DELTA DENTAL®

Schedule of Benefits

Delta Dental EPO™ — CP070 (01/2027)

Description 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. Refer to the Benefit Limitations and Exclusions for further clarification of benefits. Enrollees should discuss all treatment options with their Dentist prior to services being rendered.

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

CODE		COPAYMENT/ COINSURANCE
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
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	Not Billable to Patient
D0171	Re-evaluation – post-operative office visit	Not Billable to Patient
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
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Not Billable to Patient
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Not Billable to Patient

CODE		COPAYMENT/ COINSURANCE
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Not Billable to Patient
D0460	Pulp vitality tests	No Cost
D0461	Testing for cracked tooth	Not Billable to Patient
D0475	Decalcification procedure	Not Billable to Patient
D0476	Special stains for microorganisms	Not Billable to Patient
D0477	Special stains, not for microorganisms	Not Billable to Patient
D0478	Immunohistochemical stains	Not Billable to Patient
D0479	Tissue in-situ hybridization, including interpretation	Not Billable to Patient
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Not Billable to Patient
D0481	Electron microscopy	Not Billable to Patient
D0482	Direct immunofluorescence	Not Billable to Patient
D0483	Indirect immunofluorescence	Not Billable to Patient
D0484	Consultation on slides prepared elsewhere	Not Billable to Patient
D0601	Caries risk assessment and documentation, with a finding of low risk	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk	No Cost
D0701	Panoramic radiographic image — image capture only	Not Billable to Patient
D0702	2—D cephalometric radiographic image — image capture only	Not Billable to Patient
D0703	2—D oral/facial photographic image obtained intra—orally or extra—orally — image capture only	Not Billable to Patient
D0705	Extra — oral posterior dental radiographic image — image capture only	Not Billable to Patient
D0706	Intraoral — occlusal radiographic image — image capture only	Not Billable to Patient

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CODE		COPAYMENT/ COINSURANCE
D0707	Intraoral — periapical radiographic image — image capture only	Not Billable to Patient
D0708	Intraoral — bitewing radiographic image — image capture only	Not Billable to Patient
D0709	Intraoral — complete series of radiographic images — image capture only	Not Billable to Patient
II.	**PREVENTIVE**	
D1110	Prophylaxis cleaning — adult	No Cost
D1120	Prophylaxis cleaning — child	No Cost
D1206	Application of medicament – topical fluoride varnish; full mouth	No Cost
D1208	Application of medicament – topical fluoride – excluding varnish; full mouth	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant — per tooth	$11.00
D1354	Application of caries arresting medicament without surgical intervention - per tooth	No Cost
D1510	Space maintainer — fixed, unilateral — per quadrant	$64.00
D1516	Space maintainer — fixed — bilateral, maxillary	$107.00
D1517	Space maintainer — fixed — bilateral, mandibular	$107.00
D1520	Space maintainer — removable, unilateral — per quadrant	$86.00
D1526	Space maintainer — removable — bilateral, maxillary	$107.00
D1527	Space maintainer — removable — bilateral, mandibular	$107.00
D1551	Re—cement or re—bond bilateral space maintainer — maxillary	$19.00
D1552	Re—cement or re—bond bilateral space maintainer — mandibular	$19.00
D1553	Re—cement or re—bond unilateral space maintainer — per quadrant	$19.00
D1575	Distal shoe space maintainer - fixed, unilateral — per quadrant	$64.00
III.	**RESTORATIVE (Fillings)**	
Includes indirect pulp capping, bases, liners and acid etch procedures.		
D2140	Amalgam — one surface, primary or permanent	No Cost
D2976	Band stabilization – per tooth	No Cost
D2989	Excavation of a tooth resulting in the determination of non—restorability	Not Billable to Patient
D2150	Amalgam — two surfaces, primary or permanent	No Cost
D2160	Amalgam — three surfaces, primary or permanent	No Cost

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CODE		COPAYMENT/ COINSURANCE
D2161	Amalgam —four or more surfaces, primary or permanent	No Cost
D2330	Resin—based composite — one surface, anterior	$21.00
D2331	Resin—based composite — two surfaces, anterior	$29.00
D2332	Resin—based composite — three surfaces, anterior	$35.00
D2335	Resin-based composite - four or more surfaces (anterior)	$47.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	$33.00
D2940	Placement of interim direct restoration	$20.00
D2951	Pin retention — per tooth, in addition to restoration	$14.00
IV.	**ENDODONTICS**	
D3110	Pulp cap - direct (excluding final restoration)	Not Billable to Patient
D3120	Pulp cap - indirect (excluding final restoration)	Not Billable to Patient
D3220	Therapeutic pulpotomy (excluding final restoration) -removal of pulp coronal to the dentinocemental junction and application of medicament	$37.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$150.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$209.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$262.00
D3331	Treatment of root canal obstruction; non-surgical access	Not Billable to Patient
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$58.00
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 - premolar (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
D3911	Intraorifice barrier	Not Billable to Patient
D3921	Decoronation or submergence of an erupted tooth	$48.00

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CODE		COPAYMENT/ COINSURANCE
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	$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
D4268	Surgical revision procedure, per tooth	Not Billable to Patient
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
D4921	Gingival irrigation with a medicinal agent – per quadrant	Not Billable to Patient
VI.	**ORAL AND MAXILLOFACIAL SURGERY**	
Includes preoperative and postoperative evaluations and treatment under a local anesthetic		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$48.00

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CODE		COPAYMENT/ COINSURANCE
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 — does not include pathology laboratory procedures	$54.00
D7284	Excisional biopsy of minor salivary glands	$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
D7922	Placement of intra—socket biological dressing to aid in hemostasis or clot stabilization, per site	Not Billable to Patient
D7961	Buccal/labial frenectomy (frenulectomy)	$95.00
D7962	Lingual frenectomy (frenulectomy)	$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	$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
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Not Billable to Patient

