

Code	Description	Plan 10A	Plan 11A	Plan 12A	Plan 15B
D0350	Oral / facial photographic images				
D0470	Diagnostic casts				
The benefit for post-treatment records includes:		\$70	\$70	\$70	\$70
D0210	Intraoral – complete series (including bitewings)				
D0470	Diagnostic casts				
D8010	Limited orthodontic treatment of the primary dentition	\$950	\$950	\$950	\$1,150
D8020	Limited orthodontic treatment of the transitional dentition – <i>child or adolescent to age 19</i>	\$950	\$950	\$950	\$1,150
D8030	Limited orthodontic treatment of the adolescent dentition – <i>adolescent to age 19</i>	\$950	\$950	\$950	\$1,150
D8040	Limited orthodontic treatment of the adult dentition – <i>adults, including dependent adult children covered as full-time students</i>	\$1,150	\$1,150	\$1,150	\$1,350
D8050	Interceptive orthodontic treatment of the primary dentition	\$950	\$950	\$950	\$1,150
D8060	Interceptive orthodontic treatment of the transitional dentition	\$950	\$950	\$950	\$1,150
D8070	Comprehensive orthodontic treatment of the transitional dentition – <i>child or adolescent to age 19</i>	\$1,700	\$1,700	\$1,700	\$1,900
D8080	Comprehensive orthodontic treatment of the adolescent dentition – <i>adolescent to age 19</i>	\$1,700	\$1,700	\$1,700	\$1,900
D8090	Comprehensive orthodontic treatment of the adult dentition – <i>adults, including dependent adult children covered as full-time students</i>	\$1,900	\$1,900	\$1,900	\$2,100
D8660	Pre-orthodontic treatment visit	\$25	\$25	\$25	\$25
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$275	\$275	\$275	\$275
D8999	Unspecified orthodontic procedure, by report – <i>includes treatment planning session</i>	\$100	\$100	\$100	\$100
D9000-D9999 XII. Adjunctive General Services					
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$5	\$5	\$10	\$20
D9211	Regional block anesthesia	No Cost	No Cost	No Cost	No Cost
D9212	Trigeminal division block anesthesia	No Cost	No Cost	No Cost	No Cost
D9215	Local anesthesia	No Cost	No Cost	No Cost	No Cost
D9220	Deep sedation/general anesthesia – first 30 minutes	\$165	\$165	\$165	\$165
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$80	\$80	\$80	\$80
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$165	\$165	\$165	\$165
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$80	\$80	\$80	\$80
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost	\$10	\$10	\$25
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$5	\$5	\$5	\$5
D9440	Office visit – after regularly scheduled hours	\$20	\$25	\$25	\$35
D9450	Case presentation, detailed and extensive treatment planning	No Cost	No Cost	No Cost	No Cost
D9940	Occlusal guard, by report – <i>limited to 1 in 3 years</i>	\$95	\$100	\$105	\$105
D9951	Occlusal adjustment, limited	\$20	\$35	\$50	\$55
D9952	Occlusal adjustment, complete	\$40	\$55	\$70	\$105
D9972	External bleaching – per arch – <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$125	\$125	\$125	\$125
D9999	Unspecified adjunctive procedure, by report – <i>includes failed appointment without 24 hour notice – per 15 minutes of appointment time</i>	\$10	\$10	\$10	\$10

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 preauthorized in writing by Delta Dental. The Enrollee pays the Copayment specified for such services.

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 Delta Dental's Customer Service department at 800-422-4234.

DeltaCare USA Description of Benefits and Copayments

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 the DeltaCare USA Limitations and Exclusions section for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appear in italics below are specifically intended to clarify the delivery of benefits under the DeltaCare USA program and are not to be interpreted as CDT-7 procedure codes, descriptors or nomenclature which 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 compliant with federal legislates.

