

## Schedule of Benefits

### Delta Dental EPO™ — The Norfolk Consortium (01/2024)

#### Description of Benefits and Copayment

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

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

#### Right Start 4 Kids® (RS4K)

Your plan provides 100% coverage for children up to their 13th birthday for all Covered Services, excluding orthodontics, with no Deductible applied. The Covered Services are subject to applicable limitations, exclusions, waiting periods and annual maximum. The child must visit a Participating (Par) Dentist to receive 100% coverage. If a Non-Participating (Non-Par) Dentist is seen, the plan's standard coverage levels (as shown in the Schedule of Benefits) will apply.

#### CODES

#### 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                 |
| D0160 | Detailed and extensive oral evaluation—problem focused, by report                            | 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 |
| D0180 | Comprehensive periodontal evaluation - new or established patient                            | \$35.00                 |
| D0210 | Intraoral—complete series of radiographic images   | No Cost                 |
| D0220 | Intraoral—periapical first radiographic image  | No Cost                 |
| D0230 | Intraoral—periapical each additional radiographic image                                      | No Cost                 |
| D0240 | Intraoral—occlusal radiographic image  | No Cost                 |

| <u><b>CODES</b></u>  | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|--|--|
| D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector            | No Cost                                  |
| D0270 Bitewing—single radiographic image   | No Cost                                  |
| D0272 Bitewings—two radiographic images  | No Cost                                  |
| D0274 Bitewings—four radiographic images   | No Cost                                  |
| D0277 Vertical bitewings—7 to 8 radiographic images  | No Cost                                  |
| D0330 Panoramic radiographic image   | \$25.00                                  |
| 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                  |
| D0389 Intraoral tomosynthesis – periapical radiographic image – image capture only                                       | Not Billable to Patient                  |
| D0460 Pulp vitality tests  | No Cost                                  |
| D0470 Diagnostic casts   | No Cost                                  |
| 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                  |
| D0701 Panoramic radiographic image – image capture only  | \$13.00                                  |
| D0702 2-D cephalometric radiographic image – image capture only  | Not Billable to Patient                  |

| <u><b>CODES</b></u>       |   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---------------------------|---|--|
| 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                  |
| 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                  |
| <br><b>II. PREVENTIVE</b> |   |  |
| D1110                     | Prophylaxis cleaning – adult  | No Cost                                  |
| D1120                     | Prophylaxis cleaning – child  | No Cost                                  |
| D1206                     | Topical application of fluoride varnish   | No Cost                                  |
| D1208                     | Topical application of fluoride excluding varnish   | No Cost                                  |
| 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   | \$15.00                                  |
| D1510                     | Space maintainer – fixed, unilateral – per quadrant   | \$111.00                                 |
| D1516                     | Space maintainer—fixed – bilateral, maxillary   | \$129.00                                 |
| D1517                     | Space maintainer—fixed – bilateral, mandibular  | \$129.00                                 |
| D1520                     | Space maintainer – removable, unilateral – per quadrant                                       | \$111.00                                 |
| D1526                     | Space maintainer—removable—bilateral, maxillary   | \$129.00                                 |
| D1527                     | Space maintainer—removable—bilateral, mandibular  | \$129.00                                 |
| D1551                     | Re-cement or re-bond bilateral space maintainer—maxillary                                     | \$28.00                                  |
| D1552                     | Re-cement or re-bond bilateral space maintainer—mandibular                                    | \$28.00                                  |
| D1553                     | Re-cement or re-bond unilateral space maintainer – per quadrant                               | \$28.00                                  |
| D1575                     | Distal shoe space maintainer – fixed, unilateral – per quadrant                               | \$111.00                                 |

