

# DeltaCare® USA (DHMO)

## Standard Plan

### SCHEDULE A

#### Description of Benefits and Copayments Standard Plan

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

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2016 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association 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.

All non-listed services are available with your selected Contract Dentist or Contract Specialist at 75% of their filed fees.

Code	Description	Enrollee Pays		
<b>D0100-D0999</b>			<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient	\$0.00	D0415	Collection of microorganisms for culture and sensitivity \$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	D0425	Caries susceptibility tests \$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures \$50.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	D0460	Pulp vitality tests \$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00	D0470	Diagnostic casts \$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00	D0472	Accession of tissue, gross examination, preparation and transmission of written report. \$0.00
D0171	Re-evaluation - post-operative office visit	\$0.00	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report. \$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$20.00	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report. \$0.00
D0190	Screening of a patient	\$0.00	D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report \$0.00
D0191	Assessment of a patient	\$0.00	D0601	Caries risk assessment and documentation, with a finding of low risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0210	intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	\$0.00	D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0220	Intraoral - periapical first radiographic image	\$0.00	D0603	Caries risk assessment and documentation, with a finding of high risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0230	Intraoral - periapical, each additional radiographic image	\$0.00	D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit including all fees for sterilization and/or infection control (in addition to other services)</i> \$5.00
D0240	Intraoral - occlusal radiographic image	\$0.00		
D0250	Extraoral - first radiographic image	\$0.00		
D0260	Extraoral - each additional radiographic image	\$0.00		
D0270	Bitewing radiograph - single radiographic image	\$0.00		
D0272	Bitewings radiographs - two radiographic images	\$0.00		
D0273	Bitewings - radiographs - three radiographic images	\$0.00		
D0274	Bitewings radiographs - four radiographic images - <i>limited to 1 series every 6 months</i>	\$0.00		
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0.00		
D0330	Panoramic radiographic image	\$0.00		
D0350	2D oral/facial photographic images obtained intraorally or extraorally	\$0.00		
D0351	3D photographic image	\$0.00		

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# DeltaCare® USA (DHMO)

## Standard Plan

### D1000-D1999

D1110	Prophylaxis cleaning - adult - 2 per year	\$0.00
D1110	<i>Additional prophylaxis cleaning - adult; 2 within year</i>	\$35.00
D1120	Prophylaxis cleaning - child - 2 per year	\$0.00
D1120	<i>Additional prophylaxis cleaning - child; 2 within year</i>	\$35.00
D1206	Topical application of fluoride varnish - 2 per year; 2 D1206 or D1208 per year	\$0.00
D1208	Topical application of fluoride - excluding varnish - 2 per year; 2 D1206 or D1208 per year	\$0.00
D1310	Nutritional counseling for control of dental disease.	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$0.00
D1352	Preventive resin restoration in a moderate to high carries risk patient - permanent tooth	\$0.00
D1353	Sealant repair – per tooth - <i>limited to permanent molars through age 15</i>	\$0.00
D1510	Space maintainer - fixed - unilateral	\$65.00
D1515	Space maintainer - fixed - bilateral	\$65.00
D1520	Space maintainer - removable - unilateral	\$105.00
D1525	Space maintainer - removable - bilateral	\$105.00
D1550	Re-cement or re-bond space maintainer	\$15.00
D1555	Removal of fixed space maintainer	\$15.00

### D2000-D2999

<p><i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i></p> <p><i>- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no copayment per crown unit in addition to regular copayments for porcelain on molars.</i></p> <p><i>- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$125.00 per crown, beyond the 6th unit.</i></p> <p><i>- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</i></p>		
D2140	Amalgam - one surface, primary or permanent	\$20.00
D2150	Amalgam - two surfaces, primary or permanent	\$25.00
D2160	Amalgam - three surfaces, primary or permanent	\$30.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$35.00
D2330	Resin-based composite - one surface, anterior	\$35.00
D2331	Resin-based composite - two surfaces, anterior	\$40.00
D2332	Resin-based composite - three surfaces, anterior	\$50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55.00
D2390	Resin-based composite crown, anterior	\$65.00
D2391	Resin-based composite - one surface, posterior	\$75.00

