

PRIMARY SERVICES

PRIMARY SERVICES covered if necessary and performed by your attending Plan Dentist.

SPECIALTY SERVICES—Are covered if necessary by a Plan Dental Specialist with a referral from your primary care dentist. All primary and specialty services are subject to the Limitations, Exclusions and Governing Administrative Policies of the Program.

PROCEDURE CODES

ENROLLEE PAYS

DIAGNOSTIC

D0120	Periodic oral evaluation est. patient	No Cost
D0140	Limited oral evaluation	No Cost
D0145	Oral evaluation for a pat. Under 3yrs of	No Cost
D0150	Comprehensive oral evaluation	No Cost
D0160	Detailed and extensive oral exam	No Cost
D0170	Re-eval., limited (est. patient)	No Cost
D0180	Comprehensive periodontal evaluation	No Cost
D0210	Intraoral radiographs	No Cost
D0220/0230	Intraoral periapical film—each add. film	No Cost
D0240	Intraoral occlusal film	No Cost
D0260	Extraoral —each additional film	No Cost
D0270/0272	Bitewing single/two films	No Cost
D0273/0274	Bitewings—three/four films	No Cost
D0330	Panoramic film	No Cost
D0415	Bacteriologic studies	No Cost
D0460	Pulp Vitality Tests	\$ 20.00
D0470	Diagnostic casts	No Cost
	Initial exam by Specialist	\$ 35.00

PREVENTIVE

D1110/1120	Prophylaxis—adult/child —2 per 12 mth.	No Cost
D1208	Topical application of fluoride	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant — per tooth	\$ 7.00
D1510/1520/75	Space maintainer—fixed/remov.unilat.	\$100.00
D1515/1525	Space maintainer fixed/remov. bilateral	\$150.00
D1550/1555	Re-cementation/Removal of space maint.	\$ 8.00

RESTORATIVE (FILLINGS)

Includes indirect pulp capping, bases, liners and acid Etch procedures

D2140	Amalgam—one surface prim./perm.	\$ 12.00
D2150	Amalgam—two surfaces prim./perm.	\$ 16.00
D2160	Amalgam—three surfaces prim./perm.	\$ 23.00
D2161	Amalgam—four or more prim./perm.	\$ 32.00
D2330	Resin, one surface, anterior	\$ 15.00
D2331	Resin, two surfaces, anterior	\$ 17.00
D2332	Resin, three surfaces, anterior	\$ 21.00
D2335	Resin, involving incisal angle anterior	\$ 27.00
D2390	Resin based composite crown, anterior	\$ 27.00
D2391	Resin based composite one surf. post.	\$ 50.00
D2392	Resin based composite two surf. post.	\$ 59.00
D2393	Resin based composite three surf. post.	\$ 70.00
D2394	Resin based composite four + surf. post.	\$ 76.00
D2510	Inlay metallic one surface	\$207.00
D2520	Inlay metallic two surfaces	\$227.00
D2530	Inlay metallic three or more surfaces	\$250.00
D2542	Onlay—metallic—two surfaces	\$330.00
D2543	Onlay metallic three surfaces	\$363.00
D2544	Onlay metallic four or more surfaces	\$399.00

D2610	Inlay porcelain/ceramic one surface	\$270.00
D2620	Inlay porcelain/ceramic two surfaces	\$297.00
D2630	Inlay porcelain/ceramic three+ surfaces	\$327.00
D2642	Onlay porcelain/ceramic two surfaces	\$324.00
D2643	Onlay porcelain/ceramic three surfaces	\$357.00
D2644	Onlay porcelain/ceramic four+ surfaces	\$393.00
D2650	Inlay resin-based comp. one surface	\$296.00
D2651	Inlay resin-based comp. two surfaces	\$215.00
D2652	Inlay resin-based comp. three+ surf.	\$237.00
D2662	Onlay resin-based comp. two surfaces	\$329.00
D2663	Onlay resin based comp. three surfaces	\$362.00
D2664	Onlay resin-based comp. four+ surfaces	\$398.00

Crowns:

Limitations may apply, refer to your Benefit Plan Summary booklet.

D2710	Resin (indirect)	\$250.00
D2720	Resin with high noble metal*	\$324.00
D2721	Resin with predominately base metal	\$324.00
D2722	Resin with noble metal*	\$324.00
D2740	Porcelain/ceramic substrate*	\$324.00
D2750	Porcelain fused to high noble metal*	\$324.00
D2751	Porcelain fused to predom. base metal	\$324.00
D2752	Porcelain fused to noble metal*	\$324.00
D2780/81/82	¾ cast high noble/base./noble metal*	\$324.00
D2783	¾ porcelain / ceramic	\$324.00
D2790	Full cast high noble metal*	\$324.00
D2791	Full cast predominately base metal	\$324.00
D2792	Full cast noble metal*	\$324.00
D2910/20	Recement inlay / crown	\$ 50.00
D2921	Reattachment of tooth fragment,	\$ 27.00
D2930/31	Prefab. stainless steel (prim/perm)	\$ 97.00
D2932	Prefabricated resin	\$118.00
D2940	Sedative filling	\$ 36.00
D2950	Core buildup, including any pins	\$ 89.00
D2951	Pin retention—per tooth, + restoration	\$ 35.00
D2952	Cast post and core in addition to crown	\$137.00
D2953	Each additional cast post same tooth	\$ 75.00
D2954	Prefabricated post and core + crown	\$111.00
D2957	Each additional prefabricated post	\$ 69.00