## CODES

## COPAYMENT/ COINSURANCE

### III. RESTORATIVE (Fillings)

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

|       |  |          |
|-------|--|----------|
| 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              | \$44.00  |
| D2331 | Resin-based composite—two surfaces, anterior             | \$51.00  |
| D2332 | Resin-based composite—three surfaces, anterior           | \$60.00  |
| D2335 | Resin—based composite — four or more surfaces (anterior) | \$69.00  |
| D2390 | Resin-based composite crown, anterior                    | \$134.00 |
| D2391 | Resin-based composite - one surface, posterior           | \$47.00  |
| D2392 | Resin-based composite - two surfaces, posterior          | \$54.00  |
| D2393 | Resin-based composite - three surfaces, posterior        | \$63.00  |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$72.00  |
| D2510 | Inlay - metallic - one surface                           | \$282.00 |
| D2520 | Inlay - metallic - two surfaces                          | \$282.00 |
| D2530 | Inlay - metallic - three or more surfaces                | \$290.00 |
| D2542 | Onlay—metallic—two surfaces                              | \$338.00 |
| D2543 | Onlay—metallic—three surfaces                            | \$380.00 |
| D2544 | Onlay—metallic—four or more surfaces                     | \$380.00 |
| D2610 | Inlay—porcelain/ceramic—one surface                      | \$272.00 |
| D2620 | Inlay—porcelain/ceramic—two surfaces                     | \$294.00 |
| D2630 | Inlay—porcelain/ceramic—three or more surfaces           | \$314.00 |
| D2642 | Onlay—porcelain/ceramic—two surfaces                     | \$327.00 |
| D2643 | Onlay—porcelain/ceramic—three surfaces                   | \$339.00 |
| D2644 | Onlay—porcelain/ceramic—four or more surfaces            | \$339.00 |
| D2650 | Inlay—resin-based composite—one surface                  | \$258.00 |
| D2651 | Inlay—resin-based composite—two surfaces                 | \$258.00 |
| D2652 | Inlay—resin-based composite—three or more surfaces       | \$258.00 |
| D2662 | Onlay—resin-based composite—two surfaces                 | \$303.00 |
| D2663 | Onlay—resin-based composite—three surfaces               | \$303.00 |
| D2664 | Onlay—resin-based composite—four or more surfaces        | \$303.00 |

| <u><b>CODES</b></u>  | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|--|--|
| D2710 Crown—resin-based composite (indirect)   | \$196.00                                 |
| D2712 Crown—3/4 resin-based composite (indirect)   | \$381.00                                 |
| D2720 Crown—resin with high noble metal  | \$309.00                                 |
| D2721 Crown—resin with predominately base metal  | \$309.00                                 |
| D2722 Crown—resin with noble metal   | \$309.00                                 |
| D2740 Crown—porcelain/ceramic  | \$399.00                                 |
| D2750 Crown—porcelain fused to high noble metal  | \$361.00                                 |
| D2751 Crown—porcelain fused to predominately base metal  | \$361.00                                 |
| D2752 Crown—porcelain fused to noble metal   | \$361.00                                 |
| D2780 Crown—¾ cast high noble metal  | \$557.00                                 |
| D2781 Crown—¾ cast predominately base metal  | \$557.00                                 |
| D2782 Crown—¾ cast noble metal   | \$557.00                                 |
| D2783 Crown—¾ cast porcelain/ceramic   | \$349.00                                 |
| D2790 Crown—full cast high noble metal   | \$348.00                                 |
| D2791 Crown—full cast predominately base metal   | \$348.00                                 |
| D2792 Crown—full cast noble metal  | \$348.00                                 |
| D2799 Interim crown - further treatment or completion of diagnosis necessary prior to final impression | Not Billable to Patient                  |
| D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration                        | \$31.00                                  |
| D2920 Re-cement or re-bond crown   | \$31.00                                  |
| D2930 Prefabricated stainless steel crown—primary tooth  | \$91.00                                  |
| D2931 Prefabricated stainless steel crown—permanent tooth  | \$99.00                                  |
| D2932 Prefabricated resin crown—anterior primary tooth   | \$99.00                                  |
| D2940 Protective restoration   | \$29.00                                  |
| D2949 Restorative foundation for an indirect restoration   | Not Billable to Patient                  |
| D2950 Core buildup, including any pins when required   | \$85.00                                  |
| D2951 Pin retention—per tooth, in addition to restoration  | \$17.00                                  |
| D2952 Post and core in addition to crown, indirectly fabricated  | \$129.00                                 |
| 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   | \$106.00                                 |
| D2955 Post removal (not in conjunction with endo therapy)  | \$76.00                                  |

