

## Schedule A Description of Benefits and Copayments

<b>D0100-D0999 I. DIAGNOSTIC</b>		<u>Member Co-Payment</u>
D0120	Periodic oral evaluation	\$0.00
D0140	Limited oral evaluation - problem focused ( <i>GP</i> )	\$0.00
D0140	Limited oral evaluation - problem focused ( <i>Specialist</i> )	\$12.00
D0150	Comprehensive oral evaluation - new or established patient ( <i>GP</i> )	\$0.00
D0150	Comprehensive oral evaluation - new or established patient ( <i>Specialist</i> )	\$12.00
D0160	Detailed and extensive oral evaluation - problem focused, by report ( <i>GP</i> )	\$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report ( <i>Specialist</i> )	\$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient ( <i>GP</i> )	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient ( <i>Specialist</i> )	\$12.00
D0210	Intraoral radiographs - complete series (including bitewings)	\$0.00
D0220	Intraoral - periapical first film	\$0.00
D0230	Intraoral - periapical each additional film	\$0.00
D0240	Intraoral - occlusal film	\$0.00
D0270	Bitewing - single film	\$0.00
D0272	Bitewings - two films	\$0.00
D0274	Bitewings - four films	\$0.00
D0277	Vertical bitewings - 7 to 8 films	\$0.00
D0330	Panoramic film	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$0.00

<b>D1000-D1999 II. PREVENTIVE</b>		<u>Member Co-Payment</u>
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	\$0.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	\$0.00
D1201	Topical application of fluoride (including prophylaxis) - <i>child - to age 19; 1 per 6 month period</i>	\$0.00
D1203	Topical application of fluoride (prophylaxis not included) - <i>child - to age 19; 1 per 6 month period</i>	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth	\$10.00
D1510	Space maintainer - fixed - unilateral	\$40.00
D1515	Space maintainer - fixed - bilateral	\$40.00
D1520	Space maintainer - removable - unilateral	\$40.00
D1525	Space maintainer - removable - bilateral	\$40.00
D1550	Re-cementation of space maintainer	\$10.00

<b>D2000-D2999 III. RESTORATIVE</b>		<u>Member Co-Payment</u>
<i>Includes indirect pulp capping, bases, liners and acid etch procedures.</i>		
D2140	Amalgam - one surface, primary or permanent	\$0.00
D2150	Amalgam - two surfaces, primary or permanent	\$0.00
D2160	Amalgam - three surfaces, primary or permanent	\$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite - one surface, anterior	\$0.00
D2331	Resin-based composite - two surfaces, anterior	\$0.00

