## Delta Dental PPO<sup>SM</sup> Platinum, Gold and Silver Plans offered with 2- and 3-tier rate options.

This plan includes Delta Dental of Illinois' Enhanced Benefits Program. Please see our Enhanced Benefits Program brochure for more information. To Go<sup>SM</sup> can be offered with Delta Dental PPO<sup>SM</sup> Platinum, Gold and Silver options. Please see our To Go<sup>SM</sup> brochure for more information.

Summary of Coverages	Plati	Platinum Option		Gold Option			Silver Option		
Coverage A Diagnostic: Routine exams twice per benefit year Bitewing X-rays twice per benefit year Full-mouth X-rays every three years	Delta Dental PPO <sup>SM</sup> Dentist 100%*	Delta Dental Premier	Out-of Network	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier	Out-of- Network	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier 80%*	Out-of- Network 80%*
<ul> <li>Preventive:</li> <li>Cleanings twice per benefit year</li> <li>Fluoride treatments for children once per benefit year (to age 19)</li> <li>Space maintainers (to age 14)</li> </ul>									
Coverage B  Minor Restorative: • Sealants (to age 16)	Delta Dental PPO™ Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPO <sup>sм</sup> Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier	Out-of Network
• Fillings, amalgam and composite (including posterior composites) Non-Surgical Periodontics•: • Non-surgical treatment of gum disease Endodontics•: • Root canals and pulpal therapy • Oral Surgery, Simple Extractions Oral Surgery, Surgical Extractions• (including preoperative and postoperative care) • These benefits can be moved as a coverage grouping to Coverage C.	80%*	80%*	80%*	80%*	60%*	60%*	80%*	60%*	60%*
Coverage C  Major Restorative:  Cast restorations: crowns, onlays and other ceramic restorations to	Delta Dental PPO™ Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier	Out-of Network
Permanent teeth     Implant therapy     Prosthodontics:     Bridges, partial dentures and complete dentures     Surgical Periodontics     Surgical treatment of gum disease	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*
Coverage D Orthodontics (for children under age 19) Optional and available for all groups	Delta Dental PPO <sup>SM</sup> Dentist 50%*	Delta Dental Premier 50%*	Out-of Network 50%*	Delta Dental PPO <sup>SM</sup> Dentist 50%*	Delta Dental Premier 50%*	Out-of Network 50%*	Delta Dental PPO <sup>SM</sup> Dentist 50%*	Delta Dental Premier 50%*	Out-of Network 50%*
Deductible Options	Single • \$50 • \$75 Applies to Coverages Optional for Coverag		Premier • \$150 • \$225	Single • \$50 • \$75 Applies to Coverages Optional for Coverag		Premier • \$150 • \$225	Single • \$50 • \$75 Applies to Coverages Optional for Coverage		Premier • \$150 • \$225
Annual Maximum Options	\$1,000, \$1,500 or \$1,800		\$1,000, \$1,500 or \$1,800			\$1,000, \$1,500 or \$1,800			
Orthodontia Maximum Options Optional and available to all groups	\$1,000 or \$1,500		\$1,000 or \$1,500			\$1,000, \$1,500			

<sup>\*</sup>In-network payment is based on discounted fees; Delta Dental Premier and out-of-network payment is based on Delta Dental of Illinois' Maximum Plan Allowance (MPA).



### Delta Dental of Illinois

www.deltadentalil.com 630.964.2400



## Delta Dental of Illinois Enhanced Benefits Program Summary

Oral Health Meets Overall Health with Delta Dental of Illinois' Enhanced Benefits Program Offering enhanced benefits for those with high-risk medical conditions

Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care - where oral health meets overall health. This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health.

Our Enhanced Benefits Program includes additional cleanings and/or applications of topical fluoride. The program addresses the unique health challenges faced by people with conditions that put them at risk for oral health disease, and can also play an important role in the management of an individual's medical condition. The costs of the additional cleanings and fluoride treatments will be applied to enrollees' annual maximum.

#### Those eligible for Delta Dental of Illinois' Enhanced Benefits Program include:

- People with periodontal (gum) disease. Enrollees with periodontal disease are eligible for two additional teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for fluoride applications; frequency is determined by their group contract.
- **People with diabetes.** Enrollees with diabetes are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.
- **Pregnant women.** Pregnant enrollees are eligible for **one additional cleaning**, either prophylaxis (general cleaning) or periodontal maintenance visit during the time of the pregnancy.
- People with high-risk cardiac conditions. People with high-risk cardiac conditions are eligible for two additional teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Conditions include: a history of infective endocarditis; certain congenital heart defects such as having one ventricle instead of the normal two; individuals with artificial heart valves; heart valve defects caused by acquired conditions like rheumatic heart disease; hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle; individuals with pulmonary shunts or conduits; mitral valve prolapse with regurgitation (blood leakage).
- People with kidney failure or who are undergoing dialysis. People with kidney failure or who are undergoing dialysis are eligible for two additional teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.
- People undergoing cancer-related chemotherapy and/or radiation. Enrollees who are undergoing cancer-related chemotherapy and/or radiation are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride** applications; frequency is determined by their group contract.
- People with suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant. Enrollees who have suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant are eligible for two additional teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for fluoride applications; frequency is determined by their group contract.
- People at risk for oral cancer. The OralCDx brush biopsy is a powerful tool in the early detection of oral cancer/precancerous cells and represents a major breakthrough in the fight against oral cancer. The procedure is indicated to evaluate unexplained tiny white and red lesions and the software used to analyze the samples can spot a precancerous/cancerous cell even if it is partially obscured by other cells.



#### **Delta Benefit Underwriting Guidelines**

#### Designed for small to mid-size businesses

With Delta Dental of Illinois, employers with two to 49 eligibles can enjoy the rating advantages usually given only to the largest employers. How? We pool together small and mid-size companies to offer the most competitively priced dental benefit programs available. The following industry types are ineligible for dental coverage through this pool: dental offices, insurance firms (not including brokerage firms), and real estate organizations with 1099 employees.