| <u><b>CODES</b></u>   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---|--|
| D2957 Each additional prefabricated post — same tooth   | Not Billable to Patient                  |
| D2976 Band stabilization - per tooth  | No Cost                                  |
| D2980 Crown repair necessitated by restorative material failure   | \$72.00                                  |
| D2989 Excavation of a tooth resulting in the determination of non—restorability   | Not Billable to Patient                  |
| <b>IV. ENDODONTICS</b>  |  |
| D3110 Pulp cap—direct (excluding final restoration)   | \$18.00                                  |
| D3120 Pulp cap—indirect (excluding final restoration)   | \$18.00                                  |
| D3220 Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament | \$54.00                                  |
| D3221 Pulpal debridement, primary and permanent teeth   | \$58.00                                  |
| D3310 Root canal—endodontic therapy, anterior tooth (excluding final restoration)   | \$225.00                                 |
| D3320 Root canal—endodontic therapy, premolar tooth (excluding final restoration)   | \$290.00                                 |
| D3330 Root canal—endodontic therapy, molar tooth(excluding final restoration)   | \$361.00                                 |
| D3331 Treatment of root canal obstruction; non—surgical access  | Not Billable to Patient                  |
| D3333 Internal root repair of perforation defects   | \$65.00                                  |
| D3346 Retreatment of previous root canal therapy—anterior   | \$251.00                                 |
| D3347 Retreatment of previous root canal therapy—premolar   | \$322.00                                 |
| D3348 Retreatment of previous root canal therapy—molar  | \$380.00                                 |
| D3410 Apicoectomy—anterior  | \$206.00                                 |
| D3421 Apicoectomy—premolar (first root)   | \$232.00                                 |
| D3425 Apicoectomy—molar (first root)  | \$245.00                                 |
| D3426 Apicoectomy (each additional root)  | \$97.00                                  |
| D3430 Retrograde filling—per root   | \$77.00                                  |
| D3450 Root amputation- per root   | \$135.00                                 |
| D3911 Intraorifice barrier  | Not Billable to Patient                  |
| D3920 Hemisection (including any root removal), not including root canal therapy  | \$135.00                                 |
| D3921 Decoronation or submergence of an erupted tooth   | \$45.00                                  |
| D3950 Canal preparation and fitting of preformed dowl or post   | \$97.00                                  |

**CODES**
**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  | \$187.00                |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  | \$64.00                 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces, per quadrant                           | \$277.00                |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces, per quadrant                           | \$67.00                 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$386.00                |
| D4261 | Osseous surgery (including elevation of full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant   | \$258.00                |
| D4268 | Surgical revision procedure, per tooth  | \$236.00                |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)            | \$206.00                |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant  | \$76.00                 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant  | \$41.00                 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation                                 | No Cost                 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit   | \$58.00                 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth                          | \$64.00                 |
| D4910 | Periodontal maintenance   | \$59.00                 |
| D4921 | Gingival irrigation with a medicinal agent – per quadrant   | Not Billable to Patient |

**VI. PROSTHODONTICS, (removable)**

|       |  |          |
|-------|--|----------|
| D5110 | Complete denture – maxillary   | \$502.00 |
| D5120 | Complete denture – mandibular  | \$502.00 |
| D5130 | Immediate denture – maxillary  | \$526.00 |
| D5140 | Immediate denture – mandibular   | \$526.00 |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)  | \$489.00 |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) | \$489.00 |

| <u><b>CODES</b></u>  | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|--|--|
| D5213 Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)            | \$533.00                                 |
| D5214 Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)           | \$533.00                                 |
| D5221 Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)                                     | \$489.00                                 |
| D5222 Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)                                    | \$489.00                                 |
| D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)  | \$533.00                                 |
| D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$533.00                                 |
| D5227 Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)  | \$489.00                                 |
| D5228 Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)   | \$489.00                                 |
| D5282 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary              | \$314.00                                 |
| D5283 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular             | \$314.00                                 |
| D5284 Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant       | \$314.00                                 |
| D5286 Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant               | \$314.00                                 |
| D5410 Adjust complete denture—maxillary  | \$25.00                                  |
| D5411 Adjust complete denture—mandibular   | \$25.00                                  |
| D5421 Adjust partial denture—maxillary   | \$25.00                                  |
| D5422 Adjust partial denture—mandibular  | \$25.00                                  |
| D5511 Repair broken complete denture base, mandibular  | \$63.00                                  |
| D5512 Repair broken complete denture base, maxillary   | \$63.00                                  |
| D5520 Replace missing or broken teeth—complete denture (each tooth)  | \$63.00                                  |
| D5611 Repair resin partial denture base, mandibular  | \$63.00                                  |
| D5612 Repair resin partial denture base, maxillary   | \$63.00                                  |
| D5621 Repair cast partial framework, mandibular  | \$63.00                                  |
| D5622 Repair cast partial framework, maxillary   | \$63.00                                  |
| D5630 Repair or replace broken retentive/clasping materials—per tooth  | \$82.00                                  |
| D5640 Replace broken teeth—per tooth   | \$63.00                                  |