ENDODONTICS

D3110/20	Pulp capping (direct/indirect)	\$11.00/\$6.00
D3220/21	Therapeutic pulpotomy/Pulpal debrib	\$21.00/\$22.00
D3230/40	Pulpal therapy (anterior/posterior)	\$16.00/\$24.00
D3310	Anterior root canal	\$150.00
D3320	Bicuspid root canal	\$200.00
D3330	Molar root canal	\$285.00
D3346	Retreatment previous root canal (ant.)	\$175.00
D3347	Retreatment previous root canal (post.)	\$200.00
D3348	Retreatment previous root canal (molar)	\$300.00
D3410	Apicoectomy—anterior	\$ 59.00
D3421/25	Apico.—bicuspid/molar (first root)	\$65.00/\$71.00
D3426/27	Apicoectomy—each additional root/perir	\$ 59.00
D3430	Retrograde filling — per root	\$ 28.00
D3450	Root Amputation — per root	\$ 60.00

PERIODONTICS

D4210	Gingivectomy or Gingivoplasty, Qd.	\$250.00
D4211	Gingivectomy or gingivoplasty, per tooth (if fewer than four teeth)	\$238.00
D4230/4231	Anatom. Crown exp.4+/1-3 per qd	\$250.00/\$238.00
D4240	Gingival flap procedures Qd.	\$288.00
D4241	Gingival flap proc. including root plan.	\$274.00
D4249	Clinical crown length.-hard tissue	\$292.00
D4260	Osseous surgery Qd. (Incl. flap entry)	\$340.00
D4261	Osseous surgery 1 to 3 teeth per Qd.	\$323.00
D4263	Bone replacement graft (first site in Qd.)	\$250.00
D4264	Bone replacement graft (each add. site)	\$250.00
D4270	Pedicle soft tissue graft procedure	\$275.00
D4271/73	Free soft tissue graft(include.donor site)	\$275.00
D4341	Periodontal root planing 4 more Qd.	\$ 95.00
D4342	Periodontal root planing, 1-3 teeth Qd.	\$ 90.00
D4355	Full mouth debridement to enable com.	\$ 61.00
D4910	Periodontal maintenance	\$ 47.00

PROSTHETICS (Removable and Fixed bridges & dentures)

D5110/20	Complete upper / lower denture	\$471.00
D5211/12	Partial resin denture, upper/lower	\$494.00
D5213/14	Partial denture, upper / lower	\$635.00
D5410/11	Denture Adjustments-max./mand.	\$ 46.00
D5421/22	Partial Adjustments-max./mand.	\$ 46.00
D5510	Repair broken complete denture	\$ 73.00
D5520	Replace missing/broken teeth(per tooth)	\$ 54.00
D5610	Repair resin denture base	\$ 74.00
D5620	Repair cast framework	\$ 85.00
D5630	Repair or replace broken clasp	\$ 80.00
D5640	Replace broken teeth per tooth	\$ 60.00
D5650	Add tooth to existing partial	\$ 69.00
D5660	Add clasp to existing partial	\$ 92.00
D5670/71	Replace all teeth&acrylic (max./mand.)	\$190.00
D5710/11	Rebase complete upper / lower denture	\$174.00
D5720/21	Rebase upper / lower partial denture	\$174.00
D5730/31	Reline full dent. max./mand. (chairside)	\$177.00
D5740/41	Reline max/mand. part. dent.(chairside)	\$177.00
D5750/51	Reline full max./mand. denture (lab.)	\$190.00
D5760/61	Reline max./mand. partial dent. (lab.)	\$190.00
D6210/11	Pontic cast high noble metal*/base metal	\$324.00
D6212	Pontic cast noble metal*	\$324.00
D6240/41	Pontic porc. high noble*/base metal	\$324.00
D6242/45	Pontic porc. noble metal*/porc.ceramic	\$324.00
D6250/51	Pontic resin w/high noble metal*/base	\$324.00
D6252	Pontic resin with noble metal*	\$324.00
D6545	Retainer cast metal for resin bond fix	\$324.00
D6610/11	Onlay high noble metal, 2/3+surf.*	\$324.00
D6612/13	Onlay cast pred. base metal 2/3+surf.	\$324.00
D6614/15	Onlay cast noble metal,2/3+ surfaces	\$324.00
D6720/21/22	Crown resin w/high noble/base/noble*	\$324.00
D6740	Crown porcelain / ceramic	\$324.00
D6750/51	Crown porc. high noble*/base metal	\$324.00
D6752	Crown porcelain fused to noble metal*	\$324.00
D6780/81	Crown ¾ cast high noble metal*/base	\$324.00
D6782/83	Crown-¾ cast noble metal*/porc/ceram.	\$324.00
D6790	Crown full cast high noble metal*	\$324.00
D6791	Crown full cast predominantly base	\$324.00
D6792	Crown full cast noble metal*	\$324.00
D6930	Recement bridge	\$ 53.00
D6970	Post and core+ fixed part. denture, ind.	\$156.00
D6972	Prefabricated post and core +fixed part.	\$118.00
D6973	Core build up for retainer,+ any pins	\$ 86.00
D6976	Each add.cast post same tth.	\$116.00
D6977	Each add. prefabricated post same tth.	\$ 54.00