D2332	Resin-based composite - three surfaces, anterior	\$0.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite - one surface, posterior	Optional
D2392	Resin-based composite - two surfaces, posterior	Optional
D2393	Resin-based composite - three surfaces, posterior	Optional
D2394	Resin-based composite - four or more surfaces, posterior	Optional
D2410	Gold foil - one surface	Optional
D2420	Gold foil - two surfaces	Optional
D2430	Gold foil - three surfaces	Optional
D2510	Inlay - metallic - one surface (1)	\$130.00
D2520	Inlay - metallic - two surfaces (1)	\$140.00
D2530	Inlay - metallic - three or more surfaces (1)	\$150.00
D2542	Onlay - metallic - two surfaces (1)	\$146.00
D2543	Onlay - metallic - three surfaces (1)	\$156.00
D2544	Onlay - metallic - four or more surfaces (1)	\$162.00
D2610	Inlay - porcelain/ceramic - one surface	Optional
D2620	Inlay - porcelain/ceramic - two surfaces	Optional
D2630	Inlay - porcelain/ceramic - three or more surfaces	Optional
D2642	Onlay - porcelain/ceramic - two surfaces	Optional
D2643	Onlay - porcelain/ceramic - three surfaces	Optional
D2644	Onlay - porcelain/ceramic - four or more surfaces	Optional
D2650	Inlay - resin-based composite - one surface	Optional
D2651	Inlay - resin-based composite - two surfaces	Optional
D2652	Inlay - resin-based composite - three or more surfaces	Optional
D2662	Onlay - resin-based composite - two surfaces	Optional
D2663	Onlay - resin-based composite - three surfaces	Optional
D2664	Onlay - resin-based composite - four or more surfaces	Optional
D2710	Crown - resin-based composite (indirect) (2)	\$110.00
D2720	Crown - resin with high noble metal (1,2)	\$195.00
D2721	Crown - resin with predominantly base metal (2)	\$195.00
D2722	Crown - resin with noble metal (2)	\$195.00
D2740	Crown - porcelain/ceramic substrate (2)	\$195.00
D2750	Crown - porcelain fused to high noble metal (1,2)	\$195.00
D2751	Crown - porcelain fused to predominantly base metal (2)	\$195.00
D2752	Crown - porcelain fused to noble metal (2)	\$195.00
D2780	Crown - 3/4 cast high noble metal (1)	\$195.00
D2781	Crown - 3/4 cast predominantly base metal	\$195.00
D2782	Crown - 3/4 cast noble metal	\$195.00
D2783	Crown - 3/4 porcelain / ceramic (2)	\$195.00
D2790	Crown - full cast high noble metal (1)	\$195.00
D2791	Crown - full cast predominantly base metal	\$195.00
D2792	Crown - full cast noble metal	\$195.00
D2794	Crown - titanium (1)	\$195.00
D2910	Recement inlay, onlay or partial coverage restoration	\$10.00
D2915	Recement cast or prefabricated post and core	\$10.00
D2920	Recement crown	\$10.00
D2930	Prefabricated stainless steel crown - primary tooth	\$35.00

D2931	Prefabricated stainless steel crown - permanent tooth	\$35.00
D2932	Prefabricated resin crown - anterior teeth only	\$35.00
D2933	Prefabricated stainless steel crown with resin window	Optional
D2940	Sedative filling	\$0.00
D2950	Core buildup, including any pins	\$15.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Cast post and core in addition to crown (1)	\$15.00
D2953	Each additional cast post - same tooth (1)	\$15.00
D2954	Prefabricated post and core in addition to crown	\$15.00
D2957	Each additional prefabricated post - same tooth	\$15.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$40.00
D2980	Crown repair, by report	plus Lab \$20.00

#### **D3999 IV. ENDODONTICS**

Member Co-Payment

D3110	Pulp cap - direct (excluding final restoration)	\$0.00
D3120	Pulp cap - indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$5.00
D3221	Pulpal debridement, primary and permanent teeth	\$10.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$5.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$5.00
D3310	Root canal - anterior (excluding final restoration)	\$75.00
D3320	Root canal - bicuspid (excluding final restoration)	\$120.00
D3330	Root canal - molar (excluding final restoration)	\$180.00
D3346	Retreatment of previous root canal therapy - anterior	\$90.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$144.00
D3348	Retreatment of previous root canal therapy - molar	\$215.00
D3410	Apicoectomy/periradicular surgery - anterior	\$85.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$85.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$85.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$85.00
D3430	Retrograde filling - per root	\$50.00

#### **D4000-D4999 V. PERIODONTICS**

Member Co-Payment

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

D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$125.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	\$125.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$135.00
D4245	Apically positional flap	\$135.00
D4249	Clinical crown lengthening - hard tissue	\$150.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$250.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$250.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$45.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$45.00

D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$45.00
D4910	Periodontal maintenance	\$36.00

