Dentist.

FOOTNOTES

** Base or noble metal is the Benefit. If high noble metal (precious) is used for a crown, bridge, indirectly fabricated post and core, inlay or onlay, the Enrollee will be charged the additional laboratory cost of the high noble metal. An additional laboratory charge also applies to a titanium crown.*
*** Includes any adjustments for six months.*

CODE	DESCRIPTION	ENROLLEE PAYS

**** Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office visit fee, not to exceed [$25.00-$75.00] per month.*
† Porcelain on molars is considered optional treatment.

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020~~2019~~, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation – established patient	No Cost
D0140	Limited oral evaluation - problem focused	[No Cost-$20.00]
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	Re-evaluation – post-operative office visit	[No Cost - $10.00]
D0180	Comprehensive periodontal evaluation - new or established patient	[No Cost-$25.00]
D0190	Screening of a patient	[No Cost-$20.00]
D0191	Assessment of a patient	[No Cost-$20.00]
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every [12-36] months*	[No Cost-$35.00]
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental 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 - *limited to 1 series every 6 months*	[No Cost-$15.00]
D0277	Vertical bitewings - 7 to 8 radiographic images	[No Cost-$25.00]
D0330	Panoramic radiographic image	[No Cost-$35.00]
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
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

CODE	DESCRIPTION	ENROLLEE PAYS
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
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	[No Cost - $5.00]
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis *cleaning* - adult – *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per year]*	[No Cost-$10.00]
[D1110	*Additional prophylaxis cleaning - adult (within the 6 month period) [non-medically necessary/medically necessary]*	[No Cost-$45.00]]
D1120	Prophylaxis *cleaning* - child – *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per year]*	[No Cost-$10.00]
[D1120	*Additional prophylaxis cleaning - child (within the 6 month period) [non-medically necessary/medically necessary]*	[No Cost $35.00]]
D1206	Topical application of fluoride varnish - *[child to age 19]; [1 D1206 or D1208 per 6 month period] [2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$10.00]
D1208	Topical application of fluoride – excluding varnish [*child to age 19*]; *[1 D1206 or D1208 per 6 month period] [2-3 D1206 or D1208 per 12 month period] [3 D1206 or D1208 per year]*	[No Cost-$10.00]
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D1353	Sealant repair – per tooth - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]
D1354	Interim caries arresting medicament application – per tooth – *[child to age 19]*; *[1 per 6 month period] [2-3 per 12 month period] [3 per year]*	[No Cost-$10.00]
D1510	Space maintainer - fixed, ~~-~~unilateral - per quadrant	[No Cost-$100.00]
D1516	Space maintainer – fixed – bilateral, maxillary	[No Cost-$125.00]
D1517	Space maintainer – fixed - bilateral, mandibular	[No Cost-$125.00]
D1520	Space maintainer - removable, ~~-~~unilateral - per quadrant	[No Cost-$100.00]
D1526	Space maintainer - removable – bilateral, maxillary	[No Cost-$125.00]
D1527	Space maintainer - removable – bilateral, mandibular	[No Cost-$125.00]
~~D1550~~	~~Re-cement or re-bond space maintainer~~	~~[No Cost-$15.00]~~
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	[No Cost-$15.00]
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	[No Cost-$15.00]
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	[No Cost-$15.00]
~~D1555~~	~~Removal of fixed space maintainer~~	~~[No Cost-$15.00]~~
D1556	Removal of fixed unilateral space maintainer – per quadrant	[No Cost-$15.00]
D1557	Removal of fixed bilateral space maintainer – maxillary	[No Cost-$15.00]
D1558	Removal of fixed bilateral space maintainer – mandibular	[No Cost-$15.00]
D1575	Distal shoe space maintainer – fixed, ~~-~~ unilateral - per quadrant - *child to age 9*	[No Cost-$100.00]

CODE	DESCRIPTION	ENROLLEE PAYS

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional [$100.00-$150.00] per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.*

D2140	Amalgam - one surface, primary or permanent	[No Cost-$20.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-$30.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-$40.00]
D2161	Amalgam - four or more surfaces, primary or permanent	[No Cost-$50.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-$30.00]
D2331	Resin-based composite - two surfaces, anterior	[No Cost-$40.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-$50.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-$65.00]
D2390	Resin-based composite crown, anterior	[No Cost-$65.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-$65.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-$75.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-$85.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-$95.00]
D2510	Inlay - metallic - one surface	[No Cost-$185.00]
D2520	Inlay - metallic - two surfaces	[No Cost-$195.00]
D2530	Inlay - metallic - three or more surfaces	[No Cost-$205.00]
D2542	Onlay - metallic - two surfaces	[No Cost-$200.00]
D2543	Onlay - metallic - three surfaces	[No Cost-$210.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-$230.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-$310.00]
D2620	Inlay - porcelain/ceramic - two surfaces	[No Cost-$345.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces	[No Cost-$365.00]
D2642	Onlay - porcelain/ceramic - two surfaces	[No Cost-$340.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-$375.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces	[No Cost-$395.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-$210.00]
D2651	Inlay - resin-based composite - two surfaces	[No Cost-$235.00]
D2652	Inlay - resin-based composite - three or more surfaces	[No Cost-$270.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-$265.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-$290.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-$335.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-$185.00]
D2712	Crown – 3/4 resin-based composite (indirect)	[No Cost-$185.00]
D2720	Crown - resin with high noble metal	[No Cost-$335.00]
D2721	Crown - resin with predominantly base metal	[No Cost-$235.00]
D2722	Crown - resin with noble metal	[No Cost-$275.00]
D2740	Crown - porcelain/ceramic	[No Cost-$425.00]
D2750	Crown - porcelain fused to high noble metal	[No Cost-$425.00]
D2751	Crown - porcelain fused to predominantly base metal	[No Cost-$325.00]
D2752	Crown - porcelain fused to noble metal	[No Cost-$365.00]
D2753	Crown - porcelain fused to titanium and titanium alloys	[No Cost-$425.00]
D2780	Crown - 3/4 cast high noble metal	[No Cost-$425.00]
D2781	Crown - 3/4 cast predominantly base metal	[No Cost-$325.00]
D2782	Crown - 3/4 cast noble metal	[No Cost-$365.00]
D2783	Crown - 3/4 porcelain/ceramic	[No Cost-$425.00]
D2790	Crown - full cast high noble metal	[No Cost-$425.00]
D2791	Crown - full cast predominantly base metal	[No Cost-$325.00]
D2792	Crown - full cast noble metal	[No Cost-$365.00]
D2794	Crown - titanium and titanium alloys	[No Cost-$425.00]

