

DELTA DENTAL EPO (PPO) – HENRICO

SCHEDULE A - DESCRIPTION OF BENEFITS AND COPAYMENTS

(FIXED DOLLAR COPAYMENT)

The benefits shown below are performed as deemed appropriate by the attending Delta PPO Dentist subject to the limitations and exclusions of the program. Please refer to the Limitations and Exclusions for further clarification of benefits. Enrollees should discuss all treatment options with their Delta Dental PPO Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the Delta Dental EPO (PPO) program and are not to be interpreted as CDT-2019 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association (ADA). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODES

COPAYMENT

I. DIAGNOSTIC

D0120	Periodic oral evaluation-established patient	No Cost
D0140	Limited oral evaluation—problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation – new or established patient	No Cost
D0160	Detailed and extensive oral evaluation—problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation – new or established patient	\$30.00
D0210	Intraoral - complete series of radiographic images – <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings - three radiographic images	No Cost
D0274	Bitewings - four radiographic images	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	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

II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> – adult – <i>2 per 12 month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning- adult (within the 12 month period)</i>	\$41.00
D1120	Prophylaxis <i>cleaning</i> – child – <i>2 per 12 month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning- child (within the 12 month period)</i>	\$30.00
D1206	Topical application of fluoride varnish – <i>child to age 19; 1 D1206 or D1208 per 12 month period</i>	No Cost
D1208	Topical application of fluoride excluding varnish – <i>child to age 19; 1 D1206 or D1208 per 12 month period</i>	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1510	Space maintainer - fixed - unilateral	\$85.00

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D1516	Space maintainer - fixed – bilateral - maxillary	\$85.00
D1517	Space maintainer - fixed – bilateral - mandibular	\$85.00
D1555	Removal of fixed space maintainer	\$10.00
D1575	Distal shoe space maintainer – fixed – unilateral	\$85.00

III. RESTORATIVE (Fillings)

Includes indirect pulp capping, bases, liners and acid etch procedures

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam -four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$75.00
D2390	Resin-based composite crown, anterior	\$69.00
D2391	Resin-based composite – one surface, posterior	\$35.00
D2392	Resin-based composite – two surfaces, posterior	\$45.00
D2393	Resin-based composite – three surfaces, posterior	\$65.00
D2394	Resin-based composite – four or more surfaces, posterior	\$85.00
D2510	Inlay - metallic - one surface [*]	\$360.00
D2520	Inlay - metallic - two surfaces [*]	\$360.00
D2530	Inlay - metallic - three or more surfaces [*]	\$360.00
D2542	Onlay - metallic - two surfaces [*]	\$415.00
D2543	Onlay - metallic - three surfaces [*]	\$415.00
D2544	Onlay - metallic - four or more surfaces [*]	\$415.00
D2740	Crown - porcelain/ceramic [†]	\$445.00
D2750	Crown - porcelain fused to high noble metal [*][†]	\$405.00
D2751	Crown - porcelain fused to predominately base metal [†]	\$360.00
D2752	Crown - porcelain fused to noble metal [†]	\$385.00
D2780	Crown - ¾ cast high noble metal [*]	\$405.00
D2781	Crown - ¾ cast predominately base metal	\$360.00
D2782	Crown - ¾ cast noble metal	\$385.00
D2790	Crown - full cast high noble metal [*]	\$405.00
D2791	Crown - full cast predominately base metal	\$360.00
D2792	Crown - full cast noble metal	\$385.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$35.00
D2920	Re-cement or re-bond crown	\$35.00
D2930	Prefabricated stainless steel crown - primary tooth	\$95.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$95.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$120.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$150.00
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins when required	\$120.00
D2951	Pin retention - per tooth, in addition to restoration	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated [*]	\$150.00
D2954	Prefabricated post and core in addition to crown – <i>base metal post; includes canal preparation</i>	\$120.00
D2960	Labial veneer (resin laminate) - chairside	\$65.00

IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$50.00
D3221	Pulpal debridement, primary and permanent teeth	\$50.00