#### **Benefit Periods**

If deductible credits are requested, deductible and maximum accumulators from previous carrier must be provided prior to effective date.

#### **Waiting Period**

For groups of two to 19 eligibles, there is a 12-month waiting period under the Delta Dental Premier® and Delta Dental PPO Plans for Coverages C and D services. These waiting periods are waived if your company has had a dental plan for the prior 12 consecutive months.

For groups of 20 or more eligibles, there is no waiting period.

#### Rate Guarantee

There is a 12-month rate guarantee for all groups. Rates are developed based on the experience of a pool of groups of similar size. Individual claims experience is not available.

#### **Participation**

If 10 percent or more of your employees work in locations outside the area in which the headquarters is rated, underwriting review is required.

Programs are based on 50 percent employee enrollment.

For groups of more than 49 eligibles, contact your Delta Dental of Illinois sales and marketing representative.

#### **Broker Commission**

7.5%



# HIGHLIGHTS OF DELTA DENTAL OF ILLINOIS DELTACARE PROGRAM PLAN 305

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0	RESTORATIVE (cont.)		
DIAGN	OSTIC		D2150	Amalgam - two surfaces, primary or permanent	\$32.00
D0120	Periodic oral evaluation	\$0	D2160	Amalgam - three surfaces, primary or permanent	\$46.00
D0140	Limited oral evaluation - problem focused	\$0	D2161	Amalgam - four or more surfaces, primary or perm.	\$54.00
D0150	Comprehensive oral evaluation - new or established patient	\$0	D2330	Resin-based composite - one surface, anterior	\$32.00
D0160	Detailed and extensive oral evaluation - problem focused,	\$0	D2331	Resin-based composite - two surfaces, anterior	\$37.00
	by report		D2332	Resin-based composite - three surfaces, anterior	\$45.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	D2335	Resin-based composite, four or more surfaces or involving incisal angle (anterior)	\$55.00
D0180	Comprehensive periodontal evaluation - new or established	\$0	D2390	Resin-based composite crown, anterior	\$142.00
D0210	patient  Intraoral radiographs - complete series (including bitewings)	0.0	D2391	Resin-based composite - one surface, posterior	\$24.00#
D0210		\$0	D2392	Resin-based composite - two surfaces, posterior	\$32.00#
D0220	Intraoral - periapical first film	\$0	D2393	Resin-based composite - three surfaces, posterior	\$46.00#
	Intraoral - periapical each additional film	\$0	D2394	Resin-based composite - four or more surfaces, post.	\$54.00#
	Intraoral - occlusal film	\$0	D2910	Recement inlay, only or partial coverage rest.	\$38.00
D0270	Bitewing - single film	\$0	D2920	Recement crown	\$38.00
D0272	Bitewings - two films	\$0	D2940	Sedative filling	\$45.00
D0274	Bitewings - four films	\$0	D2951	Pin retention - per tooth, in addition to rest.	\$44.00
D0277	Vertical bitewings - 7 to 8 films	\$0	CROW	NS/BRIDGES	
D0330	Panoramic film	\$0	D2710	Crown - resin (indirect)	\$313.00
D0460	Pulp vitality tests	\$0	D2720	Crown - resin with high noble metal*	\$394.00
D0470	Diagnostic casts	\$0	D2721	Crown - resin with predominantly base metal	\$394.00
PREVE	ENTIVE		D2722	Crown - resin with noble metal	\$394.00
D1110	Prophylaxis (cleaning) - adult	\$0	D2740	Crown - porcelain/ceramic substrate	\$394.00
D1120	Prophylaxis (cleaning) - child	\$0	D2750	Crown - porcelain fused to high noble*	\$394.00
D1201	Topical application of fluoride (including prophylaxis -	\$0	D2751	Crown - porcelain fused to predom. base metal	\$394.00
	child (to age 19)		D2752	Crown - porcelain fused to noble metal	\$394.00
D1203	Topical application of fluoride (prophylaxis not included) -	\$0	D2780	Crown - 3/4 cast high noble metal*	\$394.00
D1220	child (to age 19)	60	D2781	Crown - 3/4 cast predom. base metal	\$394.00
	Oral hygiene instructions	\$0	D2782	Crown - 3/4 cast noble metal	\$394.00
	Sealant, per tooth (through age 15)	\$14.00	D2783	Crown - 3/4 porcelain/ceramic	\$394.00
	Space maintainer - fixed - unilateral	\$79.00	D2790	Crown - full cast high noble metal*	\$394.00
	Space maintainer - fixed - bilateral	\$79.00	D2791	Crown - full cast predominantly base metal	\$394.00
	Space maintainer - removable - unilateral	\$79.00	D2792	Crown - full cast noble metal	\$394.00
	Space maintainer - removable - bilateral	\$79.00	D2794	Crown - titanium	\$397.00
ונכות	Recementation of space maintainer	\$11.00	D2910	Recement inlay, onlay or partial coverage rest.	\$38.00
	Diagnostic and Preventive services may be subject to frequency limitations. See your booklet for details.		D2915	Recement cast or prefab. post and core	\$38.00
RESTO	ORATIVE		D2930	Prefab. stainless steel crown - prim. tooth	\$130.00
	Amalgam - one surface, primary or permanent	\$24.00	D2931	Prefab. stainless steel crown - perm. tooth	\$130.00
			D2932	Prefab. resin crown [anterior teeth only]	\$130.00