### II. PREVENTIVE

D2392	Resin-based composite - two surfaces, posterior	\$85.00
D2393	Resin-based composite - three surfaces, posterior	\$95.00
D2394	Resin-based composite - four or more surfaces, posterior	\$120.00
D2510	Inlay - metallic - one surface	\$155.00
D2520	Inlay - metallic - two surfaces	\$165.00
D2530	Inlay - metallic - three or more surfaces	\$190.00
D2542	Onlay - metallic - two surfaces	\$370.00
D2543	Onlay - metallic - three surfaces	\$370.00
D2544	Onlay - metallic - four or more surfaces	\$370.00
D2610	Inlay - porcelain/ceramic - one surface	\$370.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$370.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$370.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$370.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$370.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$370.00
D2650	Inlay - resin-based composite - one surface	\$370.00
D2651	Inlay - resin-based composite - two surfaces	\$370.00
D2652	Inlay - resin-based composite - three or more surfaces	\$370.00
D2662	Onlay - resin-based composite - two surfaces	\$370.00
D2663	Onlay - resin-based composite - three surfaces	\$370.00
D2664	Onlay - resin-based composite - four or more surfaces	\$370.00
D2710	Crown - resin (indirect)	\$370.00
D2712	Crown - ¾ resin-based composite (indirect)	\$370.00
D2720	Crown - resin with high noble metal	\$370.00
D2721	Crown - resin with predominantly base metal	\$370.00
D2722	Crown - resin with noble metal	\$370.00
D2740	Crown - porcelain/ceramic substrate	\$370.00
D2750	Crown - porcelain fused to high noble metal	\$370.00
D2751	Crown - porcelain fused to predominantly base metal	\$370.00
D2752	Crown - porcelain fused to noble metal	\$370.00
D2780	Crown - ¾ cast high noble metal	\$370.00
D2781	Crown - ¾ cast predominantly base metal	\$370.00
D2782	Crown - ¾ cast noble metal	\$370.00
D2783	Crown - ¾ porcelain/ceramic	\$370.00
D2790	Crown - full cast high noble metal	\$370.00
D2791	Crown - full cast predominantly base metal	\$370.00
D2792	Crown - full cast noble metal	\$370.00
D2794	Crown - titanium	\$370.00
D2799	Provisional crown	\$0.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
D2920	Re-cement or re-bond crown	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> )	\$55.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# DeltaCare® USA (DHMO)

## Standard Plan

D2929	Prefabricated porcelain/ceramic crown – (anterior) primary tooth	\$45.00	D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$200.00
D2930	Prefabricated stainless steel crown - primary tooth	\$25.00	D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$210.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$25.00	D3330	Root canal - endodontic therapy, molar (excluding final restoration)	\$310.00
D2932	Prefabricated resin crown - anterior primary tooth	\$45.00	D3331	Treatment of root canal obstruction; non-surgical access	\$85.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$45.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110.00
D2940	Protective restoration	\$0.00	D3333	Internal root repair of perforation defects	\$85.00
D2941	Interim therapeutic restoration – primary dentition	\$0.00	D3346	Retreatment of previous root canal therapy - anterior	\$230.00
D2949	Restorative foundation for an indirect restoration	\$60.00	D3347	Retreatment of previous root canal therapy - bicuspid	\$280.00
D2950	Core buildup, including any pins when required	\$60.00	D3348	Retreatment of previous root canal therapy - molar	\$325.00
D2951	Pin retention - per tooth, in addition to restoration	\$10.00	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$70.00
D2952	Cast post and core in addition to crown, indirectly fabricated - includes canal preparation	\$60.00	D3352	Apexification/recalcification - interim medication replacement	\$70.00
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$60.00	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	\$70.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$30.00	D3410	Apicoectomy - anterior	\$190.00
D2955	Post removal	\$10.00	D3421	Apicoectomy - bicuspid (first root)	\$95.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$30.00	D3425	Apicoectomy - molar (first root)	\$95.00
D2960	Labial veneer (resin laminate) - chairside	\$250.00	D3426	Apicoectomy (each additional root)	\$80.00
D2961	Labial veneer (resin laminate) – laboratory	\$300.00	D3427	Periradicular surgery without apicoectomy	\$190.00
D2962	Labial Veneer (Porcelain Laminate)--Lab	\$350.00	D3430	Retrograde filling - per root	\$60.00
D2970	Temporary crown (fractured tooth) - palliative treatment only	\$0.00	D3450	Root amputation, per root	\$110.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50.00	D3910	Surgical procedure for isolation of tooth with rubber dam	\$19.00
D2980	Crown repair necessitated by restorative material failure	\$0.00	D3920	Hemisection (including any root removal), not including root canal therapy	\$90.00
D2981	Inlay repair necessitated by restorative material failure	\$0.00	D3950	Canal preparation and fitting of preformed dowel or post	\$15.00
D2982	Onlay repair necessitated by restorative material failure	\$0.00			
D2983	Veneer repair necessitated by restorative material failure	\$0.00			
D2990	Resin infiltration of incipient smooth surface lesions	\$0.00			
<b>D3000-D3999</b>			<b>D4000-D4999</b>		
	<b>IV. ENDODONTICS</b>			<b>V. PERIODONTICS</b>	
D3110	Pulp cap - direct (excluding final restoration)	\$5.00		- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.	
D3120	Pulp cap - indirect (excluding final restoration)	\$5.00		- Periodontal maintenance copay includes periodontal charting for planning treatment of periodontal disease and periodontal hygiene instruction.	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40.00	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180.00
D3221	Pulpal debridement, primary and permanent teeth	\$60.00	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$55.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$40.00			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00			
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00			