CODE	DESCRIPTION	ENROLLEE PAYS
[D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	[No Cost-$50.00]]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	[No Cost-$20.00]
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	[No Cost - $20.00]
D2920	Re-cement or re-bond crown	[No Cost-$20.00]
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	[No Cost-$65.00]
D2929	Prefabricated porcelain/ceramic crown – primary tooth – *anterior*	[No Cost-$75.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-$75.00]
D2931	Prefabricated stainless steel crown - permanent tooth	[No Cost-$75.00]
D2932	Prefabricated resin crown - *anterior primary tooth*	[No Cost-$85.00]
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	[No Cost-$75.00]
D2940	Protective restoration	[No Cost-$20.00]
D2941	Interim therapeutic restoration – primary dentition	[No Cost-$20.00]
D2949	Restorative foundation for an indirect restoration	[No Cost-$80.00]
D2950	Core buildup, including any pins when required	[No Cost-$80.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	[No Cost-$110.00]
D2953	Each additional indirectly fabricated post same tooth - *includes canal preparation*	[No Cost-$80.00]
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	[No Cost-$95.00]
[D2955	Post removal	[No Cost-$25.00]]
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	[No Cost-$70.00]
D2971	Additional procedures to construct new crown under existing partial denture framework	[No Cost-$60.00]
D2980	Crown repair necessitated by restorative material failure	[No Cost-$30.00]
D2981	Inlay repair necessitated by restorative material failure	[No Cost-$30.00]
D2982	Only repair necessitated by restorative material failure	[No Cost-$30.00]
D2983	Veneer repair necessitated by restorative material failure	[No Cost-$30.00]
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars [through age 15] [to age 19]*	[No Cost-$15.00]

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-$5.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-$5.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-$45.00]
D3221	Pulpal debridement, primary and permanent teeth	[No Cost-$50.00]
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	[No Cost-$45.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-$60.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-$60.00]
D3310	*Root canal* – endodontic therapy, anterior (excluding final restoration)	[No Cost-$150.00]
D3320	*Root canal* – endodontic therapy, premolar tooth (excluding final restoration)	[No Cost-$250.00]
D3330	*Root canal* – endodontic therapy, molar tooth (excluding final restoration)	[No Cost-$365.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-$80.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	[No Cost-$80.00]
D3333	Internal root repair of perforation defects	[No Cost-$80.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-$180.00]
D3347	Retreatment of previous root canal therapy - premolar	[No Cost-$280.00]
D3348	Retreatment of previous root canal therapy - molar	[No Cost-$395.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$80.00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$55.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-$100.00]
D3410	Apicoectomy - anterior	[No Cost-$200.00]
D3421	Apicoectomy - premolar (first root)	[No Cost-$210.00]
D3425	Apicoectomy - molar (first root)	[No Cost-$225.00]
D3426	Apicoectomy (each additional root)	[No Cost-$150.00]
D3427	Periradicular surgery without apicoectomy	[No Cost-$200.00]
D3430	Retrograde filling - per root	[No Cost-$75.00]
D3450	Root amputation, per root	[No Cost-$85.00]
[D3910	Surgical procedure for isolation of tooth with rubber dam	[No Cost-$25.00]]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-$75.00]
[D3950	Canal preparation and fitting of preformed dowel or post	[No Cost-$25.00]]
[D3999	Unspecified endodontic procedure, by report including culture canal	[No Cost-$25.00]]

D4000-D4999 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	[No Cost-$160.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$95.00]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	[No Cost-$95.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$160.00]
D4245	Apically positioned flap	[No Cost-$175.00]
D4249	Clinical crown lengthening - hard tissue	[No Cost-$500.00]
D4260	Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$425.00]
D4261	Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-$340.00]
D4263	Bone replacement graft – retained natural tooth - first site in quadrant	[No Cost-$235.00]
D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	[No Cost$200.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-$235.00]
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-$90.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	[No Cost-$235.00]
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	[No Cost-$235.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to [4-5 quadrants] during any 12 consecutive months*	[No Cost-$60.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to [4-5 quadrants] during any 12 consecutive months*	[No Cost-$50.00]
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation – *[1 D1110, D1120 or D4346 per 6 month period] [3 D1110, D1120 or D4346 per year]*	[No Cost-$10.00]
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	[No Cost-$60.00]
D4910	Periodontal maintenance – *[limited to 1 treatment each 6 month period] [3 treatments each 12 month period]*	[No Cost-$45.00]
[D4910	*Additional periodontal maintenance - (within the 6 month period)*	[No Cost-$55.00]]
D4921	Gingival irrigation – per quadrant	[No Cost-$45.00]