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D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$160.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	\$185.00
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	\$255.00
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$210.00
D3347	Retreatment of previous root canal therapy - premolar	\$240.00
D3348	Retreatment of previous root canal therapy - molar	\$305.00
D3410	Apicoectomy - anterior	\$190.00
D3421	Apicoectomy - premolar (first root)	\$190.00
D3425	Apicoectomy - molar (first root)	\$190.00
D3426	Apicoectomy (each additional root)	\$75.00
D3430	Retrograde filling - per root	\$50.00

V. PERIODONTICS

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$60.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant	\$155.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces, per quadrant	\$80.00
D4245	Apically positioned flap	\$155.00
D4249	Clinical crown lengthening - hard tissue	\$170.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$305.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$155.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$225.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$175.00
D4266	Guided tissue regeneration- resorbable barrier, per site	\$295.00
D4267	Guided tissue regeneration- non-resorbable barrier, per site (includes membrane removal)	\$335.00
D4270	Pedicle soft tissue graft procedure	\$210.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$210.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$210.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$105.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$126.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$60.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation – <i>2 per 12 month period</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	\$45.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$60.00

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D4910	Periodontal maintenance – <i>limited to 2 treatments each 12 month period</i>	\$35.00
VI. PROSTHODONTICS, (removable)		
D5110	Complete denture - maxillary [**]	\$485.00
D5120	Complete denture - mandibular [**]	\$485.00
D5130	Immediate denture - maxillary [**]	\$485.00
D5140	Immediate denture - mandibular [**]	\$485.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) [**]	\$430.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) [**]	\$430.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [**]	\$560.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [**]	\$560.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) [**]	\$430.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) [**]	\$430.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [**]	\$560.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [**]	\$560.00
D5410	Adjust complete denture - maxillary	\$30.00
D5411	Adjust complete denture - mandibular	\$30.00
D5421	Adjust partial denture - maxillary	\$30.00
D5422	Adjust partial denture - mandibular	\$30.00
D5511	Repair broken complete denture base - mandibular	\$65.00
D5512	Repair broken complete denture base - maxillary	\$65.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$57.00
D5611	Repair resin denture base - mandibular	\$65.00
D5612	Repair resin denture base - maxillary	\$65.00
D5630	Repair or replace broken clasp - per tooth	\$75.00
D5640	Replace broken teeth - per tooth	\$63.00
D5650	Add tooth to existing partial denture	\$65.00
D5660	Add clasp to existing partial denture - per tooth	\$75.00
D5710	Rebase complete maxillary denture	\$175.00
D5711	Rebase complete mandibular denture	\$175.00
D5720	Rebase maxillary partial denture	\$175.00
D5721	Rebase mandibular partial denture	\$175.00
D5730	Reline complete maxillary denture (chairside)	\$100.00
D5731	Reline complete mandibular denture (chairside)	\$100.00
D5740	Reline maxillary partial denture (chairside)	\$100.00
D5741	Reline mandibular partial denture (chairside)	\$100.00
D5750	Reline complete maxillary denture (laboratory)	\$150.00
D5751	Reline complete mandibular denture (laboratory)	\$150.00
D5760	Reline maxillary partial denture (laboratory)	\$150.00
D5761	Reline mandibular partial denture (laboratory)	\$150.00
D5810	Interim complete denture (maxillary)	\$229.00
D5811	Interim complete denture (mandibular)	\$229.00
D5820	Interim partial denture (maxillary)	\$198.00
D5821	Interim partial denture (mandibular)	\$198.00
VII. MAXILLOFACIAL PROSTHETICS – NOT COVERED (D5900-D5999)		
VIII. IMPLANT SERVICES – NOT COVERED (D6000-D6199)		
IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in fixed partial denture [bridge])		
D6210	Pontic - cast high noble metal [*]	\$405.00