| <u><b>CODES</b></u>  | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|--|--|
| D5650 Add tooth to existing partial denture                              | \$63.00                                  |
| D5660 Add clasp to existing partial denture—per tooth                    | \$82.00                                  |
| D5670 Replace all teeth and acrylic on cast metal framework (maxillary)  | \$186.00                                 |
| D5671 Replace all teeth and acrylic on cast metal framework (mandibular) | \$186.00                                 |
| D5710 Rebase complete maxillary denture                                  | \$201.00                                 |
| D5711 Rebase complete mandibular denture                                 | \$201.00                                 |
| D5720 Rebase maxillary partial denture                                   | \$201.00                                 |
| D5721 Rebase mandibular partial denture                                  | \$201.00                                 |
| D5725 Rebase hybrid prosthesis   | \$201.00                                 |
| D5730 Reline complete maxillary denture (chairside)                      | \$113.00                                 |
| D5731 Reline complete mandibular denture (chairside)                     | \$113.00                                 |
| D5740 Reline maxillary partial denture (chairside)                       | \$113.00                                 |
| D5741 Reline mandibular partial denture (chairside)                      | \$113.00                                 |
| D5750 Reline complete maxillary denture (laboratory)                     | \$176.00                                 |
| D5751 Reline complete mandibular denture (laboratory)                    | \$176.00                                 |
| D5760 Reline maxillary partial denture (laboratory)                      | \$176.00                                 |
| D5761 Reline mandibular partial denture (laboratory)                     | \$176.00                                 |
| D5765 Soft liner for complete or partial removable denture - indirect    | \$176.00                                 |
| D5810 Interim complete denture (maxillary)                               | \$276.00                                 |
| D5811 Interim complete denture (mandibular)                              | \$276.00                                 |
| D5820 Interim partial denture (maxillary)                                | \$276.00                                 |
| D5821 Interim partial denture (mandibular)                               | \$276.00                                 |
| D5850 Tissue conditioning, maxillary                                     | \$53.00                                  |
| D5851 Tissue conditioning, mandibular                                    | \$53.00                                  |

**VII. MAXILLOFACIAL PROSTHETICS - NOT COVERED (D5900-D5999)**

**VII. IMPLANT SERVICES**

|   |                         |
|---|-------------------------|
| D6010 Surgical placement of implant body: endosteal implant                                     | \$707.00                |
| D6011 Surgical access to an implant body (second stage implant surgery)                         | \$230.00                |
| D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant | Not Billable to Patient |
| D6013 Surgical placement of mini implant  | \$707.00                |
| D6040 Surgical placement: eposteal implant  | \$1,430.00              |

| <u>CODES</u>   | <u>COPAYMENT/<br/>COINSURANCE</u> |
|--|-----------------------------------|
| D6050 Surgical placement: transosteal implant  | \$1,430.00                        |
| D6051 Interim implant abutment placement   | \$382.00                          |
| D6055 Connecting bar – implant supported or abutment supported   | \$374.00                          |
| D6056 Prefabricated abutment – includes modification and placement   | \$382.00                          |
| D6057 Custom fabricated abutment – includes placement  | \$324.00                          |
| D6058 Abutment supported porcelain/ceramic crown   | \$411.00                          |
| D6059 Abutment supported porcelain fused to metal crown (high noble metal)   | \$427.00                          |
| D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)   | \$423.00                          |
| D6061 Abutment supported porcelain fused to metal crown (noble metal)  | \$427.00                          |
| D6062 Abutment supported cast metal crown (high noble metal)   | \$411.00                          |
| D6063 Abutment supported cast metal crown (predominantly base metal)   | \$406.00                          |
| D6064 Abutment supported cast metal crown (noble metal)  | \$409.00                          |
| D6065 Implant supported porcelain/ceramic crown  | \$411.00                          |
| D6066 Implant supported crown—porcelain fused to high noble alloys   | \$411.00                          |
| D6067 Implant supported crown – high noble alloys  | \$411.00                          |
| D6068 Abutment supported retainer for porcelain/ceramic FPD  | \$411.00                          |
| D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)  | \$427.00                          |
| D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)  | \$423.00                          |
| D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)   | \$434.00                          |
| D6072 Abutment supported retainer for cast metal FPD (high noble metal)  | \$467.00                          |
| D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)  | \$401.00                          |
| D6074 Abutment supported retainer for cast metal FPD (noble metal)   | \$434.00                          |
| D6075 Implant supported retainer for ceramic FPD   | \$474.00                          |
| D6076 Implant supported retainer for FPD – porcelain fused to high noble alloys  | \$474.00                          |
| D6077 Implant supported retainer for metal FPD – high noble alloys   | \$474.00                          |
| D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments   | \$66.00                           |
| 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 | \$45.00                           |
| D6082 Implant supported crown—porcelain fused to predominantly base alloys   | \$411.00                          |
| D6083 Implant supported crown—porcelain fused to noble alloys  | \$411.00                          |