D5000-D5899 VI. PROSTHODONTICS (removable)

- *For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*
- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.*

D5110	Complete denture - maxillary	[No Cost-$365.00]
D5120	Complete denture - mandibular	[No Cost-$365.00]
D5130	Immediate denture - maxillary	[No Cost-$385.00]
D5140	Immediate denture - mandibular	[No Cost-$385.00]
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$325.00]
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	[No Cost-$325.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth)	[No Cost-$395.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth)	[No Cost-$395.00]
D5221	Immediate maxillary partial denture – resin base (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth)	[No Cost-$325.00]
D5222	Immediate mandibular partial denture – resin base (including any ~~conventional clasps~~retentive/clasping materials, rests and teeth)	[No Cost-$325.00]
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any ~~conventional clasps~~ retentive/clasping materials, rests and teeth)	[No Cost-$395.00]
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any ~~conventional clasps~~ retentive/clasping materials, rests and teeth)	[No Cost-$395.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$445.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-$445.00]
[D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	[No Cost-$75.00]]
[D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	[No Cost-$75.00]]
[D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	[No Cost-$75.00]]
[D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant	[No Cost-$75.00]]
D5410	Adjust complete denture - maxillary	[No Cost-$18.00]
D5411	Adjust complete denture - mandibular	[No Cost-$18.00]
D5421	Adjust partial denture - maxillary	[No Cost-$18.00]
D5422	Adjust partial denture - mandibular	[No Cost-$18.00]
D5511	Repair broken complete denture base, mandibular	[No Cost-$55.00]
D5512	Repair broken complete denture based, maxillary	[No Cost-$55.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-$35.00]
D5611	Repair resin partial denture base, mandibular	[No Cost-$55.00]
D5612	Repair resin partial denture base, maxillary	[No Cost-$55.00]
D5621	Repair cast partial framework, mandibular	[No Cost-$55.00]
D5622	Repair cast partial framework, maxillary	[No Cost-$55.00]
D5630	Repair or replace broken retentive/clasping materials – per tooth	[No Cost-$55.00]
D5640	Replace broken teeth - per tooth	[No Cost-$45.00]
D5650	Add tooth to existing partial denture	[No Cost-$45.00]
D5660	Add clasp to existing partial denture – per tooth	[No Cost-$55.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-$180.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-$180.00]
D5710	Rebase complete maxillary denture	[No Cost-$105.00]
D5711	Rebase complete mandibular denture	[No Cost-$105.00]
D5720	Rebase maxillary partial denture	[No Cost-$105.00]
D5721	Rebase mandibular partial denture	[No Cost-$105.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-$80.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-$80.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-$80.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost--$80.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-$95.00]
D5751	Reline complete mandibular denture (laboratory)	[No Cost-$95.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-$95.00]
D5761	Reline mandibular partial denture (laboratory)	[No Cost-$95.00]
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	[No Cost-$125.00]
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	[No Cost-$125.00]
D5850	Tissue conditioning, maxillary	[No Cost-$30.00]
D5851	Tissue conditioning, mandibular	[No Cost-$30.00]

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))

– *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional [$100.00-$150.00] per unit, beyond the 6th unit.*

– *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.*

D6210	Pontic - cast high noble metal	[No Cost-$425.00]
D6211	Pontic - cast predominantly base metal	[No Cost-$325.00]
D6212	Pontic - cast noble metal	[No Cost-$365.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost-$425.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-$325.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost-$365.00]
D6243	Pontic - porcelain fused to titanium and titanium alloys	[No Cost-$365.00]
D6245	Pontic - porcelain/ceramic	[No Cost-$425.00]
D6250	Pontic - resin with high noble metal	[No Cost-$335.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-$235.00]
D6252	Pontic - resin with noble metal	[No Cost-$275.00]
[D6545	Retainer – cast metal for resin bonded fixed prosthesis	[No Cost-$150.00]]
[D6549	Resin retainer – for resin bonded fixed prosthesis	[No Cost-$150.00]]
D6600	Retainer inlay - porcelain/ceramic, two surfaces	[No Cost-$345.00]
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	[No Cost-$365.00]
D6602	Retainer inlay - cast high noble metal, two surfaces	[No Cost-$295.00]
D6603	Retainer inlay - cast high noble metal, three or more surfaces	[No Cost-$305.00]
D6604	Retainer inlay - cast predominantly base metal, two surfaces	[No Cost-$195.00]
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	[No Cost-$205.00]
D6606	Retainer inlay - cast noble metal, two surfaces	[No Cost-$225.00]
D6607	Retainer inlay - cast noble metal, three or more surfaces	[No Cost-$235.00]
D6608	Retainer onlay - porcelain/ceramic, two surfaces	[No Cost-$340.00]
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	[No Cost-$375.00]
D6610	Retainer onlay - cast high noble metal, two surfaces	[No Cost-$300.00]
D6611	Retainer onlay - cast high noble metal, three or more surfaces	[No Cost-$310.00]
D6612	Retainer onlay - cast predominantly base metal, two surfaces	[No Cost-$200.00]
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	[No Cost-$210.00]
D6614	Retainer onlay - cast noble metal, two surfaces	[No Cost-$220.00]
D6615	Retainer onlay - cast noble metal, three or more surfaces	[No Cost-$240.00]
D6720	Retainer crown - resin with high noble metal	[No Cost-$335.00]
D6721	Retainer crown - resin with predominantly base metal	[No Cost-$235.00]
D6722	Retainer crown - resin with noble metal	[No Cost-$275.00]
D6740	Retainer crown - porcelain/ceramic	[No Cost-$425.00]
D6750	Retainer crown - porcelain fused to high noble metal	[No Cost-$425.00]
D6751	Retainer crown - porcelain fused to predominantly base metal	[No Cost-$325.00]
D6752	Retainer crown - porcelain fused to noble metal	[No Cost-$365.00]
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	[No Cost-$425.00]
D6780	Retainer crown – 3/4 cast high noble metal	[No Cost-$425.00]
D6781	Retainer crown - 3/4 cast predominantly base metal	[No Cost-$325.00]
D6782	Retainer crown - 3/4 cast noble metal	[No Cost-$365.00]
D6783	Retainer crown - 3/4 porcelain/ceramic	[No Cost-$425.00]
D6784	Retainer crown – 3/4 titanium and titanium alloys	[No Cost-$425.00]
D6790	Retainer crown - full cast high noble metal	[No Cost-$425.00]
D6791	Retainer crown - full cast predominantly base metal	[No Cost-$325.00]
D6792	Retainer crown - full cast noble metal	[No Cost-$365.00]
D6930	Re-cement or re-bond fixed partial denture	[No Cost-$25.00]
D6940	Stress breaker	[No Cost-$50.00]
D6980	Fixed partial denture repair necessitated by restorative material failure	[No Cost-$70.00]