Code	Description	Plan 10A	Plan 11A	Plan 12A	Plan 15B
D0100-D0999 I. Diagnostic					
D0999	Unspecified diagnostic procedure, by report – <i>includes office visit, per visit (in addition to other services)</i>	No Cost	No Cost	No Cost	\$5
D0120	Periodic oral evaluation – established patient	No Cost	No Cost	No Cost	No Cost
D0140	Limited oral evaluation – problem focused	No Cost	No Cost	No Cost	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost	No Cost	No Cost	No Cost
D0150	Comprehensive oral evaluation – new or established patient	No Cost	No Cost	No Cost	No Cost
D0160	Detailed and extensive oral evaluation – problem focused, by report	No Cost	No Cost	No Cost	No Cost
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	No Cost	No Cost	No Cost	No Cost
D0180	Comprehensive periodontal evaluation – new or established patient	No Cost	No Cost	No Cost	No Cost
D0210	Intraoral <i>radiographs</i> – complete series (including bitewings) – <i>limited to 1 series every 24 months</i>	No Cost	No Cost	No Cost	No Cost
D0220	Intraoral – periapical first film	No Cost	No Cost	No Cost	No Cost
D0230	Intraoral – periapical each additional film	No Cost	No Cost	No Cost	No Cost
D0240	Intraoral – occlusal film	No Cost	No Cost	No Cost	No Cost
D0250	Extraoral – first film	No Cost	No Cost	No Cost	No Cost
D0260	Extraoral – each additional film	No Cost	No Cost	No Cost	No Cost
D0270	Bitewing <i>radiograph</i> – single film	No Cost	No Cost	No Cost	No Cost
D0272	Bitewings <i>radiographs</i> – two films	No Cost	No Cost	No Cost	No Cost
D0273	Bitewings <i>radiographs</i> – three films	No Cost	No Cost	No Cost	No Cost
D0274	Bitewings <i>radiographs</i> – four films – <i>limited to 1 series of four films every 6 months</i>	No Cost	No Cost	No Cost	No Cost
D0277	Vertical bitewings – 7 to 8 films	No Cost	No Cost	No Cost	No Cost
D0330	Panoramic film	No Cost	No Cost	No Cost	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost	No Cost	No Cost	No Cost
D0425	Caries susceptibility tests	No Cost	No Cost	No Cost	No Cost
D0460	Pulp vitality tests	No Cost	No Cost	No Cost	No Cost
D0470	Diagnostic casts	No Cost	No Cost	No Cost	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost	No Cost	No Cost	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost	No Cost	No Cost	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost	No Cost	No Cost	No Cost
D1000-D1999 II. Preventive					
D1110	Prophylaxis <i>cleaning</i> – adult – <i>1 per 6 month period</i>	No Cost	No Cost	No Cost	\$5
D1110	<i>Additional prophylaxis cleaning – adult (within the 6 month period)</i>	\$45	\$45	\$45	\$45
D1120	Prophylaxis <i>cleaning</i> – child – <i>1 per 6 month period</i>	No Cost	No Cost	No Cost	\$5
D1120	<i>Additional prophylaxis cleaning – child (within the 6 month period)</i>	\$35	\$35	\$35	\$35

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D1203	Topical application of fluoride (prophylaxis not included) – child – to age 19; 1 per 6 month period	No Cost	No Cost	No Cost	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients – child to age 19; 1 per 6 month period	No Cost	No Cost	No Cost	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost	No Cost	No Cost	No Cost
D1330	Oral hygiene instructions	No Cost	No Cost	No Cost	No Cost
D1351	Sealant – per tooth – limited to permanent molars through age 15	\$5	\$10	\$10	\$15
D1510	Space maintainer – fixed – unilateral	\$10	\$25	\$35	\$70
D1515	Space maintainer – fixed – bilateral	\$10	\$25	\$35	\$70
D1520	Space maintainer – removable – unilateral	\$10	\$25	\$35	\$80
D1525	Space maintainer – removable – bilateral	\$10	\$25	\$35	\$80
D1550	Re-cementation of space maintainer	No Cost	No Cost	No Cost	\$15
D1555	Removal of fixed space maintainer	No Cost	No Cost	No Cost	\$15
