

PLAN D73A MEMBER COPAYMENT SCHEDULE

Benefits are provided for the following services (“covered services”). Covered services must be performed by a network provider or by a network specialist. This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of your member certificate. No benefits are provided for services received from a provider other than a network provider or for procedures not listed below.

ADA Codes Member Pays

VISITS & DIAGNOSTIC

0120	Periodic oral evaluation	\$ 0
0140	Limited oral evaluation (emergency) – problem focused	25
0145	Oral evaluation for patients under 3 years of age	0
0150	Comprehensive oral evaluation	0
0160	Detailed and extensive oral evaluation – problem focused	0
0170	Re-evaluation – limited, problem-focused	25
0180	Comprehensive periodontal evaluation	0
0460	Pulp vitality tests	0
0470	Diagnostic casts	0

X-RAYS

0210	Full mouth X-rays – complete series (including bitewings (1 per 36 month period)	0
0220	Periapical X-ray	0
0230	Periapical X-ray – each additional film	0
0240	Intraoral, occlusal film	0
0270/0272	Bitewing X-rays (one and two films)	0
0273	Bitewing X-rays (three films)	0
0274	Bitewing X-rays (four films) (1 set per 12 month period)	0
0277	Vertical bitewings (seven to eight films)	0
0330	Panoramic X-ray	0

PROPHYLAXIS & FLUORIDE TREATMENTS

1110/1120	Prophylaxis (teeth cleaning) adult/child (1 per 6 month period)	0
1203	Topical application of fluoride (1 per 6 month period for covered persons to age 19)	0
1206	Topical fluoride varnish (1 per 6 month period for covered persons to age 19)	0
1351	Sealant per tooth through age 15 – occlusal surface permanent molars (Benefits for replacement are disallowed if performed within 3 years of initial placement)	21

SPACE MAINTAINERS*

1510	Space maintainer, fixed (unilateral)*	105
1515	Space maintainer, fixed (bilateral)*	170
1520	Space maintainer, removable (unilateral)*	150
1525	Space maintainer, removable (bilateral)*	215
1550	Recementation of space maintainer	27
1555	Removal of fixed space maintainer	27

*Space maintainers are limited to children under 12 years of age.

RESTORATIVE DENTISTRY

Amalgam Restorations – Primary or Permanent Teeth:

2140	Amalgam – 1 surface	40
2150	Amalgam – 2 surfaces	50
2160	Amalgam – 3 surfaces	60
2161	Amalgam – 4 or more surfaces	65

Resin Restorations:

2330	Resin-based composite – 1 surface, anterior	45
2331	Resin-based composite – 2 surfaces, anterior	55
2332	Resin-based composite – 3 surfaces, anterior	65
2335	Resin-based composite – 4 or more surfaces, anterior or involving incisal angle	90
2390	Resin-based composite crown – anterior	86

ADA Codes

Resin Restorations (continued):

2391	Resin-based composite – 1 surface, posterior	\$ 70
2392	Resin-based composite – 2 surfaces, posterior	85
2393	Resin-based composite – 3 surfaces, posterior	95
2394	Resin-based composite – 4 or more surfaces	105

Inlay/Onlay Restorations:

2510*	Inlay, metallic – 1 surface	271
2520*	Inlay, metallic – 2 surfaces	271
2530*	Inlay, metallic – 3 or more surfaces	271
2542*	Onlay, metallic – 2 surfaces	271
2543*	Onlay, metallic – 3 surfaces	271
2544*	Onlay, metallic – 4 or more surfaces	271

Crowns:

2710	Crown, resin based composite	197
2720*	Crown, resin with high noble metal	300
2721	Crown, resin with predominantly base metal	261
2722	Crown, resin with noble metal	261
2740	Crown, porcelain/ceramic	345
2750*	Crown, porcelain fused to high noble	345
2751	Crown, porcelain fused to predominantly base metal	345
2752	Crown, porcelain fused to noble	345
2780*	Crown – 3/4 cast high noble metal	345
2781	Crown – 3/4 cast predominantly base metal	332
2782	Crown – 3/4 cast noble metal	345
2783	Crown – 3/4 porcelain/ceramic	345
2790*	Crown, full cast high noble metal	345
2791	Crown, full cast predominantly base metal	332
2792	Crown, full cast noble metal	345
2794*	Crown – titanium	345
2910	Recement inlay, onlay or partial coverage restoration	34
2915	Recement cast or prefabricated post and core	34
2920	Recement crown	35
2930	Prefabricated stainless steel primary	80
2931	Prefabricated stainless steel permanent	105
2932	Prefabricated resin crown (anterior teeth only)	126
2940	Sedative filling	30
2950	Core build-up, including any pins	72
2951	Pin retention – per tooth, in addition to restoration	15
2952*	Post and core, in addition to crown – indirectly fabricated	98
2954	Prefabricated post and core, in addition to crown	126
2970	Temporary crown (fractured tooth)	27
2971	Additional procedures to construct new crown under existing partial denture framework	40
2980	Crown repair	61 + lab

*Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Member at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, indirectly fabricated post and cores, inlays and onlays. Crowns limited to 1 per 5 year period. An additional laboratory charge also applies to a titanium crown.