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

– *Includes preoperative and postoperative evaluations and treatment under local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	[No Cost-$15.00]

CODE	DESCRIPTION	ENROLLEE PAYS
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-$25.00]
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	[No Cost-$55.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-$70.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-$125.00]
D7240	Removal of impacted tooth - completely bony	[No Cost--$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-$180.00]
D7250	Removal of residual tooth roots (cutting procedure)	[No Cost-$45.00]
D7251	Coronectomy – intentional partial tooth removal	[No Cost-$180.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-$130.00]
D7280	Exposure of an unerupted tooth	[No Cost-$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
[D7285	Incisional biopsy of oral tissue –hard (bone, tooth) - *does not include pathology laboratory procedures*	[No Cost-$50.00]]
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	[No Cost-$40.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$100.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$100.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-$120.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-$120.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible)	[No Cost-$125.00]
D7472	Removal of torus palatinus	[No Cost-$$125.00]
D7473	Removal of torus mandibularis	[No Cost-$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-$25.00]
[D7520	Incision and drainage of abscess – extraoral soft tissue	[No Cost-$50.00]]
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy –also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	[No Cost-$50.00]
D7970	Excision of hyperplastic tissue - per arch	[No Cost-$125.00]
D7971	Excision of pericoronal gingiva	[No Cost-$125.00]

[D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [$75.00-$125.00], may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-$200.00]

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally

CODE	DESCRIPTION	ENROLLEE PAYS
D0351	3D photographic image	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:		[No Cost-$70.00]
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition	[No Cost-$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-$1,350.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	[No Cost-$2,100.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	[No Cost-$2,100.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	[No Cost-$2,300.00]
[D8210	Removable appliance therapy	[No Cost-$500.00]]
[D8220	Fixed appliance therapy	[No Cost-$500.00]]
D8660	Pre-orthodontic treatment examination to monitor growth and Development [1]	[No Cost-$25.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	[No Cost-$500.00]
D8681	Removable orthodontic retainer adjustment	[No Cost-$20.00]
D8999	Unspecified orthodontic procedure, by report - *[includes treatment planning session] [includes initial examination diagnosis, consultation and initial banding]*	[No Cost-$100.00][AT1]]
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-$20.00]
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	No Cost
D9222	Deep sedation/general anesthesia – first 15 minutes	[No Cost-$80.00]
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	[No Cost-$80.00]
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	[No Cost-$80.00]
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	[No Cost-$80.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	[No Cost-$25.00]
D9311	Consultation with medical health care professional	[No Cost-$20.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	[No Cost-$10.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-$35.00]
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost

CODE	DESCRIPTION	ENROLLEE PAYS
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
[D9941	Fabrication of athletic mouthguard	[$110.00-$200.00]]
D9943	Occlusal guard adjustment	[No Cost-$10.00]
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$125.00]
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$125.00]
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	[No Cost-$125.00]
D9951	Occlusal adjustment, limited	[No Cost-$55.00]
D9952	Occlusal adjustment, complete	[No Cost-$125.00]
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays – *limited to one bleaching tray and gel for two weeks of self-treatment*	[No Cost-$125.00]
D9986	Missed appointment -*without 24 hour notice - per 15 minutes of appointment time [up to an overall maximum of $40.00]*	[No Cost-$10.00]
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time [up to an overall maximum of $40.00]*	[No Cost-$10.00]
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management – addressing appointment compliance barriers	[No Cost-$20.00]
D9992	Dental case management – care coordination	[No Cost-$20.00]
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

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by us~~Delta Dental~~. The Enrollee pays the Copayment specified for such services.

[[1] The enrollee is also responsible for any incurred orthodontic diagnostic record fees.]

