

Delta Dental PPO - EPO PLAN DESIGN – CP070

SCHEDULE OF BENEFITS AND COPAYMENT/COINSURANCE

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

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

| <u>CODES</u> | | <u>COPAYMENT/ COINSURANCE</u> |
|------------------------------------|---|-----------------------------------|
| I. DIAGNOSTIC | | |
| D0120 | Periodic oral evaluation-established patient | No Cost |
| D0140 | Limited oral evaluation—problem focused | No Cost |
| D0150 | Comprehensive oral evaluation – new or established patient | No Cost |
| D0210 | Intraoral - complete series of radiographic images | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additional radiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0270 | Bitewing - single radiographic image | No Cost |
| D0272 | Bitewings - two radiographic images | No Cost |
| D0273 | Bitewings - three radiographic images | No Cost |
| D0274 | Bitewings - four radiographic images | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| II. PREVENTIVE | | |
| D1110 | Prophylaxis cleaning – adult | No Cost |
| D1120 | Prophylaxis cleaning – child | No Cost |
| D1206 | Topical application of fluoride varnish | No Cost |
| D1208 | Topical application of fluoride excluding | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth | \$11.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient | \$11.00 |
| D1510 | Space maintainer - fixed - unilateral | \$64.00 |
| D1515 | Space maintainer - fixed - bilateral | \$107.00 |
| D1520 | Space maintainer - removable - unilateral | \$86.00 |
| D1525 | Space maintainer - removable - bilateral | \$107.00 |
| D1550 | Re-cement or re-bond space maintainer | \$19.00 |
| D1575 | Distal shoe space maintainer – fixed - unilateral | \$64.00 |
| III. RESTORATIVE (Fillings) | | |
| | <i>Includes indirect pulp capping, bases, liners and acid etch procedures</i> | |
| 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 | \$21.00 |

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| D2331 | Resin-based composite - two surfaces, anterior | \$29.00 |
| D2332 | Resin-based composite - three surfaces, anterior | \$35.00 |
| D2940 | Protective restoration | \$20.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$14.00 |
| IV. ENDODONTICS | | |
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration) | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$37.00 |
| D3310 | Root canal - endodontic therapy, anterior tooth (excluding final restoration) | \$150.00 |
| D3320 | Root canal - endodontic therapy, bicuspid tooth (excluding final restoration) | \$209.00 |
| D3330 | Root canal - endodontic therapy, molar (excluding final restoration) | \$262.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$150.00 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | \$209.00 |
| D3348 | Retreatment of previous root canal therapy - molar | \$262.00 |
| D3410 | Apicoectomy - anterior | \$126.00 |
| D3421 | Apicoectomy - bicuspid (first root) | \$126.00 |
| D3425 | Apicoectomy - molar (first root) | \$126.00 |
| D3426 | Apicoectomy (each additional root) | \$43.00 |
| D3430 | Retrograde filling - per root | \$54.00 |
| D3450 | Root amputation- per root | \$79.00 |
| V. PERIODONTICS | | |
| | <i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic</i> | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$150.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$150.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant | \$166.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces, per quadrant | \$166.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$187.00 |
| D4261 | Osseous surgery (including elevation of full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$187.00 |
| D4270 | Pedicle soft tissue graft procedure | \$203.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | \$230.00 |
| 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 | \$115.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$48.00 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant | \$48.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | No Cost |
| D4910 | Periodontal maintenance | No Cost |
| VI. ORAL AND MAXILLOFACIAL SURGERY | | |
| | <i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic</i> | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$48.00 |

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|---|---|--|
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$57.00 |
| D7220 | Removal of impacted tooth – soft tissue | \$64.00 |
| D7230 | Removal of impacted tooth – partially bony | \$94.00 |
| D7240 | Removal of impacted tooth – completely bony | \$112.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$64.00 |
| D7286 | Incisional biopsy of oral tissue – soft – <i>does not include pathology laboratory procedures</i> | \$54.00 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$64.00 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$64.00 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$86.00 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$86.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$118.00 |
| D7960 | Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | \$95.00 |
| D7970 | Excision of hyperplastic tissue - per arch | \$150.00 |
| VII. CROWN AND BRIDGE | | |
| D2710 | Crown - resin-based composite (indirect) | \$128.00 |
| D2740 | Crown - porcelain/ceramic substrate | \$263.00 |
| D2750 | Crown - porcelain fused to high noble metal | \$241.00 |
| D2751 | Crown - porcelain fused to predominately base metal | \$241.00 |
| D2752 | Crown - porcelain fused to noble metal | \$241.00 |
| D2781 | Crown - ¾ cast predominately base metal | \$241.00 |
| D2790 | Crown - full cast high noble metal | \$241.00 |
| D2792 | Crown - full cast noble metal | \$241.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$20.00 |
| D2920 | Re-cement or re-bond crown | \$20.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$43.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$54.00 |
| D2950 | Core buildup, including any pins when required | \$68.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$86.00 |
| D2954 | Prefabricated post and core in addition to crown – <i>base metal post; includes canal preparation</i> | \$75.00 |
| VIII. PROSTHODONTICS (removable) | | |
| D5110 | Complete denture - maxillary | \$321.00 |
| D5120 | Complete denture - mandibular | \$321.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$375.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$375.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$375.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$375.00 |
| D5281 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | \$203.00 |
| D5410 | Adjust complete denture - maxillary | \$18.00 |
| D5411 | Adjust complete denture - mandibular | \$18.00 |
| D5421 | Adjust partial denture - maxillary | \$18.00 |
| D5422 | Adjust partial denture - mandibular | \$18.00 |