### **D5000-D5899 VI. PROSTHODONTICS (removable)**

Member Co-Payment

D5110	Complete denture - maxillary (3)	\$225.00
D5120	Complete denture - mandibular (3)	\$225.00
D5130	Immediate denture - maxillary (3)	\$300.00
D5140	Immediate denture - mandibular (3)	\$300.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) (3)	\$250.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) (3)	\$250.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (3)	\$275.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 3	\$275.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) (3)	Optional
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) (3)	Optional
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250.00
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5510	Repair broken complete denture base	<i>plus Lab</i> \$20.00
D5730	Reline complete maxillary denture (chairside)	\$30.00
D5731	Reline complete mandibular denture (chairside)	\$30.00
D5740	Reline maxillary partial denture (chairside)	\$30.00
D5741	Reline mandibular partial denture (chairside)	\$30.00
D5750	Reline complete maxillary denture (laboratory)	\$50.00
D5751	Reline complete mandibular denture (laboratory)	\$50.00
D5760	Reline maxillary partial denture (laboratory)	\$50.00
D5761	Reline mandibular partial denture (laboratory)	\$50.00
D5820	Interim partial denture (maxillary)	\$0.00
D5821	Interim partial denture (mandibular)	\$0.00
D5850	Tissue conditioning, maxillary	\$10.00
D5851	Tissue conditioning, mandibular	\$10.00
D5860	Overdenture - complete, by report	Optional
D5861	Overdenture - partial, by report	Optional

### **D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**

### **D6000-D6199 VIII. IMPLANT SERVICES - Not Covered**

### **D6200-D6999 IX. PROSTHODONTICS ( fixed)**

Member Co-Payment

D6210	Pontic - cast high noble metal (1)	\$195.00
D6211	Pontic - cast predominantly base metal	\$195.00
D6212	Pontic - cast noble metal	\$195.00
D6240	Pontic - porcelain fused to high noble metal (1,2)	\$195.00
D6241	Pontic - porcelain fused to predominantly base metal (2)	\$195.00
D6242	Pontic - porcelain fused to noble metal (2)	\$195.00

D6250	Pontic - resin with high noble metal (1,2)	\$195.00
D6251	Pontic - resin with predominantly base metal (2)	\$195.00
D6252	Pontic - resin with noble metal (2)	\$195.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Optional
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Optional
D6600	Inlay - porcelain/ceramic, two surfaces	Optional
D6601	Inlay - porcelain/ceramic, three or more surfaces	Optional
D6602	Inlay - cast high noble metals, two surfaces	\$150.00
D6603	Inlay - cast high noble metals, three or more surfaces	\$150.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$130.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$140.00
D6606	Inlay - cast noble metal, two surfaces	\$140.00
D6607	Inlay - cast noble metal, three or more surfaces	\$150.00
D6608	Onlay - porcelain/ceramic, two surfaces	Optional
D6609	Onlay - porcelain/ceramic, three or more surfaces	Optional
D6610	Onlay - cast high noble metal, two surfaces (1)	\$156.00
D6611	Onlay - cast high noble metal, three or more surfaces (1)	\$162.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$146.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$152.00
D6614	Onlay - cast noble metal, two surfaces	\$156.00
D6615	Onlay - cast noble metal, three or more surfaces	\$162.00
D6720	Crown - resin with high noble metal (1,2)	\$195.00
D6721	Crown - resin with predominantly base metal (2)	\$195.00
D6722	Crown - resin with noble metal (2)	\$195.00
D6750	Crown - porcelain fused to high noble metal (1,2)	\$195.00
D6751	Crown - porcelain fused to predominantly base metal (2)	\$195.00
D6752	Crown - porcelain fused to noble metal (2)	\$195.00
D6780	Crown - 3/4 cast high noble metal (1)	\$195.00
D6781	Crown - 3/4 cast predominantly base metal	\$195.00
D6782	Crown - 3/4 cast noble metal	\$195.00
D6790	Crown - full cast high noble metal (1)	\$195.00
D6791	Crown - full cast predominantly base metal	\$195.00
D6792	Crown - full cast noble metal	\$195.00
D6930	Recement fixed partial denture	\$15.00
D6940	Stress breaker	\$25.00
D6970	Cast post and core in addition to fixed partial denture retainer (1)	\$15.00
D6971	Cast post as part of fixed partial denture retainer (1)	\$15.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$15.00
D6973	Core buildup for retainer, including any pins	\$15.00
D6976	Each additional cast post - same tooth (1)	\$15.00
D6977	Each additional prefabricated post - same tooth	\$15.00