[[1] In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of [$25.00] applies. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

3. Fixed bridges used to replace missing posterior teeth are considered Optional Treatment when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The Enrollee must pay the difference in cost between the DeltaCare Dentist's Plan Allowance for the Covered Benefit and the Optional Treatment, plus any Copayment for the Covered Benefit.

4. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

5. If treatment is not required or the Enrollee chooses not to start treatment after the Orthodontist has completed the diagnosis and consultation, the Enrollee will be charged a consultation fee of $25 in addition to diagnostic record fees.

6. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment the Enrollee will not be entitled to a refund of any amounts previously paid. In addition, the Enrollee will be responsible for all payments, up to and including the full Copayment, that is required by the new Contract Orthodontist for completion of the orthodontic treatment.

7. Orthodontic treatment in progress is limited to new DeltaCare® USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[8. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions of Benefits

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental Services for injuries or conditions that may be covered under Worker's Compensation or similar employer liability laws; benefits or services that are available under any federal, state, or municipal government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity; also services provided to the Enrollee without cost by any municipality, county or other political subdivision.

14. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction).

15. Prophylactic removal of impactions (asymptomatic, nonpathological).

16. Dental expenses incurred in connection with any dental or orthodontic procedure started before or after the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

17. Lost, stolen or broken orthodontic appliances.

18. Extractions solely for the purpose of orthodontics

19. Retreatment of orthodontic cases.

20. Surgical procedures incidental to orthodontic treatment.

21. Surgical procedures related to cleft palate, micrognathia or macrognathia.

22. Changes in orthodontic treatment necessitated by accident of any kind.

23. Myofunctional and parafunctional appliances and/or therapies.

24. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

25. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

26. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~27. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

[SCHEDULE B[IR1]

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional [$75.00 - $150.00] above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions~~,~~ (Procedures D7230, D7240, and D7241).

4. Benefits provided by a contract pediatric Dentist are available at 75% of the Contract Specialist's Filed Fees. Referral by the assigned Contract Dentist is required before services are rendered.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

7. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed on Schedule A, Description of Benefits and Copayments.

[8. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975, (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally

missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of an out-of-network dental specialist, unless expressly authorized by us~~Delta Dental~~ except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.

15. Changes in orthodontic treatment necessitated by accident of any kind.

16. Myofunctional and parafunctional appliances and/or therapies.

17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

19. Any part of a preventive or soft tissue management program which is not a listed covered service on Schedule A, Description of Benefits and Copayments.

20. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.]

~~21. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.]~~

SCHEDULE B

LIMITATIONS OF BENEFITS

1. Full mouth x-rays are limited to one set every 24 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.

2. Bitewing x-rays are limited to not more than one series of four films in any six month period.

3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered Benefits.

4. If a biopsy is prior approved by us~~Delta Dental~~ to an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost.

5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.

6. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.

7. A filling is a Benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.

8. A crown is a Benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year limitation (Limitation #12).

9. A covered metallic inlay, onlay, crown or fixed partial denture (bridge) using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is $100.00 per tooth or pontic. For a cast post and core, the Benefit is for base or noble metal. If the Enrollee elects to have a high noble metal cast post and core instead, the maximum additional cost of this material upgrade is $100.00 per tooth.

10. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is $150.00 per molar.

11. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is $75.00.

12. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:

    a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and

    b. Either of the following:

        – The existing non-functional restoration/bridge/denture was placed five+ or more years prior to its replacement, or

- If an existing partial denture is less than five+ years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.

13. A direct or indirect pulp cap is a Benefit only on a vital permanent tooth with an open apex or a vital primary tooth.

14. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a Benefit on a permanent tooth.

15. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.

16. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.

17. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.

18. Coverage for the placement of a fixed partial denture (bridge) requires that:

    a. No cantilevered posterior pontic (prosthetic tooth) be included; and

    b. Either of the following:

    - The sole tooth to be replaced in the arch is a permanent tooth, which cannot be replaced by adding another tooth to an existing removable partial denture; or
    - The new bridge would replace an existing, non-functional bridge (see Limitation #12); or
    - Each abutment tooth to be crowned meets Limitation #8.

19. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.

20. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:

    - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture; or
    - The replacement of permanent tooth/teeth for children under 16 years of age.

21. Retained primary teeth shall be covered as primary teeth.

22. Excision of the frenum is a Benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.

23. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

24. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed in Schedule A, Description of Benefits and Copayments. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter the Benefit for other covered services.

25. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

26. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's ~~F~~filed ~~F~~fee for the Optional procedure and the ~~F~~filed ~~F~~fee for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are Benefits. Optional procedures include:

- The use of a tooth-colored material when restoring a posterior tooth with a filling, inlay or onlay; and
- Units in a fixed partial denture (bridge) made of porcelain/ceramic, which is not fused to and supported by underlying cast metal.

~~Filed Fees means the Contract Dentist's fees on file with the plan. Questions regarding these fees should be directed to the Customer Service department at [800-422-4234].~~

[27. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

EXCLUSIONS OF BENEFITS

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is paid. Services that are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.

3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.

6. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics unless qualified for the orthodontic treatment in progress provision.

7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities.

8. Dispensing of drugs not normally supplied in a dental facility.

9. Any procedure that in the professional opinion of the Contract Dentist or the dental consultant:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized by us~~Delta Dental~~ or as cited under Emergency Services. To obtain Authorization, the Enrollee should call the Customer Service Center~~department~~ at [800-422-4234].