D2000-D2999 III. Restorative					
<i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures. When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional \$100 per crown, beyond the 6th unit. Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</i>					
D2140	Amalgam – one surface, primary or permanent	No Cost	No Cost	\$5	\$8
D2150	Amalgam – two surfaces, primary or permanent	No Cost	No Cost	\$10	\$12
D2160	Amalgam – three surfaces, primary or permanent	No Cost	No Cost	\$15	\$18
D2161	Amalgam – four or more surfaces, primary or permanent	No Cost	No Cost	\$20	\$22
D2330	Resin-based composite – one surface, anterior	No Cost	No Cost	\$22	\$22
D2331	Resin-based composite – two surfaces, anterior	No Cost	No Cost	\$26	\$26
D2332	Resin-based composite – three surfaces, anterior	No Cost	No Cost	\$28	\$30
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	No Cost	No Cost	\$40	\$55
D2390	Resin-based composite crown, anterior	No Cost	\$35	\$50	\$65
D2391	Resin-based composite – one surface, posterior	\$45	\$55	\$65	\$65
D2392	Resin-based composite – two surfaces, posterior	\$55	\$65	\$75	\$75
D2393	Resin-based composite – three surfaces, posterior	\$65	\$75	\$85	\$85
D2394	Resin-based composite – four or more surfaces, posterior	\$75	\$85	\$95	\$95
D2510	Inlay – metallic – one surface	No Cost	No Cost	\$45	\$185
D2520	Inlay – metallic – two surfaces	No Cost	No Cost	\$50	\$195
D2530	Inlay – metallic – three or more surfaces	No Cost	No Cost	\$55	\$205
D2542	Onlay – metallic – two surfaces	No Cost	No Cost	\$55	\$200
D2543	Onlay – metallic – three surfaces	No Cost	No Cost	\$60	\$210
D2544	Onlay – metallic – four or more surfaces	No Cost	No Cost	\$65	\$230
D2610	Inlay – porcelain/ceramic – one surface	\$135	\$165	\$215	\$310
D2620	Inlay – porcelain/ceramic – two surfaces	\$150	\$190	\$245	\$345
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$160	\$200	\$260	\$365
D2642	Onlay – porcelain/ceramic – two surfaces	\$150	\$185	\$240	\$340
D2643	Onlay – porcelain/ceramic – three surfaces	\$165	\$205	\$270	\$375
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$175	\$220	\$285	\$395
D2650	Inlay – resin-based composite – one surface	\$85	\$105	\$135	\$210
D2651	Inlay – resin-based composite – two surfaces	\$95	\$120	\$155	\$235
D2652	Inlay – resin-based composite – three or more surfaces	\$115	\$145	\$185	\$270
D2662	Onlay – resin-based composite – two surfaces	\$110	\$140	\$180	\$265
D2663	Onlay – resin-based composite – three surfaces	\$120	\$155	\$200	\$290
D2664	Onlay – resin-based composite – four or more surfaces	\$145	\$185	\$235	\$335
D2710	Crown – resin-based composite (indirect)	\$35	\$50	\$85	\$185

Code	Description	Plan 10A	Plan 11A	Plan 12A	Plan 15B
D6973	Core buildup for retainer, including any pins	No Cost	\$15	\$25	\$80
D6976	Each additional indirectly fabricated cast post – same tooth – includes canal preparation	No Cost	\$25	\$45	\$80
D6977	Each additional prefabricated post – same tooth – base metal post; includes canal preparation	No Cost	\$15	\$35	\$70
D6980	Fixed partial denture repair, by report	\$10	\$15	\$30	\$70
D7000-D7999 X. Oral and Maxillofacial Surgery					
<i>Includes preoperative and postoperative evaluations and treatment under local anesthetic.</i>					
D7111	Extraction, coronal remnants – deciduous tooth	No Cost	No Cost	\$5	\$10
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost	\$5	\$8	\$14
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$15	\$25	\$45	\$55
D7220	Removal of impacted tooth – soft tissue	\$25	\$50	\$55	\$70
D7230	Removal of impacted tooth – partially bony	\$50	\$70	\$75	\$95
D7240	Removal of impacted tooth – completely bony	\$70	\$90	\$95	\$120
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$90	\$110	\$115	\$140