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D6211	Pontic - cast predominantly base metal	\$360.00
D6212	Pontic - cast noble metal	\$385.00
D6240	Pontic - porcelain fused to high noble metal [*][†]	\$405.00
D6241	Pontic - porcelain fused to predominantly base metal [†]	\$360.00
D6242	Pontic - porcelain fused to noble metal [†]	\$385.00
D6245	Pontic - porcelain/ ceramic	\$400.00
D6602	Retainer inlay - cast high noble metal, two surfaces [*]	\$405.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces [*]	\$405.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$360.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$360.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$385.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$385.00
D6610	Retainer onlay - cast high noble metal, two surfaces[*]	\$405.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces[*]	\$405.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$360.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$360.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$385.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$385.00
D6740	Retainer crown – porcelain / ceramic	\$445.00
D6750	Retainer crown – porcelain fused to high noble metal [*][†]	\$405.00
D6751	Retainer crown – porcelain fused to predominantly base metal [†]	\$360.00
D6752	Retainer crown – porcelain fused to noble metal [†]	\$385.00
D6780	Retainer crown – ¾ cast high noble metal [*]	\$405.00
D6781	Retainer crown – ¾ cast predominantly base metal	\$360.00
D6782	Retainer crown – ¾ cast noble metal	\$385.00
D6790	Retainer crown – full cast high noble metal [*]	\$405.00
D6791	Retainer crown – full cast predominantly base metal	\$360.00
D6792	Retainer crown – full cast noble metal	\$385.00
D6930	Re-cement or re-bond fixed partial denture	\$18.00

X. ORAL AND MAXILLOFACIAL SURGERY

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D7111	Extraction, coronal remnants – primary teeth	\$5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$35.00
D7220	Removal of impacted tooth – soft tissue	\$30.00
D7230	Removal of impacted tooth – partially bony	\$65.00
D7240	Removal of impacted tooth – completely bony	\$85.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$85.00
D7250	Removal of residual tooth roots (cutting procedure)	\$35.00
D7260	Oroantral fistula closure	\$85.00
D7261	Primary closure of a sinus perforation	\$85.00
D7270	Tooth re-implantation and/or stabilization if accidentally evulsed or displaced tooth	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$55.00
D7286	Incisional biopsy of oral tissue – soft	\$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$55.00
D7450	Removal of benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor- lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost

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D7485	Surgical reduction of osseous tuberosity	\$55.00
D7510	Incision and drainage of abscess – intraoral soft tissue	No Cost
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

XI. ORTHODONTICS

D8050	Interceptive orthodontic treatment of the primary dentition - <i>banding</i>	\$375.00
D8060	Interceptive orthodontic treatment of the transitional dentition - <i>banding</i>	\$375.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>banding</i>	\$400.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>banding</i>	\$400.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>banding</i>	\$400.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$50.00
D8670	Periodic orthodontic treatment visit (<i>as part of contract</i>)	
	Children - up to 19th birthday; 24 month treatment fee	\$1,500.00
	Charge per month for 24 months	\$63.00
	Adults - 24 month treatment fee	\$2,000.00
	Charge per month for 24 months	\$83.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	\$300.00
D8999	Unspecified orthodontic procedure, by report	\$150.00

Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding, and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. For treatment plans extending beyond 24 months of active treatment, the Subscriber will be subject to an additional fee.

XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain-minor procedure	No Cost
D9222	Deep sedation/general anesthesia – first 15 minutes	\$87.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$58.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$87.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$58.00
D9310	Consultation - diagnostic services provided by a dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with a medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours)- no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	\$45.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9944	Occlusal guard – hard appliance, full arch	\$135.00
D9945	Occlusal guard – soft appliance, full arch	\$135.00
D9943	Occlusal guard adjustment	\$30.00
D9951	Occlusal adjustment - limited	\$25.00
D9952	Occlusal adjustment - complete	\$140.00
D9991	Dental case management – addressing appointment compliance barriers	No Cost
D9992	Dental case management – care coordination	No Cost
D9993	Dental case management – motivational interviewing	No Cost
D9994	Dental case management – patient education to improve oral health literacy	No Cost
D9995	Teledentistry – synchronous; real-time encounter	No Cost
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	No Cost

Note: The limitations and exclusions are the standard limitations and exclusions for the Delta Dental PPO EPO Plan.

Optional means that Delta Dental will pay the allowance for the least expensive Dental Service that is necessary to restore the tooth or dental arch to contour and function, but only if that Dental Service is a Covered Benefit. You, or your Dependent, will be responsible for the remainder of the Dentist's fee if a more expensive Dental Service is selected.

*Base or noble metal is the Covered Benefit. If high noble metal (precious) is used for a crown, bridge, indirectly fabricated post and core, inlay or onlay, the Enrollee will be charged the additional laboratory cost of the high noble metal. An additional laboratory charge also applies to a titanium crown.

**Includes any adjustments for six months.

†Porcelain on molars is considered optional treatment.