PRIODONICS   Partice control with resin window   S10.00	CODE	PROCEDURE	PATIENT	CODE PROCEDURE		PATIENT
19293   Perfah, sainless seed crown with resin window   S130.08	CROW	NS/BRIDGES (cont.)	PAYS	PERIO	DONTICS	PAYS
D2950   Core buildup, including any pins   S111.00   D2951   Fire stension - per foods, in addition to rest.   S12.00   D2953   Fach additional cast post - same tooth*   S12.00   D2954   Profeib post and core in addition to crown*   S12.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional perils, both - same tooth*   S112.00   D2957   Each dulinional procedures to construct new crown under casting partial detrature financework.   S12.00   D2957   Each study in oble metal*   S394.00   D2957   Portic - proteclain fixed to high noble metal*   S394.00   D2958   Portic - proteclain fixed to perils metal*   S394.00   D2958   Portic - resin with problem, base metal   S394.00   D2959   Portic - resin with problem metal*   S394.00   D2959   Portic - resin with problem beat   S394.00   D2959   Portic - resin with problem metal*   S394.00   D2959		· · ·	\$130.00#			\$255.00
D2951 Pain retention - per tooth, in addition to cerus D2952 Each and core in addition to crown* D2953 Each additional cast post - same tooth* D2954 Prefair, post and core in addition to crown D2954 Prefair, post and core in addition to crown D2954 Prefair, post and core in addition to crown D2957 Each additional tear post - same tooth* D2957 Each additional producties to construct now crown under S2070 Additional producties to construct now crown under D2971 Additional producties to construct now crown under D2971 Additional producties to construct now crown under D2972 Production producties to construct now crown under D2973 Additional producties to construct the crown under D2974 Pontic - cast high mobic metal* S394.00 D2621 Pontic - cast high mobic metal* S394.00 D2622 Pontic - procelain fused to high noble metal* S394.00 D2623 Pontic - resin with bigh noble metal* S394.00 D2625 Pontic - resin with profem. base metal S394.00 D2625 Pontic - resin with profem. base metal S394.00 D2625 Pontic - resin with profem. base metal S394.00 D2626 Pontic - resin with profem. base metal S394.00 D2627 Pontic - resin with profem. base metal S394.00 D2628 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem metal S394.00 D2629 Pontic - resin with profem. base metal S394.00 D2629 Pontic - resin with profem metal S394.00 D2629 Pontic - resin with profem metal S394.00 D2620 Pontic - resin with profem metal S394.00 D2621 Pontic - resin with profem metal S394.00 D2622 Pontic - resin with profem metal S394.00 D2623 Pontic - resin with profem metal S394.00 D2624 Pontic - pontic - resin with profem metal S394.00 D2625 Pontic - resin with profem metal S394.00 D2626 Pontic - resin with profem me			\$111.00			
D2952 Cast post and core in addition to crown* D2953 Each additional cast post-a same tooth* D2954 Profish, post and core in addition to crown D2954 Profish, post and core in addition to crown D2971 Additional procedures to construct new crown under estisting partial demure framework D2017 Pontic - cast high noble metal* D2018 Pontic - cast predominantly base metal D2018 Pontic - porcelain fused to high noble metal* D2040 Pontic - porcelain fused to predom. base metal D2041 Pontic - porcelain fused to predom. base metal D2042 Pontic - porcelain fused to brobe metal D2042 Pontic - porcelain fused to brobe metal D2043 Pontic - porcelain fused to brobe metal D2044 Pontic - porcelain fused to brobe metal D2045 Pontic - resin with high noble metal* D2046 Pontic - resin with high noble metal* D2051 Pontic - resin with predom base metal D2052 Pontic - resin with noble metal* D2053 Pontic - resin with noble metal* D2063 Recement fixed partial denture retainer D20670 Crown - full cast high noble metal* D20670 Crown - full cast high noble metal* D2071 Cast post as part of fixed partial denture retainer D2071 Cast post as part of fixed partial denture retainer D2072 Pulp cap - indirect (excluding final restoration) D2072 Drippal derividement, printury and permanent tech D2073 Pulpal therapy (resorbable filling) - posterior, printury contic (excluding final restoration) D2074 Pulpal therapy (resorbable filling) - posterior, printury other (excluding final restoration) D2074 Pulpal therapy (resorbable filling) - posterior, printury other (excluding final restoration) D2074 Pulpal therapy (resorbable filling) - posterior, printury other (excluding final restoration) D2074 Pulpal therapy (resorbable filling) - posterior, printury other (excluding final restoration) D2074 Pulpal therapy (resorbable filling) - posterior, printury other (excluding final restoration) D2074 Pulpal derivalement of previous root canal therapy - notar of printury of the posterior printury other (excluding final restoration) D2074 Pulpal therapy (reso			\$44.00	D4211		\$255.00
D2954 Profich post and core in addition to rerows   \$112.00   D2957 Each additional profich post - same tooth   \$112.00   D2957 Each additional profich post - same tooth   \$112.00   D2957 Each additional procedures to construct new crown under existing pratid detures framework   D2951 Profice - cast high noble metal*   \$394.00   D2951 Profice - procelain fused to high noble metal*   \$394.00   D240 Profice - procelain fused to high noble metal*   \$394.00   D2512 Profice - procelain fused to high noble metal*   \$394.00   D2525 Profice - procelain fused to high noble metal*   \$394.00   D2526 Profice - procelain fused to high noble metal*   \$394.00   D2527 Profice - procelain fused to high noble metal*   \$394.00   D2528 Profice - procelain fused to high noble metal*   \$394.00   D2529 Profice - procelain fused to high noble metal*   \$394.00   D2621 Profice - resis with profom base metal   \$394.00   D2622 Profice - resis with profom base metal   \$394.00   D2623 Profice - procelain fused to high noble metal*   \$394.00   D2624 Profice - procelain fused to high noble metal*   \$394.00   D2625 Profice - procelain fused to high noble metal*   \$394.00   D2626 Profice - procelain fused to high noble metal*   \$394.00   D2627 Profice - procelain fused to high noble metal*   \$394.00   D2628 Profice - procelain fused to high noble metal*   \$394.00   D2629 Profice - procelain fused to high noble metal*   \$394.00   D2620 Profice - procelain fused to high noble metal*   \$394.00   D2621 Profice - resis with profine bear metal*   \$394.00   D2622 Profice - procelain fused to high noble metal*   \$394.00   D2623 Profice - procelain fused to high noble metal*   \$394.00   D2624 Profice - procelain fused to high noble metal*   \$394.00   D2625 Profice - procelain fused to high noble metal*   \$394.00   D2626 Profice - procelain fused to high noble metal*   \$394.00   D2627 Profice - procelain fused to high noble metal*   \$394.00   D2628 Profice - procelain fused to high noble metal*   \$394.00   D2629 Profice - procelain fused to high noble me	D2952	Cast post and core in addition to crown*	\$132.00			