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost	No Cost	\$25	\$45
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50	\$85	\$95	\$130
D7280	Surgical access of an unerupted tooth	\$85	\$90	\$120	\$120
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$85	\$90	\$120	\$120
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost	No Cost	No Cost	No Cost
D7286	Biopsy of oral tissue – soft – does not include pathology laboratory procedures	No Cost	No Cost	\$25	\$40
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	No Cost	\$50	\$50	\$100
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No Cost	\$50	\$50	\$100
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	No Cost	\$70	\$70	\$120
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No Cost	\$70	\$70	\$120
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	No Cost	No Cost	No Cost	No Cost
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	No Cost	No Cost	No Cost	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost	No Cost	\$25	\$100
D7472	Removal of torus palatinus	No Cost	No Cost	\$25	\$100
D7473	Removal of torus mandibularis	No Cost	No Cost	\$25	\$100
D7510	Incision and drainage of abscess – intraoral soft tissue	No Cost	No Cost	No Cost	\$25
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	No Cost	No Cost	No Cost	\$20
D7970	Excision hyperplastic tissue – per arch	\$50	\$55	\$60	\$80
D7971	Excision of pericoronal gingiva	\$50	\$55	\$60	\$80
D8000-D8999 XI. Orthodontics					
<i>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 \$125, may apply. The Retention Copayment includes adjustments and/or office visits up to 24 months.</i>					
Pre and post orthodontic records include:					
<i>The benefit for pre-treatment records and diagnostic services includes:</i>		\$200	\$200	\$200	\$200
D0210	Intraoral – complete series (including bitewings)				
D0322	Tomographic survey				
D0330	Panoramic film				
D0340	Cephalometric film				

Code	Description	Plan 10A	Plan 11A	Plan 12A	Plan 15B
D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).					
— When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100 per unit, beyond the 6th unit.					
— Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.					
D6210	Pontic – cast high noble metal	\$170	\$210	\$260	\$395
D6211	Pontic – cast predominantly base metal	\$70	\$110	\$160	\$295
D6212	Pontic – cast noble metal	\$110	\$150	\$200	\$335
D6240	Pontic – porcelain fused to high noble metal	\$195	\$240	\$295	\$395
D6241	Pontic – porcelain fused to predominantly base metal	\$95	\$140	\$195	\$295
D6242	Pontic – porcelain fused to noble metal	\$135	\$180	\$235	\$335
D6245	Pontic – porcelain/ceramic	\$195	\$240	\$295	\$395
D6250	Pontic – resin with high noble metal	\$155	\$195	\$245	\$335
D6251	Pontic – resin with predominantly base metal	\$55	\$95	\$145	\$235
D6252	Pontic – resin with noble metal	\$95	\$135	\$195	\$275
D6600	Inlay – porcelain/ceramic, two surfaces	\$150	\$190	\$245	\$345
D6601	Inlay – porcelain/ceramic, three or more surfaces	\$160	\$200	\$260	\$365
D6602	Inlay – cast high noble metal, two surfaces	\$100	\$100	\$150	\$295
D6603	Inlay – cast high noble metal, three or more surfaces	\$100	\$100	\$155	\$305
D6604	Inlay – cast predominantly base metal, two surfaces	No Cost	No Cost	\$50	\$195
D6605	Inlay – cast predominantly base metal, three or more surfaces	No Cost	No Cost	\$55	\$205
D6606	Inlay – cast noble metal, two surfaces	\$40	\$40	\$90	\$225
D6607	Inlay – cast noble metal, three or more surfaces	\$40	\$40	\$95	\$235
D6608	Onlay – porcelain/ceramic, two surfaces	\$150	\$185	\$240	\$340
D6609	Onlay – porcelain/ceramic, three or more surfaces	\$165	\$205	\$270	\$375