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# DeltaCare® USA (DHMO)

## Standard Plan

D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$55.00	D4910	Periodontal maintenance - limited to 2 treatments per year	\$50.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$170.00	D4910	Additional periodontal maintenance - beyond 2 per year	\$60.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$130.00	D4921	Gingival irrigation – per quadrant	\$0.00
D4245	Apically positioned flap	\$165.00	<b>D5000-D5899</b>		<b>VI. PROSTHODONTICS (removable)</b>
D4249	Clinical crown lengthening - hard tissue	\$160.00	- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$330.00	- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$248.00	- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.		
D4263	Bone replacement graft - first site in quadrant	\$180.00	D5110	Complete denture - maxillary	\$375.00
D4264	Bone replacement graft - each additional site in quadrant	\$95.00	D5120	Complete denture - mandibular	\$375.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95.00	D5130	Immediate denture - maxillary	\$375.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215.00	D5140	Immediate denture - mandibular	\$375.00
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$255.00	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$375.00
D4270	Pedicle soft tissue graft procedure	\$250.00	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$375.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75.00	D5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$375.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100.00	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D4275	Soft tissue allograft	\$380.00	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$260.00	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$260.00	D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$360.00
D4320	Provisional splinting – intracoronal	\$95.00	D5410	Adjust complete denture - maxillary	\$20.00
D4321	Provisional splinting – extracoronal	\$85.00	D5411	Adjust complete denture - mandibular	\$20.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$60.00	D5421	Adjust partial denture - maxillary	\$20.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - limited to 4 quadrants during any 12 consecutive months	\$45.00	D5422	Adjust partial denture - mandibular	\$20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$50.00	D5510	Repair broken complete denture base	\$30.00
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$60.00	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$30.00
			D5610	Repair resin denture base	\$30.00
			D5620	Repair cast framework	\$50.00
			D5630	Repair or replace broken clasp	\$30.00
			D5640	Replace broken teeth - per tooth	\$30.00
			D5650	Add tooth to existing partial denture	\$45.00
			D5660	Add clasp to existing partial denture	\$70.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# DeltaCare® USA (DHMO)