D2957 Each additional prefate, post—same tooth   S12.00   D2971 Additional procedures to construct new crown under existing partial denture framework   D210 Pontic - cast high noble metal*   S394.00   D221 Pontic - cast predominantly base metal   S394.00   D224 Pontic - porcelain fused to high noble metal*   S394.00   D224 Pontic - porcelain fused to predom. base metal   S394.00   D225 Pontic - resin with high noble metal*   S394.00   D226 Pontic - resin with high noble metal*   S394.00   D225 Pontic - resin with high noble metal*   S394.00   D225 Pontic - resin with predom. base metal   S394.00   D226 Pontic - resin with predom. base metal   S394.00   D227 Orown - porcelain fused to high noble metal*   S394.00   D228 Pontic - resin with noble metal   S394.00   D229 Total post of the portion of high noble metal*   S394.00   D220 Therapeutic pulpotomy (excluding final restoration)   S22.00   D320 Pontic - resin with noble metal   S394.00   D221 Data post of the p	D2953	Each additional cast post - same tooth*	\$132.00	D4260		\$387.00
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cesting partial denture framework  Dac11 Pontic - cast high noble metal*  S394.00  D6211 Pontic - cast high noble metal*  S394.00  D6240 Pontic - porcelain fissed to high noble metal*  S394.00  D6240 Pontic - porcelain fissed to predom, hase metal  S394.00  D6250 Pontic - porcelain fissed to predom, hase metal  S394.00  D6250 Pontic - porcelain fissed to be metal*  S394.00  D6250 Pontic - porcelain fissed to be metal*  S394.00  D6251 Pontic - porcelain fissed to be metal*  S394.00  D6252 Pontic - resin with high noble metal*  S394.00  D6253 Pontic - resin with high noble metal*  S394.00  D6250 Pontic - resin with predom hase metal  S394.00  D6250 Pontic - resin with noble metal  S394.00  D6250 Pontic - resin with noble metal  S394.00  D6250 Pontic - resin with noble metal  S394.00  D6390 Recement fixed partial denture  S394.00  D6390 Recement fixed partial denture  S494.00  D6490 Recement fixed partial denture  S494.00  D6590 Crown - full cast high noble metal*  S494.00  D6590 Crown - full cast high noble metal*  S494.00  D6590 Recement fixed partial denture  S494.00  D6590 Recement fixed	D2957	Each additional prefab. post - same tooth	\$112.00	D4261	Osseous surgery (including flap entry and closure) - one	\$368.00
De210 Pointic - cast high noble metal*  18394.00 18241 Pointic - cast predominantly hase metal 18394.00 18242 Pointic - porcelain fused to high noble metal* 18394.00 18252 Pointic - porcelain fused to moble metal 18394.00 18252 Pointic - resin with high noble metal 18394.00 18252 Pointic - resin with prodom, base metal 18394.00 18252 Pointic - resin with prodom, base metal 18394.00 18252 Pointic - resin with prodom, base metal 18394.00 18252 Pointic - resin with prodom, base metal 18394.00 18253 Pointic - resin with prodom, base metal 18394.00 18254 Pointic - resin with prodom, base metal 18394.00 18255 Pointic - resin with prodom, base metal 18394.00 18256 Pointic - resin with prodom, base metal 18394.00 18256 Pointic - resin with prodom, base metal 18394.00 18256 Pointic - resin with prodom, base metal 18394.00 18257 Pointic - resin with prodom, base metal 18394.00 18258 Pointic - resin with prodom, base metal 18394.00 18259 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18250 Pointic - resin with prodom, base metal 18394.00 18310 Pointic - resin with prodom, base metal 18394.00 18310 Pointic - resin with prodom, base metal 18394.00 18310 Point	D2971	1	\$107.00			
De211 Pontic - cast predominantly base metal De241 Pontic - porcelain fused to bigh noble metal* S394,00 De242 Pontic - resin with high noble metal* S394,00 De250 Pontic - resin with high noble metal* S394,00 De250 Pontic - resin with prodom. base metal S394,00 De251 Pontic - resin with prodom. base metal S394,00 De252 Pontic - resin with prodom. base metal S394,00 De252 Pontic - resin with prodom. base metal S394,00 De252 Pontic - resin with noble metal* S394,00 De253 Pontic - resin with noble metal* S394,00 De250 Pontic - resin with noble metal* S394,00 De3750 Crown - porcelain fused to high noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - porcelain fused to metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3750 Crown - full cast bigh noble metal* S394,00 De3760 Crown - full cast bigh noble metal* S394,00 De3760 Crown - full cast bigh noble metal* S394,00 De3760 Crown - full cast bigh noble metal* S394,00 De3760 Crown - full cast bigh noble metal* S394,00 De3760 Crown - full cast bigh noble metal* S394,00 De3760 Recement fixed partial denture S394,00 De3760 Pulp coronal to dentification of metal* S394,00 De3760 Pulp coronal to dentification of metal* S394,00 De3760 Pulp coronal						
Doc340 Pontic - prorelain fased to high noble metal*   S394.00     Doc340 Pontic - prorelain fased to noble metal   S394.00     Doc351 Pontic - resin with pide noble metal   S394.00     Doc352 Pontic - resin with pedom. base metal   S394.00     Doc352 Pontic - resin with pedom. base metal   S394.00     Doc352 Pontic - resin with poble metal   S394.00     Doc350 Crown - porcelain fased to high noble metal   S394.00     Doc360 Recement fixed partial denture   S394.00     Doc370 Crown - full cast high noble metal   S394.00     Doc370 The portic - resin with poble metal   S394.00			****	D4342		\$45.00
Doc341 Pontic - porcelain fiscot to noble metal   S394.00			****	D4355	•	\$31.00
D6242 Pontic - resin with high noble metal* D6259 Pontic - resin with high noble metal* D6251 Pontic - resin with predom. base metal D6252 Pontic - resin with predom. base metal D6252 Pontic - resin with noble metal* S394.00 D6750 Crown - porcelain fissed to high noble metal* S394.00 D6760 Crown - porcelain fissed to high noble metal* S394.00 D6790 Crown - full cast high noble metal* S394.00 D6791 Cast post as part of fixed partial denture retainer S060.00 D6971 Cast post as part of fixed partial denture retainer S060.00 D6971 Cast post as part of fixed partial denture retainer S0700DNTICS D3110 Pulp cap - direct (excluding final restoration) D3220 Pulpal cap - direct (excluding final restoration) D3220 Pulpal depropose (excluding final restoration) D3221 Pulpal debridement, primary and permanent teeth D3221 Pulpal debridement, primary and permanent teeth D3222 Pulpal debridement, primary and permanent teeth D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) D3300 [Root canal] - indirect (excluding final restoration) D3310 [Root canal] - bicuspid (excluding final restoration) D3340 Retreatment of previous root canal therapy - materior D3341 Retreatment of previous root canal therapy - materior D3341 Retreatment of previous root canal therapy - materior D3410 Apicoectomy/periradicular surgery - molar (first root) D3420 Retrograde filling - per root  BECOMMENT OF TOWN - periodic force per substance of previous root canal therapy - bicuspid (price periodicular surgery) - molar (first root) D3420 Retrograde filling - per root  BECOMMENT OF TOWN - partial denture - leaxible base (including any conventional clasps, rests and teeth) D520 Mandibular partial denture - flexible base (including any clasps, rests and teeth) D5210 Adjust complete denture - maxillary D520 Replace missing or broken t		1				,