D6610	Onlay – cast high noble metal, two surfaces	\$100	\$100	\$155	\$300
D6611	Onlay – cast high noble metal, three or more surfaces	\$100	\$100	\$160	\$310
D6612	Onlay – cast predominantly base metal, two surfaces	No Cost	No Cost	\$55	\$200
D6613	Onlay – cast predominantly base metal, three or more surfaces	No Cost	No Cost	\$65	\$210
D6614	Onlay – cast noble metal, two surfaces	\$40	\$40	\$95	\$220
D6615	Onlay – cast noble metal, three or more surfaces	\$40	\$40	\$105	\$240
D6720	Crown – resin with high noble metal	\$155	\$195	\$245	\$335
D6721	Crown – resin with predominantly base metal	\$55	\$95	\$145	\$235
D6722	Crown – resin with noble metal	\$95	\$135	\$185	\$275
D6740	Crown – porcelain/ceramic	\$195	\$240	\$295	\$395
D6750	Crown – porcelain fused to high noble metal	\$195	\$240	\$295	\$395
D6751	Crown – porcelain fused to predominantly base metal	\$95	\$140	\$195	\$295
D6752	Crown – porcelain fused to noble metal	\$135	\$180	\$235	\$335
D6780	Crown – 3/4 cast high noble metal	\$170	\$210	\$260	\$395
D6781	Crown – 3/4 cast predominantly base metal	\$70	\$110	\$160	\$295
D6782	Crown – 3/4 cast noble metal	\$110	\$150	\$200	\$335
D6783	Crown – 3/4 porcelain/ceramic	\$195	\$240	\$295	\$395
D6790	Crown – full cast high noble metal	\$170	\$210	\$260	\$395
D6791	Crown – full cast predominantly base metal	\$70	\$110	\$160	\$295
D6792	Crown – full cast noble metal	\$110	\$150	\$200	\$335
D6930	Recement fixed partial denture	No Cost	No Cost	\$15	\$25
D6940	Stress breaker	No Cost	No Cost	\$25	\$50
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated – includes canal preparation	No Cost	\$35	\$60	\$110
D6972	Prefabricated post and core in addition to fixed partial denture retainer – base metal post; includes canal preparation	No Cost	\$20	\$45	\$95

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D2712	Crown – 3/4 resin-based composite (indirect)	\$35	\$50	\$85	\$185
D2720	Crown – resin with high noble metal	\$155	\$195	\$245	\$335
D2721	Crown – resin with predominantly base metal	\$55	\$95	\$145	\$235
D2722	Crown – resin with noble metal	\$95	\$135	\$185	\$275
D2740	Crown – porcelain/ceramic substrate	\$195	\$240	\$295	\$395
D2750	Crown – porcelain fused to high noble metal	\$195	\$240	\$295	\$395
D2751	Crown – porcelain fused to predominantly base metal	\$95	\$140	\$195	\$295
D2752	Crown – porcelain fused to noble metal	\$135	\$180	\$235	\$335
D2780	Crown – 3/4 cast high noble metal	\$170	\$210	\$260	\$395
D2781	Crown – 3/4 cast predominantly base metal	\$70	\$110	\$160	\$295
D2782	Crown – 3/4 cast noble metal	\$110	\$150	\$200	\$335
D2783	Crown – 3/4 porcelain/ceramic	\$195	\$240	\$295	\$395
D2790	Crown – full cast high noble metal	\$170	\$210	\$260	\$395
D2791	Crown – full cast predominantly base metal	\$70	\$110	\$160	\$295
D2792	Crown – full cast noble metal	\$110	\$150	\$200	\$335
D2794	Crown – titanium	\$195	\$240	\$295	\$395
D2910	Recement inlay, onlay or partial coverage restoration	No Cost	No Cost	\$10	\$20
D2915	Recement cast or prefabricated post and core	No Cost	No Cost	\$10	\$20
D2920	Recement crown	No Cost	No Cost	\$10	\$20
D2930	Prefabricated stainless steel crown – primary tooth	No Cost	\$15	\$25	\$75
D2931	Prefabricated stainless steel crown – permanent tooth	No Cost	\$15	\$25	\$75
D2932	Prefabricated resin crown – anterior primary tooth	\$15	\$25	\$35	\$85
D2933	Prefabricated stainless steel crown with resin window – anterior primary tooth	\$10	\$20	\$30	\$75
D2940	Sedative filling	No Cost	\$5	\$10	\$20
D2950	Core buildup, including any pins	No Cost	\$15	\$20	\$80
D2951	Pin retention – per tooth, in addition to restoration	No Cost	\$10	\$15	\$15
D2952	Post and core in addition to crown, indirectly fabricated – includes canal preparation	No Cost	\$35	\$60	\$110