| <u><b>CODES</b></u>   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---|--|
| D6084 Implant supported crown – porcelain fused to titanium or titanium alloys  | \$411.00                                 |
| D6085 Interim implant crown   | \$128.00                                 |
| D6086 Implant supported crown – predominantly base alloys   | \$411.00                                 |
| D6087 Implant supported crown – noble alloys  | \$411.00                                 |
| D6088 Implant supported crown – titanium and titanium alloys  | \$411.00                                 |
| D6089 Accessing and retorquing loose implant screw — per screw  | \$170.00                                 |
| D6090 Repair implant supported prosthesis, by report  | \$144.00                                 |
| D6091 Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment  | \$275.00                                 |
| D6092 Recement or rebond implant/abutment supported crown   | \$57.00                                  |
| D6093 Recement or rebond implant/abutment supported fixed partial denture   | \$104.00                                 |
| D6094 Abutment supported crown - titanium and titanium alloys   | \$488.00                                 |
| D6095 Repair implant abutment, by report  | \$238.00                                 |
| D6096 Remove broken implant retaining screw   | \$170.00                                 |
| D6097 Abutment supported crown – porcelain fused to titanium or titanium alloys   | \$488.00                                 |
| D6098 Implant supported retainer for metal FPD – porcelain fused to predominantly base alloys   | \$474.00                                 |
| D6099 Implant supported retainer for metal FPD – porcelain fused to noble alloys  | \$474.00                                 |
| D6100 Surgical removal of implant body  | \$240.00                                 |
| D6101 Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of exposed implant surfaces, including flap entry and closure   | \$120.00                                 |
| D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and surface cleaning includes surface cleaning of the exposed implant surfaces including flap entry and closure | \$172.00                                 |
| D6105 Removal of implant body not requiring bone removal or flap elevation  | \$120.00                                 |
| D6110 Implant /abutment supported removable denture for edentulous arch – maxillary   | \$1,237.00                               |
| D6111 Implant /abutment supported removable denture for edentulous arch – mandibular  | \$1,237.00                               |
| D6112 Implant /abutment supported removable denture for partially edentulous arch – maxillary   | \$907.00                                 |
| D6113 Implant /abutment supported removable denture for partially edentulous arch – mandibular  | \$907.00                                 |
| D6114 Implant /abutment supported fixed denture for edentulous arch – maxillary   | \$1,512.00                               |
| D6115 Implant /abutment supported fixed denture for edentulous arch – mandibular  | \$1,512.00                               |