ENDODONTICS

3110/3120	Pulp capping – direct/indirect (excludes final restoration)	30
3220	Therapeutic pulpotomy (excludes final restoration)	50
3221	Pulpal debridement (primary/perm.)	31
3230/3240	Pulpal therapy (resorbable filling), primary tooth (excludes final restoration)	56
3310	Root canal, anterior (excludes final restoration)	188
3320	Root canal, bicuspid (excludes final restoration)	240
3330	Root canal, molar (excludes final restoration)	305
3346	Retreatment of previous root canal therapy–anterior	240
3347	Retreatment of previous root canal therapy–bicuspid	285
3348	Retreatment of previous root canal therapy–molar	365

(Continued)

DELTACARE PLAN D73A

ADA Codes		Member Pays
ENDODONTICS (CONTINUED)		
3410	Apicoectomy/periradicular surgery, anterior	\$195
3421	Apicoectomy/periradicular surgery, bicuspid (1st root)	206
3425	Apicoectomy/periradicular surgery, molar (first root)	228
3426	Apicoectomy/periradicular surgery, each additional root	201
3430	Retrograde filling, per root	65
3450	Root amputation, per root	132

PERIODONTICS

4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant	195
4211	Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	70
4240	Gingival flap procedures, including root planing, 4 or more contiguous teeth	206
4241	Gingival flap procedures, including root planing, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	134
4245	Apically positioned flap	216
4249	Clinical crown lengthening – hard tissue	168
4260	Osseous surgery, 4 or more contiguous teeth	370
4261	Osseous surgery, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	260
4341	Periodontal scaling and root planing, 4 or more teeth per quadrant	75
4342	Periodontal scaling and root planing, 1 to 3 teeth per quadrant	55
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once in 12 mos.)	50
4910	Periodontal maintenance (following active therapy)	55

PROSTHETICS – REMOVABLE

Includes any adjustments for 6 months

5110/5120	Complete denture, upper or lower	365
5130/5140	Immediate denture, upper or lower	430
5211/5212	Partial denture, resin base, upper or lower (including any conventional clasps, rests and teeth)	375
5213/5214	Partial denture, upper or lower, cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	415
5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	415
5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	415
5281	Removable unilateral partial denture, one piece cast metal (including clasps and teeth)	256
5410/5411	Denture and partial adjustments – upper or lower	28
5421/5422	Adjust partial denture - upper and lower	28
5510/5610 5620	Denture and partial repairs (per repair)	30 + lab
5520/5640	Adding or replacing teeth to existing partial/denture (per tooth)	30 + lab
5630	Repair or replace broken clasp	30 + lab
5650/5660	Add tooth or clasp to existing partial denture	30 + lab
5670/5671	Replace all teeth and acrylic on cast metal framework, upper or lower	248
5710/5711	Rebase complete upper or lower denture	158
5720/5721	Rebase upper or lower partial denture	125
5730/5731 5740/5741	Office reline, complete or partial denture	105
5750/5751 5760/5761	Laboratory reline, complete or partial denture	130
5850/5851	Tissue conditioning, upper or lower	41