D2953	Each additional indirectly fabricated post – same tooth – includes canal preparation	No Cost	\$25	\$45	\$80
D2954	Prefabricated post and core in addition to crown – base metal post; includes canal preparation	No Cost	\$20	\$45	\$95
D2957	Each additional prefabricated post – same tooth – base metal post; includes canal preparation	No Cost	\$15	\$35	\$70
D2970	Temporary crown (fractured tooth) – palliative treatment only	\$5	\$5	\$10	\$20
D2971	Additional procedures to construct new crown under existing partial denture framework	\$19	\$28	\$39	\$60
D2980	Crown repair, by report	\$10	\$15	\$20	\$30
D3000-D3999 IV. Endodontics					
D3110	Pulp cap – direct (excluding final restoration)	No Cost	No Cost	No Cost	\$5
D3120	Pulp cap – indirect (excluding final restoration)	No Cost	No Cost	No Cost	\$5
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost	No Cost	\$15	\$45
D3221	Pulpal debridement, primary and permanent teeth	\$5	\$10	\$20	\$50
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$5	\$20	\$30	\$60
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$5	\$20	\$30	\$60
D3310	Root canal – anterior (excluding final restoration)	\$45	\$55	\$85	\$125
D3320	Root canal – bicuspid (excluding final restoration)	\$90	\$120	\$150	\$215

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D3330	Root canal – molar (excluding final restoration)	\$205	\$250	\$280	\$365
D3331	Treatment of root canal obstruction; non-surgical access	\$45	\$55	\$85	\$80
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$45	\$55	\$85	\$80
D3333	Internal root repair of perforation defects	\$45	\$55	\$85	\$80
D3346	Retreatment of previous root canal therapy – anterior	\$60	\$85	\$115	\$155
D3347	Retreatment of previous root canal therapy – bicuspid	\$105	\$150	\$180	\$245
D3348	Retreatment of previous root canal therapy – molar	\$220	\$280	\$310	\$395
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70	\$75	\$80	\$80
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$45	\$50	\$55	\$55
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$45	\$50	\$55	\$55
D3410	Apicoectomy/periradicular surgery – anterior	No Cost	\$60	\$90	\$155
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	No Cost	\$70	\$100	\$165
D3425	Apicoectomy/periradicular surgery – molar (first root)	No Cost	\$80	\$110	\$175
D3426	Apicoectomy/periradicular surgery (each additional root)	No Cost	\$50	\$65	\$100
D3430	Retrograde filling – per root	No Cost	\$60	\$60	\$75
D3450	Root amputation, per root	No Cost	No Cost	No Cost	\$85
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost	\$30	\$40	\$75
D4000-D4999 V. Periodontics					
<i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>					
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$80	\$130	\$135	\$160
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$50	\$80	\$80	\$95
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$80	\$130	\$135	\$160
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$50	\$80	\$80	\$95
D4245	Apically positioned flap	\$75	\$125	\$130	\$175
D4249	Clinical crown lengthening – hard tissue	\$75	\$125	\$125	\$150
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$175	\$280	\$300	\$385
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$140	\$225	\$240	\$308
D4263	Bone replacement graft – first site in quadrant	\$195	\$205	\$215	\$235
D4264	Bone replacement graft – each additional site in quadrant	\$60	\$70	\$80	\$85
D4270	Pedicle soft tissue graft procedure	\$195	\$205	\$215	\$235
D4271	Free soft tissue graft procedure (including donor site surgery)	\$195	\$205	\$215	\$235
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$45	\$45	\$50	\$90