| <u><b>CODES</b></u>   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---|--|
| D6116 Implant /abutment supported fixed denture for partially edentulous arch - maxillary   | \$1,292.00                               |
| D6117 Implant /abutment supported fixed denture for partially edentulous arch - mandibular  | \$947.00                                 |
| D6120 Implant supported retainer- porcelain fused to titanium or titanium alloy   | \$474.00                                 |
| D6121 Implant supported retainer for metal FPD - predominantly base alloys  | \$474.00                                 |
| D6122 Implant supported retainer for metal FPD - noble alloys   | \$474.00                                 |
| D6123 Implant supported retainer for metal FPD - titanium or titanium alloys  | \$474.00                                 |
| D6191 Semi-precision abutment - placement   | \$165.00                                 |
| D6192 Semi-precision attachment - placement   | \$41.00                                  |
| D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys  | \$485.00                                 |
| D6195 Abutment supported retainer - porcelain fused to titanium or titanium alloy   | \$485.00                                 |
| D6197 Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | \$47.00                                  |
| D6198 Remove interim implant component  | \$170.00                                 |
| <br><b>IX. PROSTHODONTICS, fixed</b><br>(Each retainer and each pontic constitutes a unit in fixed partial denture (bridge))            |  |
| D6210 Pontic—cast high noble metal  | \$348.00                                 |
| D6211 Pontic—cast predominantly base metal  | \$348.00                                 |
| D6212 Pontic—cast noble metal   | \$348.00                                 |
| D6240 Pontic—porcelain fused to high noble metal  | \$361.00                                 |
| D6241 Pontic—porcelain fused to predominantly base metal  | \$361.00                                 |
| D6242 Pontic—porcelain fused to noble metal   | \$361.00                                 |
| D6245 Pontic—porcelain/ ceramic   | \$396.00                                 |
| D6250 Pontic—resin with high noble metal  | \$309.00                                 |
| D6251 Pontic—resin with predominantly base metal  | \$309.00                                 |
| D6252 Pontic—resin with noble metal   | \$309.00                                 |
| D6253 Interim pontic — further treatment or completion of diagnosis necessary prior to final impression                                 | Not Billable to Patient                  |
| D6545 Retainer—cast metal for resin bonded fixed prosthesis   | \$187.00                                 |
| D6548 Retainer—porcelain/ceramic for resin bonded fixed prosthesis  | \$293.00                                 |
| D6600 Retainer inlay - porcelain/ceramic, two surfaces  | \$162.00                                 |
| D6601 Retainer inlay—porcelain/ceramic, three or more surfaces  | \$173.00                                 |
| D6602 Retainer inlay—cast high noble metal, two surfaces  | \$180.00                                 |

| <u><b>CODES</b></u>   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---|--|
| D6603 Retainer inlay—cast high noble metal, three or more surfaces  | \$212.00                                 |
| D6604 Retainer inlay—cast predominantly base metal, two surfaces  | \$116.00                                 |
| D6605 Retainer inlay - cast predominately base metal, three or more surfaces                                    | \$148.00                                 |
| D6606 Retainer inlay—cast noble metal, two surfaces   | \$146.00                                 |
| D6607 Retainer inlay—cast noble metal, three or more surfaces   | \$158.00                                 |
| D6608 Retainer onlay - porcelain/ceramic, two surfaces  | \$178.00                                 |
| D6609 Retainer onlay - porcelain/ceramic, three or more surfaces  | \$186.00                                 |
| D6610 Retainer onlay - cast high noble metal, two surfaces  | \$212.00                                 |
| D6611 Retainer onlay - cast high noble metal, three or more surfaces  | \$227.00                                 |
| D6612 Retainer onlay - cast predominantly base metal, two surfaces  | \$148.00                                 |
| D6613 Retainer onlay - cast predominantly base metal, three or more surfaces                                    | \$162.00                                 |
| D6614 Retainer onlay - cast noble metal, two surfaces   | \$158.00                                 |
| D6615 Retainer onlay - cast noble metal, three or more surfaces   | \$169.00                                 |
| D6720 Retainer crown—resin with high noble metal  | \$309.00                                 |
| D6721 Retainer crown—resin with predominantly base metal  | \$309.00                                 |
| D6722 Retainer crown—resin with noble metal   | \$309.00                                 |
| D6740 Retainer crown - porcelain / ceramic  | \$396.00                                 |
| D6750 Retainer crown—porcelain fused to high noble metal  | \$361.00                                 |
| D6751 Retainer crown—porcelain fused to predominantly base metal  | \$361.00                                 |
| D6752 Retainer crown—porcelain fused to noble metal   | \$361.00                                 |
| D6780 Retainer crown—¾ cast high noble metal  | \$348.00                                 |
| D6781 Retainer crown—¾ cast predominantly base metal  | \$336.00                                 |
| D6782 Retainer crown—¾ cast noble metal   | \$344.00                                 |
| D6783 Retainer Crown - ¾ porcelain/ ceramic   | \$350.00                                 |
| D6790 Retainer crown—full cast high noble metal   | \$348.00                                 |
| D6791 Retainer crown—full cast predominantly base metal   | \$348.00                                 |
| D6792 Retainer crown—full cast noble metal  | \$348.00                                 |
| 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  | \$46.00                                  |
| D6980 Fixed partial denture repair necessitated by restorative material failure                                 | \$117.00                                 |