## Standard Plan

D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165.00	D6241	Pontic - porcelain fused to predominantly base metal	\$370.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165.00	D6242	Pontic - porcelain fused to noble metal	\$370.00
D5710	Rebase complete maxillary denture	\$125.00	D6245	Pontic - porcelain/ceramic	\$370.00
D5711	Rebase complete mandibular denture	\$125.00	D6250	Pontic - resin with high noble metal	\$370.00
D5720	Rebase maxillary partial denture	\$125.00	D6251	Pontic - resin with predominantly base metal	\$370.00
D5721	Rebase mandibular partial denture	\$125.00	D6252	Pontic - resin with noble metal	\$370.00
D5730	Reline complete maxillary denture (chairside)	\$65.00	D6253	Provisional pontic	\$0.00
D5731	Reline complete mandibular denture (chairside)	\$65.00	D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$370.00
D5740	Reline maxillary partial denture (chairside)	\$65.00	D6549	Resin retainer - for resin bonded fixed prosthesis	\$370.00
D5741	Reline mandibular partial denture (chairside)	\$65.00	D6600	Inlay - porcelain/ceramic, two surfaces	\$370.00
D5750	Reline complete maxillary denture (laboratory)	\$50.00	D6601	Inlay - porcelain/ceramic, three or more surfaces	\$370.00
D5751	Reline complete mandibular denture (laboratory)	\$50.00	D6602	Inlay - cast high noble metal, two surfaces	\$370.00
D5760	Reline maxillary partial denture (laboratory)	\$50.00	D6603	Inlay - cast high noble metal, three or more surfaces	\$370.00
D5761	Reline mandibular partial denture (laboratory)	\$50.00	D6604	Inlay - cast predominantly base metal, two surfaces	\$370.00
D5810	Interim complete denture (maxillary)	\$230.00	D6605	Inlay - cast predominantly base metal, three or more surfaces	\$370.00
D5811	Interim complete denture (mandibular)	\$230.00	D6606	Inlay - cast noble metal, two surfaces	\$370.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	\$160.00	D6607	Inlay - cast noble metal, three or more surfaces	\$370.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	\$170.00	D6608	Onlay - porcelain/ceramic, two surfaces	\$370.00
D5850	Tissue conditioning, maxillary	\$40.00	D6609	Onlay - porcelain/ceramic, three or more surfaces	\$370.00
D5851	Tissue conditioning, mandibular	\$40.00	D6610	Onlay - cast high noble metal, two surfaces	\$370.00
D5862	Precision attachment, by report	\$160.00	D6611	Onlay - cast high noble metal, three or more surfaces	\$370.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS	- Not Covered	D6612	Onlay - cast predominantly base metal, two surfaces	\$370.00
D6000-D6199	VIII. IMPLANT SERVICES	- Not Covered	D6613	Onlay - cast predominantly base metal, three or more surfaces	\$370.00
D6200-D6999	IX. PROSTHODONTICS, FIXED	(each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))	D6614	Onlay - cast noble metal, two surfaces	\$370.00
		- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.	D6615	Onlay - cast noble metal, three or more surfaces	\$370.00
		- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.	D6710	Crown – indirect resin based composite	\$370.00
		- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	D6720	Crown - resin with high noble metal	\$370.00
D6210	Pontic - cast high noble metal	\$370.00	D6721	Crown - resin with predominantly base metal	\$370.00
D6211	Pontic - cast predominantly base metal	\$370.00	D6722	Crown - resin with noble metal	\$370.00
D6212	Pontic - cast noble metal	\$370.00	D6740	Crown - porcelain/ceramic	\$370.00
D6214	Pontic - titanium	\$370.00	D6750	Crown - porcelain fused to high noble metal	\$370.00
D6240	Pontic - porcelain fused to high noble metal	\$370.00	D6751	Crown - porcelain fused to predominantly base metal	\$370.00
			D6752	Crown - porcelain fused to noble metal	\$370.00
			D6780	Crown - ¾ cast high noble metal	\$370.00
			D6781	Crown - ¾ cast predominantly base metal	\$370.00
			D6782	Crown - ¾ cast noble metal	\$370.00
			D6783	Crown - ¾ porcelain/ceramic	\$370.00
			D6790	Crown - full cast high noble metal	\$370.00
			D6791	Crown - full cast predominantly base metal	\$370.00
			D6792	Crown - full cast noble metal	\$370.00
			D6794	Crown - titanium	\$370.00
			D6930	Re-cement or re-bond fixed partial denture	\$15.00
			D6940	Stress breaker	\$110.00
			D6950	Precision attachment	\$195.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# DeltaCare® USA (DHMO)

## Standard Plan

D6980 Fixed partial denture repair necessitated by restorative material failure \$45.00

### D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111 Extraction, coronal remnants - deciduous tooth \$20.00

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$20.00

D7210 surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$50.00

D7220 Removal of impacted tooth - soft tissue \$75.00

D7230 Removal of impacted tooth - partially bony \$85.00

D7240 Removal of impacted tooth - completely bony \$135.00

D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$150.00

D7250 Surgical removal of residual tooth roots (cutting procedure) \$65.00

D7251 Coronectomy – intentional partial tooth removal \$150.00

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$80.00

D7280 Surgical access of an unerupted tooth \$100.00

D7282 Mobilization of erupted or malpositioned tooth to aid eruption \$90.00

D7283 Placement of device to facilitate eruption of impacted tooth \$90.00

D7285 Incisional biopsy of oral tissue-hard (bone, tooth) - does not include pathology laboratory procedures \$150.00