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CODE		COPAYMENT/ COINSURANCE
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
D2949	Restorative foundation for an indirect restoration	Not Billable to Patient
D2950	Core buildup, including any pins when required	$68.00
D2952	Post and core in addition to crown, indirectly fabricated	$86.00
D2953	Each additional indirectly fabricated post - same tooth	Not Billable to Patient
D2954	Prefabricated post and core in addition to crown — base metal post; includes canal preparation	$75.00
D2955	Post removal	Not Billable to Patient
D2956	Removal of an indirect restoration on a natural tooth	Not Billable to Patient
D2957	Each additional prefabricated post - same tooth	Not Billable to Patient
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 retentive/clasping materials, rests and teeth)	$375.00
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$375.00
D5223	Immediate maxillary partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$375.00
D5224	Immediate mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$375.00
D5282	Removable unilateral partial denture — one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	$203.00
D5283	Removable unilateral partial denture — one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	$203.00
D5284	Removable unilateral partial denture — one piece flexible base (including retentive/clasping materials, rests, and teeth) — per quadrant	$203.00

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CODE		COPAYMENT/ COINSURANCE
D5286	Removable unilateral partial denture — one piece resin (including retentive/clasping materials, rests, and teeth) — per quadrant	$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
D5511	Repair complete denture base, mandibular	$43.00
D5512	Repair complete denture base, maxillary	$43.00
D5520	Replace missing or broken teeth – complete denture – per tooth	$43.00
D5521	Replace all teeth on complete denture – maxillary	$321.00
D5522	Replace all teeth on complete denture – mandibular	$321.00
D5611	Repair resin partial denture base, mandibular	$43.00
D5612	Repair resin partial denture base, maxillary	$43.00
D5621	Repair cast partial framework, mandibular	$43.00
D5622	Repair cast partial framework, maxillary	$43.00
D5630	Repair or replace broken retentive/clasping materials — per tooth	$43.00
D5640	Replace missing or broken teeth – partial denture – per tooth	$32.00
D5650	Add tooth to existing partial denture – per tooth	$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
D5725	Rebase hybrid prosthesis	No Cost
D5765	Soft liner for complete or partial removable denture — indirect	$50.00
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

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CODE		COPAYMENT/ COINSURANCE
D5851	Tissue conditioning, mandibular	$35.00
IX.	**MAXILLOFACIAL PROSTHETICS — Not Covered**	
X.	**IMPLANTS — Not Covered**	
XI.	**PROSTHODONTICS, fixed**	
	(Each retainer and each pontic constitutes a unit in a 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
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Not Billable to Patient
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
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Not Billable to Patient
D6930	Re—cement or re—bond fixed partial denture	$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 — ac quisition, measurement and analysis	50%
D0350	2D oral/facial photographic images obtained intraorally or extraorally	50%
D0470	Diagnostic casts	50%
D7280	Exposure of an unerupted tooth	50%
D7283	Placement of device to facilitate eruption of impacted tooth	50%
D8010	Limited orthodontic treatment of the primary dentition	50%

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CODE		COPAYMENT/ COINSURANCE
D8020	Limited orthodontic treatment of the transitional dentition	50%
D8030	Limited orthodontic treatment of the adolescent dentition	50%
D8040	Limited orthodontic treatment of the adult dentition	50%
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%
D8090	Comprehensive orthodontic treatment of the adult dentition	50%
D8091	Comprehensive orthodontic treatment with orthognathic surgery	50%
D8210	Adjunctive orthodontic therapy – removable appliance	50%
D8220	Adjunctive orthodontic therapy – fixed appliance	50%
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%
D8670	Periodic orthodontic treatment visit	50%
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	50%
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	50%
D8689	Re-cement or re-bond orthodontic fixed appliance	50%
D8698	Re—cement or re—bond fixed retainer — maxillary	50%
D8699	Re—cement or re—bond fixed retainer — mandibular	50%
D8701	Repair of fixed retainer, includes reattachment — maxillary	Not Billable to Patient
D8702	Repair of fixed retainer, includes reattachment — mandibular	Not Billable to Patient
XIII.	**ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain—minor procedure	$21.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not Billable to Patient
D9211	Regional block anesthesia	Not Billable to Patient
D9212	Trigeminal division block anesthesia	Not Billable to Patient
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not Billable to Patient
D9310	Consultation — diagnostic services provided by a dentist or physician other than requesting dentist or physician	$27.00

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CODE		COPAYMENT/ COINSURANCE
D9311	Consultation with a medical health care professional	Not Billable to Patient
D9440	Office visit — after regularly scheduled hours	$21.00
D9910	Application of desensitizing medicament – per tooth	No Cost
D9912	Pre—visit patient screening	Not Billable to Patient
D9951	Occlusal adjustment — limited	No Cost
D9952	Occlusal adjustment — complete	$98.00
D9986	Missed appointment —without 24 hour notice — per ½ hour of appointment time	$21.00
D9987	Canceled appointment — without 24 hour notice — per ½ hour of appointment time	$21.00
D9990	Certified translation or sign-language services – per visit	Not Billable to Patient
D9991	Dental case management — addressing appointment compliance barriers	Not Billable to Patient
D9992	Dental case management — care coordination	Not Billable to Patient
D9995	Teledentistry — synchronous; real—time encounter	Not Billable to Patient
D9996	Teledentistry — asynchronous; information stored and forwarded to dentist for subsequent review	Not Billable to Patient
D9997	Dental case management — patients with special health care needs	Not Billable to Patient