11. Consultations for non-covered ~~b~~Benefits.

12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.

13. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

14. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.

15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).

16. An extensive initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA Program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the ~~b~~Benefit for other covered services.

17. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

18. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.

19. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.

20. Treatment required by reason of war declared or undeclared.

21. Any part of a preventive or soft tissue management program which is not a listed covered service in Schedule A, Description of Benefits and Copayments.

22 Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~23. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

ORTHODONTIC LIMITATIONS

The DeltaCare USA Program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in Schedule A, Description of Benefits and Copayments and subject to the following:

1. Orthodontic treatment must be provided by the Contract Orthodontist.

2. Benefits cover 24 months of active comprehensive orthodontic treatment. Included is the initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustment to retainers and office visits for a maximum of two years.

3. Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee not to exceed $75.00 per month.

4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not us~~Delta Dental~~ will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of $2,800.00 for covered dependent children to age 19 and $3,000.00 for covered adults and dependent children to age 23. The amount will be prorated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist.

5. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual and customary fee.

6. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayments amount as for fixed appliances.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

ORTHODONTIC EXCLUSIONS

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.

2. Lost, stolen or broken orthodontic appliances.

3. Retreatment of orthodontic cases.

4. Surgical procedures incidental to orthodontic treatment.

6. Myofunctional therapy.

7. Surgical procedures related to cleft palate, micrognathia, or macrognathia.

8. Treatment related to temporomandibular joint disturbances.

9. Supplemental appliances not routinely used in typical comprehensive orthodontics.

10. Restorative work caused by orthodontic treatment.

11. Phase I orthodontics, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

12. Extractions solely for the purpose of orthodontics.

13. Treatment in progress at inception of eligibility unless qualified for the orthodontic treatment in progress provision.

14. Transfer after banding has been initiated.

15. Composite bands, lingual adaptation of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

16. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~17. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

SCHEDULE B[IR1]

LIMITATIONS OF BENEFITS

1. Prophylaxis is limited to [one-three] treatment[s] each [six-twelve] month period (includes periodontal maintenance).

2. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed [one-three] each in any [three-five] year period from initial placement.

3. Partial dentures are not to be replaced within any [three-five] year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.

4. Crowns and fixed partial dentures (bridges) are not to be replaced within any [three-five] year period from initial placement.

5. Denture relines are limited to [one per denture during any 12 consecutive months].

6. Periodontal treatments (scaling and root planing) are limited to [four quadrants during any 12 consecutive months].

7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period.

8. Bitewing x-rays are limited to not more than one series of four films in any six month period.

9. A full mouth x-ray series (including any combination of periapicals or bitewings with a panoramic film) or a series of seven or more vertical bitewings is limited to one series every [12-36] months.

10. Benefits for sealants include the application of sealants only to the occlusal surface of permanent molars for patients through age 15. The teeth must be free from caries or restorations on the occlusal surface. Benefits also include the repair or replacement of a sealant on any tooth within three years of its application by the same Contract Dentist who placed the sealant.

11. Replacement of prosthetic appliances (bridges, partial or full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the [three-five] year limitation for replacement.

12. Coverage is limited to the Benefit customarily provided. Enrollee must pay the difference in cost between the Contract Dentist's usual fees for the covered Benefit and the Optional or more expensive treatment plus any applicable Copayment.

13. Services that are more expensive than the treatment usually provided under accepted dental practice standards or include the use of specialized techniques instead of standard procedures, such as a crown where filling would restore a tooth or an implant in place of a fixed bridge or partial denture to restore a missing tooth, are considered Optional treatment.

14. Composite resin restorations to restore decay or missing tooth structure that extend beyond the enamel layer are limited to anterior teeth (cuspid to cuspid) and facial surfaces of maxillary bicuspids.

15. A fixed partial denture (bridge) is limited to the replacement of permanent anterior teeth provided it is not in connection with a partial denture on the same arch, or duplicates an existing, non-functional bridge and it meets the [three-five] year limitation for replacement.

16. Stayplates, in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period or in children 16 years and under for missing anterior teeth.

17. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

18. Porcelain crowns and porcelain fused to metal crowns on all molars is considered Optional treatment.

19. Fixed bridges used to replace missing posterior teeth are considered Optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered Optional dental treatment. The Enrollee must pay the difference in cost between the Contract Dentist's Filed Fees for the covered procedure and Optional treatment, plus any Copayment for the covered procedure.

20. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed in Schedule A, Description of Benefits and Copayments. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered Benefits.

[21. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

[5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.[AT1]]

[6. Orthodontic treatment is progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous Group sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.[AT2]]

[7. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger[DL3].]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, [or a Contract Orthodontist] except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental [or orthodontic] procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken [and orthodontics] unless qualified for the orthodontic treatment in progress provision.

[14. Lost, stolen or broken orthodontic appliances[AT4].]

[15. Changes in orthodontic treatment necessitated by accident of any kind[AT5]].

16. Myofunctional and parafunctional appliances and/or therapies.

[17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances[AT6].]

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

[19. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.[IR7]]

~~[20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.[IR8]]~~

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions~~,~~ (Procedures D7230, D7240, and D7241).

3. Benefits provided by a contract pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~[Company]~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

4. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

5. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~[Company] is~~We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, elective, or aesthetic dentistry, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the one-time orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.

15. Changes in orthodontic treatment necessitated by accident of any kind.

16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944 (Occlusal guard - hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch) and D9946 (Occlusal guard - hard appliance, partial arch).