## CODES

## COPAYMENT/ COINSURANCE

### **X. ORAL AND MAXILLOFACIAL SURGERY**

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

|       |   |                         |
|-------|---|-------------------------|
| D7111 | Extraction, coronal remnants - primary teeth  | \$24.00                 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | \$45.00                 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$92.00                 |
| D7220 | Removal of impacted tooth - soft tissue   | \$111.00                |
| D7230 | Removal of impacted tooth - partially bony  | \$131.00                |
| D7240 | Removal of impacted tooth - completely bony   | \$164.00                |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications  | \$144.00                |
| D7250 | Removal of residual tooth roots (cutting procedure)   | \$98.00                 |
| D7270 | Tooth re-implantation and/or stabilization if accidentally evulsed or displaced tooth   | \$148.00                |
| D7280 | Exposure of an unerupted tooth  | \$93.00                 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report  | \$37.00                 |
| D7310 | Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant  | \$92.00                 |
| D7320 | Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant  | \$92.00                 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue  | \$63.00                 |
| 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)   | \$162.00                |
| D7962 | Lingual frenectomy (frenulectomy)   | \$162.00                |

### **XI. ORTHODONTICS**

Your Coinsurance is 50% of the Delta Dental PPO™ Dentist's Plan Allowance plus any amounts over the lifetime Benefit Maximum.

|       |   |     |
|-------|---|-----|
| D0340 | 2D Cephalometric radiographic image—acquisition, measurement and analysis | 50% |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally    | 50% |
| D0470 | Diagnostic casts  | 50% |
| D7280 | Exposure of an unerupted tooth  | 50% |
| D7283 | Placement of device to facilitate eruption of impacted tooth              | 50% |
| D8010 | Limited orthodontic treatment of the primary dentition                    | 50% |

| <u><b>CODES</b></u>  | <u><b>COPAYMENT/<br/>COINSURANCE</b></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%                                      |
| 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%                                      |
| 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                  |
| <b>XII. ADJUNCTIVE GENERAL SERVICES</b>  |  |
| D9110 Palliative (emergency) treatment of dental pain-minor procedure  | \$33.00                                  |
| 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                  |
| D9230 Inhalation of nitrous oxide/analgesia, anxiolysis  | \$28.00                                  |
| D9310 Consultation—diagnostic services provided by a dentist or physician other than requesting dentist or physician | \$34.00                                  |
| D9311 Consultation with a medical health care professional   | Not Billable to Patient                  |
| D9910 Application of desensitizing medicament  | \$17.00                                  |
| D9912 Pre-visit patient screening  | Not Billable to Patient                  |

| <u><b>CODES</b></u>   | <u><b>COPAYMENT/<br/>COINSURANCE</b></u> |
|---|--|
| D9930 Treatment of complications (post- surgical)- unusual circumstances, by report                   | \$39.00                                  |
| D9944 Occlusal guard – hard appliance, full arch  | \$197.00                                 |
| D9945 Occlusal guard – soft appliance, full arch  | \$197.00                                 |
| D9946 Occlusal guard – hard appliance, partial arch   | \$197.00                                 |
| D9950 Occlusion analysis- mounted case  | \$70.00                                  |
| D9951 Occlusal adjustment—limited   | \$44.00                                  |
| D9952 Occlusal adjustment—complete  | \$182.00                                 |
| D9986 Missed appointment – without 24 hour notice – per ½ hour of appointment time                    | \$22.00                                  |
| D9987 Canceled appointment – without 24 hour notice per ½ hour of appointment time                    | \$22.00                                  |
| D9991 Dental case management – addressing appointment compliance barriers                             | Not Billable to Patient                  |
| D9992 Dental case management – care coordination  | Not Billable to Patient                  |
| D9993 Dental case management – motivational interviewing  | No Cost                                  |
| D9994 Dental case management – patient education to improve oral health literacy                      | No Cost                                  |
| 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 care management – patients with special health needs                                     | Not Billable to Patient                  |