D7286 Incisional biopsy of oral tissue-soft - does not include pathology laboratory procedures \$60.00

D7287 Exfoliative cytological sample collection \$50.00

D7288 Brush biopsy - transepithelial sample collection \$50.00

D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$45.00

D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.00

D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$100.00

D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$65.00

D7471 Removal of lateral exostosis - (maxilla or mandible) \$80.00

D7472 Removal of torus palatinus \$60.00

D7473 Removal of torus mandibularis \$60.00

D7485 Surgical reduction of osseous tuberosity \$60.00

D7510 Incision and drainage of abscess - intraoral soft tissue \$35.00

D7511 Incision and drainage of abscess - intraoral soft tissue - complicated \$35.00

D7520 Incision and drainage of abscess – extraoral soft tissue \$35.00

D7521 Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) \$35.00

D7910 Suture of Recent Small Wounds up to 5cm \$25.00

D7960 Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure \$90.00

D7963 Frenuloplasty \$90.00

D7970 Excision hyperplastic tissue - per arch \$55.00

D7971 Excision of pericoronal gingiva \$40.00

### D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$25.00, may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months. Pre and post orthodontic records include:

#### Pre- and post-orthodontic records include:

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

D0210 Intraoral - complete series (including bitewings)

D0322 Tomographic survey

D0330 Panoramic radiographic image

D0340 Cephalometric radiographic image

D0350 2D oral/facial photographic images obtained intraorally or extraorally

D0351 3D photographic image

D0470 Diagnostic casts

The benefit for post-treatment records includes: \$0.00

D0210 Intraoral - complete series (including bitewings)

D0470 Diagnostic casts

D8010 Limited orthodontic treatment of the primary dentition \$1,095.00

D8020 Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19 \$1,095.00

D8030 Limited orthodontic treatment of the adolescent dentition - adolescent to age 19 \$1,095.00

D8040 Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children \$1,095.00

D8050 Interceptive orthodontic treatment of the primary dentition 25% Discount

D8060 Interceptive orthodontic treatment of the transitional dentition 25% Discount

D8070 Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 \$2,095.00

D8080 Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19 \$2,095.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



# DeltaCare® USA (DHMO)

## Standard Plan

D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,095.00	D9931	Cleaning and inspection of a removable appliance	\$0.00
D8210	Removable appliance therapy	25% Discount	D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$85.00
D8220	Fixed appliance therapy	25% Discount	D9942	Repair and/or relining of occlusal guard	\$40.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35.00	D9951	Occlusal adjustment, limited	\$25.00
D8670	Periodic orthodontic treatment visit	\$0.00	D9952	Occlusal adjustment, complete	\$100.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$300.00	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$125.00
D8693	Re-bond or re-cement fixed retainer	\$0.00	D9986	Missed appointment - <i>without 24 hour notice</i>	\$25.00
D8694	Repair of fixed retainers, includes reattachment - <i>limited to 2 per 6 month period</i>	\$0.00	D9987	Canceled appointment - <i>without 24 hour notice</i>	\$25.00
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$250.00			
<b>D9000-D9999</b>			<b>XII. ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15.00	<p>If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. During the course of treatment, your Contract Dentist may recommend the services of a dental specialist. Your Contract Dentist may refer you directly to a Contract Specialist; referral approval from Delta Dental is not required. However, certain procedures may require pre-treatment authorization prior to care. The Enrollee pays the Copayment specified for such services.</p> <p>Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 1.800.693.2589.</p>		
D9120	Fixed partial denture sectioning	\$0.00			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00			
D9211	Regional block anesthesia	\$0.00			
D9212	Trigeminal division block anesthesia	\$0.00			
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00			
D9219	Evaluation for deep sedation or general anesthesia	\$0.00			
D9220	Deep sedation/general anesthesia - first 30 minutes	\$150.00			
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$45.00			
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	\$15.00			
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$150.00			
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$45.00			
D9248	Non-intravenous moderate (conscious) sedation	\$15.00			
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00			
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00			
D9440	Office visit - after regularly scheduled hours	\$30.00			
D9450	Case presentation, detailed and extensive treatment planning	\$0.00			
D9610	Therapeutic parenteral drug, single administration	\$15.00			
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25.00			
D9630	Other drugs and/or medicaments, by report	\$15.00			
D9910	Application of desensitizing medicament	\$15.00			

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