D6250 Pontic - resin with high noble metal*  S394.00 D6251 Pontic - resin with predom. base metal S394.00 D6252 Pontic - resin with predom. base metal S394.00 D6252 Pontic - resin with noble metal S394.00 D6252 Pontic - resin with noble metal S394.00 D6250 Crown - prorelain fused to high noble metal* S394.00 D6250 Crown - prorelain fused to high noble metal S394.00 D6250 Crown - full cast high noble metal S394.00 D6260 Crown - full cast high noble metal S394.00 D6270 Crown - full cast high noble metal S394.00 D6270 Crown - full cast high noble metal S394.00 D6270 Crown - full cast high noble metal S394.00 D6270 Crown - full cast high noble metal S394.00 D6270 Crown - full cast high noble metal S394.00 D6271 Cast post as part of fixed partial denture retainer S22.00 D6271 Cast post as part of fixed partial denture retainer S22.00 D6271 Cast post as part of fixed partial denture retainer S22.00 D7310 Pulp cap - indirect (excluding final restoration) D7310 Pulp cap - indirect (excluding final restoration) D7310 Pulp cap - indirect (excluding final restoration) D7320 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) D7320 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D7320 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D7320 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D7320 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D7320 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D7330 [Root canal] - molar (excluding		•		PROST	THODONTICS-REMOVABLE*	
D6251 Pontic - resin with predom. base metal \$394.00 D6252 Pontic - resin with noble metal \$394.00 D6750 Crown - porcelain fused to high noble metal* \$394.00 D6750 Crown - porcelain fused to high noble metal* \$394.00 D6760 Crown - full cast high noble metal* \$394.00 D6760 Crown - full cast high noble metal* \$394.00 D6760 Crown - full cast high noble metal* \$394.00 D6760 Crown - full cast high noble metal* \$394.00 D6760 Crown - full cast high noble metal* \$394.00 D6760 Crown - full cast high noble metal* \$394.00 D6770 Cast post as part of fixed partial denture retainer \$194.00 D6771 Cast post as part of fixed partial denture retainer \$194.00 D7871 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7871 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$194.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 Cast post as part of fixed partial denture retainer \$120.00 D7872 Cast post as part of fixed partial denture retainer p		•	****	D5110	Complete denture - maxillary**	\$603.00
D6252 Pontic - resin with noble metal D6790 Crown - porcelain fused to high noble metal* S394.00 D6790 Crown - porcelain fused to high noble metal* S394.00 D690 Recement fixed partial denture S66.00 D6911 Cast post as part of fixed partial denture retainer ENDODONTICS  D3110 Pulp cap - direct (excluding final restoration) D3220 Therapeutic pulpotomy (excluding final restoration) D3220 Therapeutic pulpotomy (excluding final restoration) D3221 Pulpal debridement, primary and permanent teeth D3221 Pulpal debridement, primary and permanent teeth D3230 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D33010 [Root canal] - incitror (excluding final restoration) D3302 [Root canal] - bicuspid (excluding final restoration) D3303 [Root canal] - bicuspid (excluding final restoration) D3340 Retreatment of previous root canal therapy - molar D3410 Apicoectomy/periradicular surgery - molar (first root) D3410 Apicoectomy/periradicular surgery - bicuspid (first root) D3421 Apicoectomy/periradicular surgery - bicuspid (first root) D3426 Apicoectomy/periradicular surgery - bicuspid (first root) D3430 Retrograde filling - per root D340 Retreatment of previous root canal therapy - molar (first root) D3410 Retreatment of previous root canal therapy - molar (first root) D3410 Apicoectomy/periradicular surgery - molar (first root) D3410 Apicoectomy/periradicular surgery - bicuspid (first root) D3421 Apicoectomy/periradicular surgery - bicuspid (first root) D3422 Apicoectomy/periradicular surgery - bicuspid (first root) D3423 Retreatment of previous root canal therapy - molar (first root) D3426 Apicoectomy/periradicular surgery - bicuspid (first root) D3427 Apicoectomy/periradicular surgery - bicuspid (first root) D3428 Retreatment of previous root canal therapy - molar (first root) D3429 Apicoectomy/periradicular surgery - molar (first root) D3410 Apicoectomy/periradicular surgery - bicuspid (first root) D3410 Apicoectomy/periradicular surgery - bicuspid (first root) D3410 Apicoectomy/perir			****	D5211		\$603.00
De750 Crown - porcelain fused to high noble metal*   S394.00   De790 Crown - full cast high noble metal*   S394.00   De791 Cast post as part of fixed partial denture retainer   S194.00   De797 Cast post as part of fixed partial denture retainer   S194.00   De798 Do790NTICS   D3110 Pulp cap - direct (excluding final restoration)   S22.00   D3120 Pulp cap - indirect (excluding final restoration)   S22.00   D3120 Therapeutic pulpotomy (excluding final restoration)   S58.00   D3220 Therapeutic pulpotomy (excluding final restoration)   S58.00   D3221 Pulpal debridement, primary and permanent teeth   S58.00   D3222 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)   S102.00   D3320 [Root canal] - molar (excluding final restoration)   S102.00   D3330 [Root canal] - molar (excluding final restoration)   S3330 [Root canal] - molar (excluding final restoration)   S3330 [Root canal] - molar (excluding final restoration)   S3348 Retreatment of previous root canal therapy - molar   S48.00   D3410 Apicoectomy/periradicular surgery - anterior   S273.00   D3421 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3426 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3426 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3426 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3421 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3426 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3427 Apicoectomy/periradicular surgery - molar (first root)   S2730   D3428 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3429 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3420 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3421 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3420 Apicoectomy/periradicular surgery - bicuspid (first root)   S2730   D3420 Apicoectomy/periradicular surgery - bicuspid (first ro		-	****		• • • • • • • • • • • • • • • • • • • •	
D6790 Crown - full cast high noble metal*   S394.00				D5213		\$793.00
D6930 Recement fixed partial denture   S66.00						
D871   Cast post as part of fixed partial denture retainer   S194.00				D5225		\$793.00#