17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

19. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

SCHEDULE B[IR1]

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Administration of I.V. sedation or general anesthesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more soft tissue, partial or full bony impactions~~,~~ (Procedures D7220, D7230, D7240, and D7241).

3. Benefits provided by a contract pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination the Enrollee is receiving orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination, except:

   a. If an Enrollee is receiving ongoing orthodontic treatment at the time of termination, ~~Delta Dental~~ we will continue to provide orthodontic Benefits for:

      - 60 days if the Enrollee is making monthly payments to the Contract Orthodontist, or

      - until the later of 60 days or the end of the quarter in progress, if the Enrollee is making quarterly payments to the Contract Orthodontist.

   At the end of 60 days (or at the end of the quarter), the Enrollee's obligation will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount over the number of months remaining in the initial 24 months of treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

5. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

6. Frequently, several alternate methods exist to treat a dental condition. For example, a tooth can be restored with a crown or a filling, and missing teeth can be replaced either with a fixed bridge or a partial denture. We will make payment based upon the allowance for the less expensive procedure, provided that the less expensive procedure meets accepted standards of dental treatment. Our decision does not commit You to the less expensive procedure. However, if You and the Dentist choose the more expensive procedure, You are responsible for the additional charges beyond those paid or allowed by us~~the Company~~.

[7. Fabrication of athletic mouthguard is limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. As determined by the treating provider not acting on our behalf~~ of Delta Dental~~, services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel or required as the result of orthognathic surgery.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost, stolen or damaged appliances including, but not limited to, prosthetic device, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges) or any duplicative device.

6. For replacement of existing dentures that are, or can be made serviceable.

7. For prosthetic reconstruction or other services which require a prosthodontist.

8. For assistance at surgery.

9. Procedures, appliances or restoration solely for the purpose of changing vertical dimension, including but not limited, to full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

10. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

11. For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include, but are not limited to, such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex muscles, nerves and other tissues related to that joint.

12. Consultations for non-covered ~~b~~Benefits.

13. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

14. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

15. Prescription drugs or nonprescription drugs, home care items, vitamins or dietary supplements.

16. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program or after the termination date of coverage. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.

17. As determined by the treating provider not acting on our behalf ~~of Delta Dental~~, for elective procedures, including prophylactic extractions of third molars.

18. For the following, which are not included as orthodontic ~~b~~Benefits: retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, replacement of lost or stolen appliances, special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of 24 months.

19. Specialist or orthodontic treatment resulting from a prohibited referral. A prohibited referral is when the Contract Dentist directs an Enrollee to seek specialist or orthodontic care from another dental facility where a) the Contract Dentist owns a beneficial interest in the practice; b) the Contract Dentist's immediate family owns a beneficial interest of 3 percent or greater in the practice; or c) the Contract Dentist, the Contract Dentist's immediate family or a combination of the Contract Dentist and his or her immediate family has a compensation arrangement with the practice.

20. For broken appointments.

21. Dental conditions that are the responsibility of Worker's Compensation or employer's liability insurance. The DeltaCare USA ~~b~~Benefits would be in excess to the third party benefits and therefore, ~~the Administrator~~ we would have the right of recovery for any ~~b~~Benefits paid in excess.

22. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the armed forces of any country or international authority.

23. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~24. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

[SCHEDULE[AS1] B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $130 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions~~,~~ (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[7. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:
   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.

15. Changes in orthodontic treatment necessitated by accident of any kind.

16. Myofunctional and parafunctional appliances and/or therapies.

17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

19. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.]

~~20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.]~~

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $125.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7220, D7230, D7240 and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[7. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch) or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally

missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use or stays in a hospital, out-patient surgery center, extended care facility or other similar care facility.

12. Prescription drugs.

13. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.

14. Orthognathic surgery.

15. Dental services considered experimental in nature.

16. Services, supplies or charges that are necessary due to lack of cooperation with the treating ~~d~~Dentist, or failure to comply with a professionally prescribed treatment plan.

17. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

18. Lost, stolen or broken orthodontic appliances.

19. Changes in orthodontic treatment necessitated by accident of any kind.

20. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944 (Occlusal guard - hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch) and D9946 (Occlusal guard - hard appliance, partial arch).

21. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

22. Retreatment of orthodontic cases.

23. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

24. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~25. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

[SCHEDULE[RH1] B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional [$100.00-$150.00] above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).

4. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan Benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed $325.00 in addition to the listed Copayment. Contact the Customer Service Center~~department~~ at [800-422-4234] if you have questions regarding the additional fee or name brand services.

5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental Insurance Company~~, less applicable Copayments. ~~The Plan~~ We will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist.

6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental Insurance Company is~~ We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[8. Fabrication of athletic mouthguard are limited to once every 24 months for patients 18 and younger.]

Exclusions

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on Schedule A.

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations or other diagnostic services for non-covered ~~b~~Benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric ~~d~~Dentist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

12. Prescription and over-the-counter drugs.

13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

14. Changes in orthodontic treatment necessitated by accident of any kind.

15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944 (Occlusal guard - hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch) and D9946 (Occlusal guard - hard appliance, partial arch).

16. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

18. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations ~~of Benefits~~

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, which are supported either by a natural tooth or dental implant, the Enrollee may be charged an additional [$100.00-$135.00][MS1] above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions~~,~~ (Procedures D7230, D7240, and D7241).