D4341	Periodontal scaling and root planing – four or more teeth per quadrant – limited to 4 quadrants during any 12 consecutive months	No Cost	\$25	\$40	\$60
D4342	Periodontal scaling and root planing – one to three teeth per quadrant – limited to 4 quadrants during any 12 consecutive months	No Cost	\$20	\$30	\$50
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis – limited to 1 treatment in any 12 consecutive months	No Cost	\$25	\$40	\$60
D4910	Periodontal maintenance – limited to 1 treatment each 6 month period	No Cost	\$15	\$30	\$45
D4910	Additional periodontal maintenance – (within the 6 month period)	\$55	\$55	\$55	\$55

Code	Description	Plan 10A	Plan 11A	Plan 12A	Plan 15B
D5000-D5899 VI. Prosthodontics (removable)					
<i>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. Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months. Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.</i>					
D5110	Complete denture – maxillary	\$100	\$145	\$215	\$365
D5120	Complete denture – mandibular	\$100	\$145	\$215	\$365
D5130	Immediate denture – maxillary	\$120	\$165	\$235	\$385
D5140	Immediate denture – mandibular	\$120	\$165	\$235	\$385
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$80	\$120	\$180	\$325
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$80	\$120	\$180	\$325
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$120	\$160	\$240	\$395
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$120	\$160	\$240	\$395
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$170	\$210	\$290	\$445
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$170	\$210	\$290	\$445
D5410	Adjust complete denture – maxillary	No Cost	\$10	\$10	\$18
D5411	Adjust complete denture – mandibular	No Cost	\$10	\$10	\$18
D5421	Adjust partial denture – maxillary	No Cost	\$10	\$10	\$18
D5422	Adjust partial denture – mandibular	No Cost	\$10	\$10	\$18
D5510	Repair broken complete denture base	\$15	\$20	\$25	\$55
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$5	\$10	\$15	\$35
D5610	Repair resin denture base	\$15	\$20	\$25	\$55
D5620	Repair cast framework	\$15	\$20	\$25	\$55
D5630	Repair or replace broken clasp	\$15	\$20	\$25	\$55
D5640	Replace broken teeth – per tooth	\$5	\$10	\$15	\$45
D5650	Add tooth to existing partial denture	\$5	\$10	\$15	\$45
D5660	Add clasp to existing partial denture	\$5	\$10	\$15	\$55
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$75	\$135	\$150	\$180
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$75	\$135	\$150	\$180
D5710	Rebase complete maxillary denture	\$35	\$55	\$70	\$105
D5711	Rebase complete mandibular denture	\$35	\$55	\$70	\$105
D5720	Rebase maxillary partial denture	\$35	\$55	\$70	\$105
D5721	Rebase mandibular partial denture	\$35	\$55	\$70	\$105
D5730	Reline complete maxillary denture (chairside)	No Cost	\$20	\$35	\$60
D5731	Reline complete mandibular denture (chairside)	No Cost	\$20	\$35	\$60
D5740	Reline maxillary partial denture (chairside)	No Cost	\$20	\$35	\$60
D5741	Reline mandibular partial denture (chairside)	No Cost	\$20	\$35	\$60
D5750	Reline complete maxillary denture (laboratory)	\$35	\$60	\$75	\$95
D5751	Reline complete mandibular denture (laboratory)	\$35	\$60	\$75	\$95
D5760	Reline maxillary partial denture (laboratory)	\$35	\$60	\$75	\$95
D5761	Reline mandibular partial denture (laboratory)	\$35	\$60	\$75	\$95
D5820	Interim partial denture (maxillary) – limited to 1 in any 12 consecutive months	\$45	\$75	\$90	\$125
D5821	Interim partial denture (mandibular) – limited to 1 in any 12 consecutive months	\$45	\$75	\$90	\$125
D5850	Tissue conditioning, maxillary	No Cost	No Cost	\$15	\$30
D5851	Tissue conditioning, mandibular	No Cost	No Cost	\$15	\$30
D5900-D5999 VII. Maxillofacial Prosthetics – Not Covered					
D6000-D6199 VIII. Implant Services – Not Covered					