Clasps, rests and teeth   D3110   Pulp cap - direct (excluding final restoration)   S22.00   D3120   Pulp cap - indirect (excluding final restoration)   S12.00   D3220   Therapeutic pulpotomy (excluding final restoration)   S88.00   Empilication of medicament   D3221   Pulpal debridement, primary and permanent teeth   S58.00   D3220   Pulpal debridement, primary and permanent teeth   S58.00   D3230   Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)   S40.00   D3320   Root canal] - anterior (excluding final restoration)   S125.00   D3330   [Root canal] - anterior (excluding final restoration)   S125.00   D3330   Root canal] - anterior (excluding final restoration)   S289.00   D3347   Retreatment of previous root canal therapy - molar   D3348   Retreatment of previous root canal therapy - molar   D3421   Apicoectomy/periradicular surgery - anterior   S273.00   D3426   Apicoectomy/periradicular surgery - molar (first root)   D3430   Retrograde filling - per root   S68.00   D3430   Retrograde filling - per roo			*			
D3110 Pulp cap - direct (excluding final restoration) D3120 Pulp cap - indirect (excluding final restoration) D3220 Therapeutic pulpotomy (excluding final restoration) D3221 Pulpal debridement, primary and permanent teeth D3221 Pulpal debridement, primary and permanent teeth D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D3230 [Root canal] - anterior (excluding final restoration) D3330 [Root canal] - bicuspid (excluding final restoration) D3340 Retreatment of previous root canal therapy - anterior D3341 Apicoectomy/periradicular surgery - anterior D3410 Apicoectomy/periradicular surgery - bicuspid (first root) D3422 Apicoectomy/periradicular surgery - molar (first root) D3430 Retrograde filling - per root D3430 Retrograde filling - per root D3430 Retrograde filling - per root D340 Apicoectomy/periradicular surgery (ea. add'l. root) D340 Retrograde filling - per root D3410 Apicoectomy/periradicular surgery (ea. add'l. root) D3420 Apicoectomy/periradicular surgery (ea. add'l. root) D3430 Retrograde filling - per root D3410 Apicoectomy/periradicular surgery (ea. add'l. root) D3420 Apicoectomy/periradicular surgery (ea. add'l. root) D3430 Retrograde filling - per root D3430 Retrograde filling - pe			\$194.00	D5226	1	\$793.00#
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament  D3221 Pulpal debridement, primary and permanent teeth  D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3310 [Root canal] - anterior (excluding final restoration)  D3320 [Root canal] - bicuspid (excluding final restoration)  D3340 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - bicuspid  D3410 Apicocetomy/periradicular surgery - molar  D3421 Apicocetomy/periradicular surgery - molar (first root)  D3426 Apicocetomy/periradicular surgery (ea. add'l. root)  D3430 Retrograde filling - per root  D3430 Retrogra	D3110	Pulp cap - direct (excluding final restoration)	\$22.00	D5410	Adjust complete denture - maxillary	\$20.00
removal of pulp coronal to dentinocemental junction and application of medicament  D3221 Pulpal debridement, primary and permanent teeth  D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3310 [Root canal] - anterior (excluding final restoration)  D3330 [Root canal] - bicuspid (excluding final restoration)  D3340 Retreatment of previous root canal therapy - anterior  D3341 Apicoectomy/periradicular surgery - anterior  D3424 Apicoectomy/periradicular surgery - bicuspid (first root)  D3425 Apicoectomy/periradicular surgery - molar (first root)  D3430 Retrograde filling - per root  Table 1. The proposition of medicament application of previous floating partial denture (sech sp. 200 box 40,00 box 40,0	D3120	Pulp cap - indirect (excluding final restoration)	\$12.00	D5421	Adjust partial denture - maxillary	\$20.00
D3221 Pulpal debridement, primary and permanent teeth D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D3210 [Root canal] - anterior (excluding final restoration) D3320 [Root canal] - bicuspid (excluding final restoration) D3330 [Root canal] - molar (excluding final restoration) D3340 Retreatment of previous root canal therapy - bicuspid D3341 Apicoectomy/periradicular surgery - anterior D3420 Apicoectomy/periradicular surgery - molar (first root) D3421 Apicoectomy/periradicular surgery - molar (first root) D3422 Apicoectomy/periradicular surgery - molar (first root) D3433 Retrograde filling - per root D34340 Retrograde filling - per root D3435 Retrograde filling - per root D345 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) S40.00 S40.0	D3220	removal of pulp coronal to dentinocemental junction and	\$58.00	D5520		\$67.00
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3310 [Root canal] - anterior (excluding final restoration)  D3320 [Root canal] - bicuspid (excluding final restoration)  D3330 [Root canal] - molar (excluding final restoration)  D3340 Retreatment of previous root canal therapy - anterior  D3341 Apicoectomy/periradicular surgery - molar (first root)  D3426 Apicoectomy/periradicular surgery - molar (first root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  S48.00  D3440 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  S40.00  D5510 Repair broken complete denture base  S92.00  D5500 Replace missing or broken teeth - complete denture (each tooth)  D5610 Repair resin denture base  S93.00  D5640 Replace missing or broken teeth - complete denture (each tooth)  S75.00  D5640 Repair resin denture base  S93.00  D5640 Replace missing or broken teeth - complete denture (each tooth)  S75.00  D5640 Replace missing or broken teeth - per tooth  S75.00  D5640 Replace missing or broken teeth - complete denture (each tooth)  S75.00  D5640 Replace missing or broken teeth - complete denture (each tooth)  S75.00  D5640 Replace missing or broken teeth - per tooth  S66.00  D5640 Replace missing or broken teeth - complete denture (each tooth)  S75.00  D5640 Replace missing or broken teeth - per tooth  S66.00  D5640 Replace missing or broken teeth - per tooth  S66.00  D5640 Replace missing or broken teeth - per tooth  S66.00  D5640 Replace missing or broken teeth - per tooth  S75.00  D5640 Replace missing or broken teeth - per tooth  S75.00  D5640 Replace missing or broken teeth - per tooth  S75.00  D5640 Replace missing or broken teeth - per tooth  S75.00  D5640 Relace missing or broken teeth - per tooth  S75.00  D5640 Relace missing or broken teeth - per tooth  S75.00  D5640 Relace missing or broken teeth - per too	D2221		050.00			\$101.00
tooth (excluding final restoration)  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3310 [Root canal] - anterior (excluding final restoration)  D3320 [Root canal] - bicuspid (excluding final restoration)  D3330 [Root canal] - molar (excluding final restoration)  D3346 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - bicuspid  D3348 Retreatment of previous root canal therapy - molar  D3410 Apicoectomy/periradicular surgery - anterior  D3421 Apicoectomy/periradicular surgery - bicuspid (first root)  D3426 Apicoectomy/periradicular surgery - molar (first root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  D3400 D3410 Retrograde filling - per root  D3			*			