| <u>CODES</u> | <u>COPAYMENT/ COINSURANCE</u> | |
|--|---|----------|
| D5510 | Repair broken complete denture base | \$43.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$43.00 |
| D5610 | Repair resin denture base | \$43.00 |
| D5620 | Repair cast framework | \$43.00 |
| D5630 | Repair or replace broken clasp - per tooth | \$43.00 |
| D5640 | Replace broken teeth - per tooth | \$32.00 |
| D5650 | Add tooth to existing partial denture | \$32.00 |
| D5660 | Add clasp to existing partial denture - per tooth | \$32.00 |
| D5710 | Rebase complete maxillary denture | \$161.00 |
| D5711 | Rebase complete mandibular denture | \$161.00 |
| D5720 | Rebase maxillary partial denture | \$161.00 |
| D5721 | Rebase mandibular partial denture | \$161.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$80.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$80.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$80.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$80.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$128.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$128.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$128.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$128.00 |
| D5850 | Tissue conditioning, maxillary | \$35.00 |
| D5851 | Tissue conditioning, mandibular | \$35.00 |
| | | |
| IX. | MAXILLOFACIAL PROSTHETICS – NOT COVERED (D5900-D5999) | |
| X. | IMPLANT SERVICES – NOT COVERED (D6000-D6199) | |
| XI. | PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in fixed partial denture [bridge]) | |
| D6210 | Pontic - cast high noble metal | \$241.00 |
| D6211 | Pontic - cast predominantly base metal | \$241.00 |
| D6212 | Pontic - cast noble metal | \$241.00 |
| D6240 | Pontic - porcelain fused to high noble metal | \$241.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$241.00 |
| D6242 | Pontic - porcelain fused to noble metal | \$241.00 |
| D6750 | Crown – porcelain fused to high noble metal | \$241.00 |
| D6751 | Crown – porcelain fused to predominantly base metal | \$241.00 |
| D6752 | Crown – porcelain fused to noble metal | \$241.00 |
| D6780 | Crown – ¾ cast high noble metal | \$241.00 |
| D6790 | Crown – full cast high noble metal | \$241.00 |
| D6791 | Crown – full cast predominantly base metal | \$241.00 |
| D6792 | Crown – full cast noble metal | \$241.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$27.00 |
| D6940 | Stress breaker | \$64.00 |
| | | |
| XII. | ORTHODONTICS | |
| Your Coinsurance is 50% of the Delta Dental PPO Dentist’s Plan Allowance plus any amounts over the lifetime Benefit Maximum. | | |
| D0340 | 2D Cephalometric radiographic image - acquisition, measurement and analysis | 50% |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | 50% |
| D0470 | Diagnostic casts | 50% |
| D8010 | Limited orthodontic treatment of the primary dentition | 50% |

| <u>CODES</u> | <u>COPAYMENT/ COINSURANCE</u> | |
|---------------------|--|---------|
| D8020 | Limited orthodontic treatment of the transitional dentition | 50% |
| D8030 | Limited orthodontic treatment of the adolescent dentition | 50% |
| D8040 | Limited orthodontic treatment of the adult dentition | 50% |
| D8050 | Interceptive orthodontic treatment of the primary dentition | 50% |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | 50% |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | 50% |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | 50% |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | 50% |
| D8210 | Removable appliance therapy | 50% |
| D8220 | Fixed appliance therapy | 50% |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | 50% |
| D8670 | Periodic orthodontic treatment visit | 50% |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | 50% |
| D8693 | Rebond or recement fixed retainer | 50% |
| D8694 | Repair of fixed retainers, includes reattachment | 50% |
| XIII. | ADJUNCTIVE GENERAL SERVICES | |
| D9110 | Palliative (emergency) treatment of dental pain-minor procedure | \$21.00 |
| 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 |
| D9310 | Consultation - diagnostic services provided by a dentist or physician other than requesting dentist or physician | \$27.00 |
| D9311 | Consultation with a medical health care professional | No Cost |
| D9440 | Office visit - after regularly scheduled hours | \$21.00 |
| D9910 | Application of desensitizing medicament | No Cost |
| D9951 | Occlusal adjustment - limited | No Cost |
| D9952 | Occlusal adjustment - complete | \$98.00 |
| D9986 | Missed appointment – <i>without 24 hour notice – per ½ hour of appointment time</i> | \$21.00 |
| D9987 | Canceled appointment - <i>without 24 hour notice – per ½ hour of appointment time</i> | \$21.00 |
| D9991 | Dental case management – addressing appointment compliance barriers | No Cost |
| D9992 | Dental case management – care coordination | No Cost |
| D9993 | Dental case management – motivational interviewing | No Cost |
| D9994 | Dental case management – patient education to improve oral health literacy | No Cost |