4. When recommending covered crown(s), bridge pontic(s) and/or bridge retainers, which are supported either by a natural tooth or dental implant, Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed [$100.00-$150.00][MS2] in addition to the listed Copayment. Contact the Customer Service Center~~department~~ at [800-422-4234][MS3] if you have questions regarding the additional fee or name brand services.

5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by us~~Delta Dental~~, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ~~Delta Dental is~~We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

[8. Fabrication of athletic mouthguard are limited to once every 12 months.]

Exclusions ~~of Benefits~~

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for:

   a. cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch);, or

   b. conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and implant abutments, and fixed partial dentures (bridges) whether supported by a natural tooth or dental implant.

5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

6. Procedures that may include:

   a. precious metal for removable appliances;

   b. metallic or permanent soft bases for complete dentures;

   c. porcelain denture teeth;

   d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or

   e. personalization and characterization of complete and partial dentures.

7. Procedures that may include:

   a. pre-Implant diagnostic and therapeutic services, which are solely done to facilitate the placement of a dental implant including cone beam CT capture and interpretation, bone grafts and/or sinus augmentation;

   b. post-implant maintenance osseous surgeries and/or bone grafts; and/or

   c. removal of a dental implant and all other services associated with a dental implant, unless listed as a covered ~~b~~Benefit.

8. Consultations for non-covered ~~b~~Benefits.

9. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.

10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

11. Prescription drugs.

12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

13. Lost, stolen or broken orthodontic appliances.

14. Changes in orthodontic treatment necessitated by accident of any kind.

15. Myofunctional and parafunctional appliances and/or therapies.

16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

18. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

~~20.~~19. An implant-support prosthesis with one abutment supported by a natural tooth and the second supported by an implant are not covered.

SCHEDULE D[IR1]

ORTHODONTIC LIMITATIONS

The Program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The cost to the Enrollee for the treatment plan is listed in Schedule A, Description of Benefits and Copayments, subject to the following:

1. Orthodontic treatment must be provided by a Contract Orthodontist.

2. Benefits cover 24 months of active orthodontic treatment and include the initial examination, diagnosis, consultation, initial banding, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months.

3. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office visit fee not to exceed [$25.00-$75.00] per month.

4. Should an Enrollee's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination. In this event the Enrollee's obligation shall be based on the Contract Orthodontist's usual fee at the beginning of treatment. The Contract Orthodontist will prorate the amount over the number of months to completion of the treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation have been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of [$25.00-$50.00] in addition to diagnostic record fees.

6. [Three-five] recementations or replacements of a bracket/band on the same tooth or a total of [five-seven] rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual fee.

7. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, (i) the Enrollee will not be entitled to a refund of any amounts previously paid, and (ii) the Enrollee will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.

SCHEDULE E[IR1]

ORTHODONTIC EXCLUSIONS

1. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.

2. Retreatment of orthodontic cases.

3. Changes in treatment necessitated by accident of any kind, and/or lack of Enrollee cooperation.

4. Surgical procedures incidental to orthodontic treatment.

5. Myofunctional therapy.

6. Surgical procedures related to cleft palate, micrognathia, or macrognathia.

7. Treatment related to temporomandibular joint disturbances.

8. Supplemental appliances not routinely utilized in typical comprehensive orthodontics, including, but not limited to, palatal expander, habit control appliance, pendulum, quad helix or herbst.

9. Active treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge not to exceed [$25.00-$75.00] per month.

10. Restorative work caused by orthodontic treatment.

11. Phase 1 orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase 1 orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

12. Extractions solely for the purpose of orthodontics.

13. Treatment in progress at inception of eligibility.

14. Patient initiated transfer after bands have been placed.

15. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

16. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~17. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~

SCHEDULE C[DL1]

EXCLUSIONS OF BENEFITS

1. General anesthesia, IV sedation, and nitrous oxide and the services of a special anesthesiologist.

2. Dental procedures performed for purely cosmetic purposes.

3. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is payable. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.

4. Treatment required by reason of war, declared or undeclared.

5. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

6. Treatment of fractures, dislocations and subluxations of the mandible or maxilla. This includes any surgical treatment to correct facial mal-alignments of TMJ abnormalities.

7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).

8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage or dental expenses incurred in connection with any dental procedure started prior to Enrollee's eligibility with the DeltaCare USA Program. Examples: teeth prepared for crowns, root canals in progress, orthodontic treatment.

9. Any service that is not specifically listed in Schedule A, Description of Benefits and Copayments.

10. Correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function (unless mandated by state law).

11. Cysts and malignancies.

12. Prescription drugs.

13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of Benefits.

14. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.

15. Dental services received from any dental facility other than the assigned dental facility, unless expressly authorized by us~~Delta Dental~~ or as cited under Section 4.04 or Emergency Services.

16. Prophylactic removal of impactions (asymptomatic, nonpathological).

17. "Consultations" for noncovered procedures.

18. Implant placement or removal of appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.

19. Placement of a crown where there is sufficient tooth structure to retain a standard filling.

20. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.

21. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).

22. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction).

23. Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization.

24. Any part of a preventive or soft tissue management program which is not a listed covered service in Schedule A, Description of Benefits and Copayments.

25. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

26. Restorative work caused by orthodontic treatment.

27. Extractions solely for the purpose of orthodontics.

28. Orthodontic treatment must be provided by a licensed ~~d~~Dentist. Self-administered orthodontics are not covered.

~~29. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.~~