**D7000-D7900 XI. Oral and Maxofacillary Surgery**

Member Co-Payment

*Includes per-operative and post-operative evaluations and treatments under local anesthesia*

D7111	Coronal remnants - deciduous teeth	\$6.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$6.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$15.00

D7220	Removal of impacted tooth - soft tissue	\$40.00
D7230	Removal of impacted tooth - partially bony	\$60.00
D7240	Removal of impacted tooth - completely bony	\$80.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$80.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$0.00
D7286	Biopsy of oral tissue - soft (all others)	\$20.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$40.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$60.00
D7471	Removal of lateral exostosis - (maxilla or mandible)	\$50.00
D7472	Removal of torus palatinus	\$50.00
D7473	Removal of torus mandibularis	\$50.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$40.00

### **D8000-D8999 XI. Orthodontics**

Member Co-Payment

*Records solely for the purpose of Orthodontics include pre- and post- records as follows:*

Pre-records include the following: \$200.00

Intraoral - complete series (including bitewings) D0210	\$0.00
Tomographic survey D0322	\$0.00
Panoramic film D0330	\$0.00
Cephalometric film D0340	\$0.00
Oral/facial images (includes intra and extraoral images) D0350	\$0.00
Diagnostic casts D0470	\$0.00

Post-records include the following: \$70.00

Intraoral - complete series (including bitewings) D0210	\$0.00
Diagnostic casts D0470	\$0.00

D8020	Limited orthodontic treatment of the transitional dentition (4)	\$1,950.00
D8030	Limited orthodontic treatment of the adolescent dentition (4)	\$1,950.00
D8040	Limited orthodontic treatment of the adult dentition (4)	\$2,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition (4)	\$1,950.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (4)	\$1,950.00
D8090	Comprehensive orthodontic treatment of the adult dentition (4)	\$2,150.00
D8660	Pre-orthodontic treatment visit (applied to treatment fee if patient proceeds with treatment)	\$25.00
D8670	Periodic orthodontic treatment visit (as part of contract) Inclusive of treatment fee	\$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) (4)	\$0.00

### **D9000-D9999 X. Adjunctive General Services**

Member Co-Payment

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	\$0.00
D9310	Consultation (diagnostic service provided by a dentist or physician other than practitioner providing treatment)	\$20.00
D9440	Office visit - after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00
D9999	Unspecified adjunctive procedure, by report - includes failed appointment w/o 24-hour notice - per 15 min. of appointment time	\$10.00

## **Footnotes**

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|-----|---|
| (1) | Base or noble metal is the benefit. If high noble metal (precious) is used for a crown, bridge, cast post or core, inlay or only, the Enrollee will be charged the additional laboratory cost of the high noble metal. Additional laboratory costs also apply to a titanium crown.  |
| (2) | Porcelain on molars is considered optional treatment  |
| (3) | Includes any adjustments for 6 months.  |
| (4) | Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office fee, not to exceed \$75.00 per month. |

## **Listed Procedures**

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be pre-authorized in writing by Delta. The Enrollee pays the Copayment specified for such services

## **Optional Procedures**

Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" mean the Contract Dentist's fees on file with Delta. Questions regarding the DeltaCare program should be directed to the Customer Service department at (800) 422-4234.

## **Emergency Dental Coverage**

The Contract Dentist shall provide emergency dental care for a covered procedure which is required while an Enrollee is within 35 miles of the facility of the Contract Dentist. If an Enrollee requires emergency dental care and is more than 35 miles from the facility of the Contract Dentist, then Delta shall reimburse the Enrollee for the cost of such emergency dental care which exceeds the Enrollee's Copayment up to a \$100.00 maximum per any 12 month period. Emergency dental care shall be limited to listed procedures, and as described in code D9110 above: "Palliative (emergency) treatment of dental pain." Any further treatment of the cause of such emergency dental care must be pre-authorized by Delta or provided by the assigned Contract Dentist.

## **Unlisted Procedures**

Procedures not listed above are **not** covered, but may be available at the Contract Dentist's "filed fees".