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3310 [Root canal] - anterior (excluding final restoration)  D3320 [Root canal] - bicuspid (excluding final restoration)  D3330 [Root canal] - molar (excluding final restoration)  D3346 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - bicuspid  D3348 Retreatment of previous root canal therapy - molar  D3410 Apicoectomy/periradicular surgery - anterior  D3421 Apicoectomy/periradicular surgery - molar (first root)  D3425 Apicoectomy/periradicular surgery - molar (first root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  S48.00  D3410 Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and	D3230		\$40.00		1	
D3310 [Root canal] - anterior (excluding final restoration)  D3320 [Root canal] - bicuspid (excluding final restoration)  D3330 [Root canal] - molar (excluding final restoration)  D3346 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - bicuspid  D3348 Retreatment of previous root canal therapy - molar  D3410 Apicoectomy/periradicular surgery - anterior  D3421 Apicoectomy/periradicular surgery - bicuspid (first root)  D3425 Apicoectomy/periradicular surgery - molar (first root)  D3426 Apicoectomy/periradicular surgery (ea. add'l. root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  D340 Retrograde filling - per root  D3410 Repair resin denture base  D35610 Repair resin denture base  D5640 Replace broken teeth - per tooth  D5650 Add tooth to existing partial denture  \$218.00  D5710 Rebase complete maxillary partial denture  \$218.00  D5730 Reline complete maxillary denture (chairside)  D5740 Reline maxillary partial denture (laboratory)  D5760 Reline maxillary denture (laboratory)  D5760 Reline maxillary denture (laboratory)  D5760 Reline maxillary denture (laboratory)	D3240		\$40.00	D5520		\$67.00
D3320 [Root canal] - bicuspid (excluding final restoration)  D3330 [Root canal] - molar (excluding final restoration)  D3346 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - bicuspid  D3348 Retreatment of previous root canal therapy - molar  D3410 Apicoectomy/periradicular surgery - anterior  D3421 Apicoectomy/periradicular surgery - bicuspid (first root)  D3425 Apicoectomy/periradicular surgery - molar (first root)  D3426 Apicoectomy/periradicular surgery (ea. add'l. root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - pe	D3310		\$102.00		*	\$93.00
D3330 [Root canal] - molar (excluding final restoration)  D3346 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - bicuspid  D3348 Retreatment of previous root canal therapy - molar  D3410 Apicoectomy/periradicular surgery - anterior  D3421 Apicoectomy/periradicular surgery - bicuspid (first root)  D3425 Apicoectomy/periradicular surgery - molar (first root)  D3426 Apicoectomy/periradicular surgery (ea. add'l. root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  D3550 Add tooth to existing partial denture  \$115.00  D5710 Rebase complete maxillary partial denture  \$218.00  D5730 Reline complete maxillary partial denture (chairside)  \$222.00  D5740 Reline maxillary partial denture (laboratory)  D5750 Reline complete maxillary denture (laboratory)  \$233.00  D5760 Reline maxillary partial denture (laboratory)  D5760 Reline maxillary denture (laboratory)						\$75.00
D3346 Retreatment of previous root canal therapy - anterior D3347 Retreatment of previous root canal therapy - bicuspid D3348 Retreatment of previous root canal therapy - molar D3410 Apicoectomy/periradicular surgery - anterior D3421 Apicoectomy/periradicular surgery - bicuspid (first root) D3425 Apicoectomy/periradicular surgery - molar (first root) D3426 Apicoectomy/periradicular surgery (ea. add'l. root) D3430 Retrograde filling - per root D3430 Retrograd						\$87.00
D3347 Retreatment of previous root canal therapy - bicuspid D3348 Retreatment of previous root canal therapy - molar D3410 Apicoectomy/periradicular surgery - anterior D3421 Apicoectomy/periradicular surgery - bicuspid (first root) D3425 Apicoectomy/periradicular surgery - molar (first root) D3426 Apicoectomy/periradicular surgery (ea. add'l. root) D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  S273.00 S273.00 S273.00 S273.00 S273.00 S273.00 S273.00 D5740 Reline maxillary partial denture (chairside) S222.00 D5750 Reline complete maxillary denture (laboratory) S233.00 D5760 Reline maxillary partial denture (laboratory) S233.00 D7760 Reline maxillary partial denture (laboratory)	D3346	Retreatment of previous root canal therapy - anterior	\$305.00			
D3410 Apicoectomy/periradicular surgery - anterior \$273.00 D3421 Apicoectomy/periradicular surgery - bicuspid (first root) \$273.00 D3425 Apicoectomy/periradicular surgery - molar (first root) \$273.00 D3426 Apicoectomy/periradicular surgery (ea. add'l. root) \$92.00 D3430 Retrograde filling - per root \$68.00 D5740 Reline complete maxillary denture (chairside) \$222.00 D5750 Reline complete maxillary denture (laboratory) \$233.00 D5760 Reline maxillary partial denture (laboratory) \$233.00 D7760 Reline maxillary partial denture (laboratory) \$233.00		•	\$383.00			
D3421 Apicoectomy/periradicular surgery - anterior \$273.00 D3421 Apicoectomy/periradicular surgery - bicuspid (first root) \$273.00 D3425 Apicoectomy/periradicular surgery - molar (first root) \$273.00 D3426 Apicoectomy/periradicular surgery (ea. add'l. root) \$92.00 D3430 Retrograde filling - per root \$68.00  D5740 Reline maxillary partial denture (chairside) \$222.00 D5750 Reline complete maxillary denture (laboratory) \$233.00 D5760 Reline maxillary partial denture (laboratory) \$233.00 D7760 Reline maxillary partial denture (laboratory) \$233.00	D3348	Retreatment of previous root canal therapy - molar	\$488.00			
D3421 Apicoectomy/periradicular surgery - bicuspid (first root) D3425 Apicoectomy/periradicular surgery - molar (first root) D3426 Apicoectomy/periradicular surgery (ea. add'l. root) D3426 Apicoectomy/periradicular surgery (ea. add'l. root) D3430 Retrograde filling - per root  \$273.00 D5750 Reline complete maxillary denture (laboratory) \$233.00 D5760 Reline maxillary partial denture (laboratory) \$233.00 D7760 Reline maxillary partial denture (laboratory)			\$273.00			
D3426 Apicoectomy/periradicular surgery - molar (first root) D3426 Apicoectomy/periradicular surgery (ea. add'l. root)  D3430 Retrograde filling - per root  \$233.00  \$233.00  \$233.00  \$233.00  \$233.00  \$233.00  \$233.00  \$233.00  \$233.00  \$233.00  \$30.00  \$30.00  \$30.00  \$30.00  \$30.00  \$30.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$273.00			
D3426 Apicoectomy/periradicular surgery (ea. add'l. root)  D3430 Retrograde filling - per root  \$92.00 \$68.00  Seline maxillary partial denture (laboratory)  \$233.00  ORAL SURGERY  D7111 Extraction, coronal remnants - deciduous tooth  \$30.00  D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and	D3425	Apicoectomy/periradicular surgery - molar (first root)	\$273.00			
D3430 Retrograde filling - per root  \$68.00  D7111 Extraction, coronal remnants - deciduous tooth  \$30.00  D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and	D3426	Apicoectomy/periradicular surgery (ea. add'l. root)	\$92.00			\$233.00
D7140 Extraction, erupted tooth or exposed root (elevation \$30.00 and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and	D3430	Retrograde filling - per root	\$68.00			\$30.00
ciosure, as necessary					Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of	