*Note: Base metal is the benefit. Noble and High noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast post and cores, inlays and onlays. Porcelain on molars is considered optional treatment.

ORAL SURGERY

D7111	Coronal remnants-deciduous teeth	\$ 19.00
D7140	Ext. erupted tooth or exposed root	\$ 11.00
D7210	Ext erupted tooth req. removal of	\$ 32.00
D7220	Removal of impacted tooth/soft tissue	\$ 36.00
D7230	Removal of impacted tooth/par. bony	\$ 36.00
D7240	Removal of impacted tooth/com. bony	\$ 43.00
D7241	Removal of impacted tooth/w unusual	\$ 47.00
D7250	Surgical removal of residual roots	\$ 32.00
D7260	Oroantral fistula closure	\$375.00
D7280	Surgical access of unerupted tooth	\$125.00
D7281	Surgical exposure of impacted/unerupt	\$125.00
D7285/86	Biopsy of oral tissue (hard/ soft)	\$ 75.00
D7310	Alveoloplasty in conjunction.w ext.	\$ 43.00
D7320	Alveoloplasty not in conj.w extraction	\$ 47.00
D7340/50	Vestibuloplasty-secondary/soft tissue	\$125.00
D7410	Excision of benign lesion (up 1.25 cm)	\$ 75.00
D7411	Excision of benign lesion (+1.25 cm)	\$ 75.00
D7440/41	Excision of mal. up to 1.25/+1.25 cm	\$ 75.00
D7450	Removal of cyst or tumor (up 1.25 cm)	\$ 75.00
D7451	Removal of cyst or tumor (+1.25 cm)	\$ 75.00
D7460	Removal of cyst/tumor nonodon.(↑1.25)	\$75.00
D7461	Removal of cyst/tumor nonodon.(+1.25)	\$75.00
D7465	Destruction of lesion(s), by report	\$175.00
D7471	Removal of lateral exost. (maxi./mand.)	\$275.00
D7472/73	Removal of torus palatinus/mandibula	\$275.00
D7485	Surgical reduction of mand. oss. Tuber.	\$275.00
D7510	Incision & drainage of abscess intraoral	\$ 75.00
D7520	Incision & drainage of abscess extraoral	\$ 75.00
D7530	Removal of foreign body from mucosa	\$175.00
D7540/50	Removal of reaction/non-vital bone	\$175.00
D7960	Frenulectomy, frenectomy or frenotomy	\$125.00
D7970	Excision of hyperplastic tissue-per arch	\$ 75.00
D7971	Excision of pericoronal gingiva	\$ 75.00

ORTHODONTICS

Includes initial exam, diagnosis, consultation, initial banding, 24 months of active comprehensive treatment and retention phase of treatment of up to 24 months. This includes construction, placement and adjustment to retainers and office visits for a maximum of 24 months.

Full orthodontic case depending on group contract.

ADJUNCTIVE SERVICES

D9110	Palliative (emergency) treatment (pain)	\$ 25.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9223	Deep sedation/general anesthesia 15 min.	\$100.00
D9243	Intravenous moderate sedation 15min.	\$100.00
D9310	Consultation	\$ 25.00
D9430	Office visit observation (regular hours)	No Cost
D9440	Office visit after regular hours	\$ 35.00
D9450	Case presentation, detailed & exten. trea.	No Cost
D0125	Failed appt. without 24 hours	\$10.00 per 15min.

OUT - OF - AREA EMERGENCY CARE

DeltaCare will reimburse the enrollee for actual charges less any applicable copayment, up to \$100.00 per enrollee when receiving emergency care while temporarily more than 35 miles from the attending primary care dental office.

Services that are more expensive than the treatment usually provided under accepted dental practice standards 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. All services are subject to the limitations and exclusions outlined in your Dental Benefit Plan summary booklet.