ADA Codes		Member Pays
PROSTHETICS – FIXED (EACH RETAINER AND EACH PONTIC CONSTITUTES A UNIT IN A FIXED PARTIAL DENTURE)		
6210*	Pontic, cast high noble metal	\$345
6211	Pontic, cast predominantly base metal	332
6212	Pontic, cast noble metal	350
6240*	Pontic, porcelain fused to high noble metal	350
6241	Pontic, porcelain fused to predominantly base metal	350
6242	Pontic, porcelain fused to noble metal	350
6250*	Pontic, resin with high noble metal	350
6251	Pontic, resin with predominantly base metal	350
6252	Pontic, resin with noble metal	350
6602*	Inlay cast high noble metal, 2 surfaces	281
6603*	Inlay cast high noble metal, 3 or more surfaces	281
6604	Inlay cast predominantly base metal, 2 surfaces	260
6605	Inlay cast predominantly base metal, 3 or more surfaces	265
6606	Inlay cast noble metal, 2 surfaces	270
6607	Inlay cast noble metal, 3 or more surfaces	280
6610*	Onlay cast high noble metal, 2 surfaces	269
6611*	Onlay cast high noble metal, 3 or more surfaces	269
6612	Onlay cast predominantly base metal, 2 surfaces	250
6613	Onlay cast predominantly base metal, 3 or more surfaces	250
6614	Onlay cast noble metal, 2 surfaces	259
6615	Onlay cast noble metal, 3 or more surfaces	260
6720*	Crown, resin with high noble metal	300
6721	Crown, resin with predominantly base metal	270
6722	Crown, resin with noble metal	270
6750*	Crown, porcelain fused to high noble metal	350
6751	Crown, porcelain fused to predominantly base metal	350
6752	Crown, porcelain fused to noble metal	350
6780*	Crown, 3/4 cast high noble metal	334
6781	Crown, 3/4 cast predominantly base metal	332
6782	Crown, 3/4 cast noble metal	350
6790*	Crown, full cast high noble metal	350
6791	Crown, full cast predominantly base metal	332
6792	Crown, full cast noble metal	350
6930	Recement bridge (fixed partial denture)	42
6940	Stress breaker	125
6970*	Post & core in addition to fixed partial denture retainer – indirectly fabricated	142
6972	Prefabricated post & core in addition to fixed partial denture retainer	101
6973	Core buildup for retainer, including any pins	90
6976	Each additional indirectly fabricated post – same tooth	45

*Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Member at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, indirectly fabricated post and cores, inlays and onlays. Crowns limited to 1 per 5 year period. An additional laboratory charge also applies to a titanium crown.

ORAL & MAXILLOFACIAL SURGERY

7111	Extraction, coronal remnants – deciduous tooth	26
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary	40
7210	Surgical removal of erupted tooth, requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone and closure	85
7220	Removal of impacted tooth (soft tissue)	110
7230	Removal of impacted tooth (partially bony)	145
7240	Removal of impacted tooth (completely bony)	155
7241	Removal of impacted tooth (completely bony, with unusual surgical complications)	190
7250	Surgical removal of residual tooth roots (cutting procedure)	114

DELTACARE PLAN D73A

ORAL & MAXILLOFACIAL SURGERY (CONTINUED)

7286	Biopsy of oral tissue (soft)	\$ 92
7310	Alveoloplasty, with extractions, four or more teeth or tooth spaces, per quadrant	84
7311	Alveoloplasty, with extractions, 1 to 3 teeth or tooth spaces, per quadrant	84
7320	Alveoloplasty, without extractions, four or more teeth or tooth spaces, per quadrant	107
7321	Alveoloplasty, without extractions, 1 to 3 teeth or tooth spaces, per quadrant	107
7960	Frenulectomy – separate procedure	140

MISCELLANEOUS

9110	Palliative emergency treatment of dental pain (minor procedure)	27
9310	Specialist consultation	55
9440	Office visit, after regularly scheduled hours	40

ORTHODONTIC COVERAGE

MEMBER PAYS

24-month treatment plan	\$3,330
Treatment records	270

You may go directly to participating orthodontists for treatment. Coverage is available only in areas where there are network orthodontists.

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. Fees for treatment records include X-rays, diagnostic casts and photographs. For treatment plans extending beyond 24 months of active treatment, the patient will be subject to a monthly office visit fee, not to exceed \$75 per month.

SPECIALIST COVERAGE

This plan includes coverage for oral surgery, periodontic, and endodontic specialists. Network specialists are available in most areas we serve. **In order to receive benefits, services must be rendered by a network specialist.**

PREAUTHORIZATION

The following services are subject to review for benefit coverage as stated in your member certificate: crowns, periodontics, partial dentures and bridges. Your dentist must submit a treatment plan for review, prior to services being rendered.

MISSED APPOINTMENTS

DeltaCare plans do not cover missed appointment charges. You should follow your dentist's policy regarding missed appointments.

SECOND OPINIONS

For cases where you feel a second opinion is necessary, contact a Customer Service representative at (800) 955-2030.

OUT-OF-AREA EMERGENCY CARE

If you are 50 miles or more from home, benefits are provided for out-of-area emergency care once per 12-month calendar year. You may seek treatment from any licensed dentist **only for the relief of pain**. Benefits are payable, in accordance with the Member Copayment Schedule, up to a maximum of \$50 per benefit period, less any applicable copayments. To claim these benefits, mail the original receipt and original bill to our office within 60 days of receipt of services.