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS		
ORAL	ORAL SURGERY(cont.)		OTHER (ADJUNCTIVE) SERVICES				
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone closure	\$68.00	D9110	Pallative (emergency) treatment of dental plan - minor procedure	\$25.00		
	,	***	D9215	Local anesthesia	\$0		
	Removal of impacted tooth - soft tissue	\$89.00	D9310 Consultation (diagnostic service provided by dentist or		\$25.00		
D7230	Removal of impacted tooth - partially bony	\$126.00		physician other than practitioner providing treattment)			
D7240	Removal of impacted tooth - completely bony	\$152.00	D9450	Case presentation, detailed and extensive treatment	\$0		
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications		\$152.00	ORTHODONTICS				
			D8080	Comprehensive orthodontic treatment of the adolescent	\$2,235.00		
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$68.00		dentition***			
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$86.00	D8090	Comprehensive orthodontic treatment of the adult dentition***	\$2,760.00		
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$129.00	D8660	Pre-orthodontic treatment visit [applied to treatment fee if patient proceeds with treatment]	\$30.00		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$129.00	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)*	\$265.00		
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$179.00					

#### 'Patient Pays' applies to those procedures provided by the member's primary care dentist or approved specialty dentist.

- \*All charges for crown and bridge are per unit. There will be an additional patient charge for the actual cost for gold/high noble metal including any upgrade in materials such as porcelain.
- \*\*Includes any adjustments for 6 months.
- \*\*\*Plan benefits are for active comprehensive orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding, and the retention phase. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of two years. For treatment plans extending beyond 24 months of active treatment, the patient will be subject to an office visit fee, not to exceed \$75 per month.

#These procedures are specialized and considered a limited benefit. For these procedures, the patient pays the listed copayment plus the difference between the dentist's usual fees for the applicable covered benefit and the dentist's usual fees for the specialized treatment. For example, for a maxillary partial denture with a flexible base (D5225), the patient would pay the copay plus the difference between the dentist's usual fee for this procedure and the usual fee for the covered benefit, a maxillary partial denture resin base (D5213).

This is a brief description of your DeltaCare dental plan. Please consult your Certificate of Coverage for the complete Schedule of Dental Benefits, as well as the terms and conditions of coverage and any limitations and exclusions. Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment Delta Dental is required to make.