DELTA DENTAL®

Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 2875-0001
Grand Traverse Metro Emergency Services Authority

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Non-EHB Covered Services – include all Covered Services that are not Essential Health Benefits (EHB) as defined by the Patient Protection and Affordable Care Act.	**Delta Dental PPO Dentist**	**Delta Dental Premier Dentist**	**Nonparticipating Dentist**
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	75%	75%	75%
Endodontic Services – root canals	75%	75%	75%
Periodontic Services – to treat gum disease	75%	75%	75%
Oral Surgery Services – extractions and dental surgery	75%	75%	75%
Other Basic Services – misc. services	75%	75%	75%
Relines and Repairs – to prosthetic appliances	75%	75%	75%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	up to age 19	up to age 19	up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment for Non-EHB Covered Services – $1,500 per person total per Benefit Year on all services except orthodontic services. $1,500 per person total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Out-of-Pocket Maximum Payment for Non-EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Deductible for Non-EHB Covered Services – None.

Waiting Period for Non-EHB Covered Services – Employees who are eligible for dental benefits are covered on the first day of the month following 60 days of employment.

Eligible People – All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date of termination.

Each of the Essential Health Benefits ("EHB") Covered Services set forth below at the end of this Summary of Dental Plan Benefits are considered to be Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended ("PPACA"), to the extent that such Covered Services are provided to an individual under the age of 19. The following Out-of-Pocket Maximums, Maximum Payments, Deductibles and Waiting Periods apply to Essential Health Benefits. To the extent an individual under the age of 19 receives a Covered Service listed as an Essential Health Benefit, such Covered Service will be subject to the exclusions and limitations found in the Certificate. An individual will be considered under the age of 19 until the end of the Calendar Year in which the individual attains the age of 19.

EHB Covered Services (for individuals age 18 and under)	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	60%	60%
Oral Surgery Services – extractions and dental surgery	80%	60%	60%
Endodontic Services – root canals	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Relines and Repairs – prosthetic appliances	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
Major Services			
Prosthodontic Services – bridges, dentures, and crowns over implants	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams are payable twice per calendar year. Additional oral exams by a specialist are also payable twice per calendar year.
- Three prophylaxes (cleanings) are payable per calendar year.
- Topical fluoride treatments are payable twice in any calendar year for people age 18 and under. Four fluoride varnish are payable in any calendar year for children age 3 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Space maintainers are payable once per area (quadrant or arch) every two years for people age 13 and under.

In-Network Annual Out-of-Pocket Maximum for EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum for EHB Covered Services shall be $350 per Benefit Year, if this Certificate covers one Eligible Person age 18 and under, or $700 per Benefit Year, if this Certificate covers two or more Eligible Persons age 18 and under. Any Copayments, Deductibles or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided shall count toward that In-

Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; or (iii) Out-of-Network Dentists. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to an Eligible Person will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Annual Out-of-Pocket Maximum for EHB Covered Services –There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services – There are no annual or lifetime Maximum Payments for EHB Covered Services under This Certificate.

Deductibles for EHB Covered Services – None.

Waiting Period for EHB Covered Services – There are no waiting periods for Eligible Persons age 18 and under seeking EHB Covered Services.

EHB Covered Services

The following services are the specific EHB Covered Services under this Certificate to the extent they are received by an individual age 18 and under:

Diagnostic and Preventive Services
Examinations/Evaluations
D0120 – periodic oral evaluation
D0140 – limited oral evaluation – problem focused
D0145 – oral evaluation for a patient age 2 and under
D0150 – comprehensive oral evaluation
D0160 – detailed and extensive oral evaluation (problem focused)
D0180 – comprehensive periodontal evaluation
D0190 – screening of a patient
D9440 – office visit – after regularly scheduled hours
Cleanings (Prophylaxes)
D1110 – prophylaxis – adult
D1120 – prophylaxis – child
Fluoride Treatment
D1206 – topical fluoride varnish
D1208 – topical application of fluoride (prophylaxis not included)
Space Maintainers
D1510 – space maintainer – fixed – unilateral – per quadrant
D1516 – space maintainer – fixed – bilateral, maxillary
D1517 – space maintainer – fixed – bilateral, mandibular
D1520 – space maintainer – removable – unilateral – per quadrant
D1526 – space maintainer – removable – bilateral, maxillary
D1527 – space maintainer – removable – bilateral, mandibular
D1551 – re-cement or re-bond of bilateral space maintainer – maxillary
D1552 – re-cement or re-bond of bilateral space maintainer - mandibular
D1553 – re-cement or re-bond of unilateral space maintainer – per quadrant
D1556 – removal of fixed unilateral space maintainer – per quadrant
D1557 – removal of fixed bilateral space maintainer - maxillary
D1558 – removal of fixed bilateral space maintainer - mandibular
D1575 – distal shoe – fixed, unilateral- per quadrant
Brush Biopsy
D0486 – accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
D7288 – brush biopsy – transepithelial sample collection
Emergency Palliative Treatment
D9110 – palliative (emergency) minor dental treatment
Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts
D0210 – intraoral-complete series (including bitewings)
D0330 – panoramic film
D0220 – intraoral – periapical first film
D0230 – intraoral – periapical each addl film
D0240 – intraoral – occlusal film
D0250 – extraoral – 2D projection radiographic image
D0251 – extraoral - posterior image
D0270 – bitewing – single film
D0272 – bitewings – two films
D0273 – bitewings – three films
D0274 – bitewings – four films
D0277 – bitewing, vertical – 7 to 8 films
D0999 – unspecified diagnostic procedure, by report
Sealants
D1351 – sealant – per tooth – unrestored permanent molars
D1353 – sealant repair – per tooth
D1354 – interim caries arresting medicament application – per tooth
Basic Services
Minor Restorative Services (local anesthesia is considered to be part of restorative procedures)
D2140 – amalgam – one surface, primary or permanent
D2150 – amalgam – two surfaces, primary or permanent
D2160 – amalgam – three surfaces, primary or permanent
D2161 – amalgam – four or more surfaces, primary or permanent
D2330 – resin – based composite – one surface, anterior
D2331 – resin – based composite – two surfaces, anterior
D2332 – resin – based composite – three surfaces, anterior

D2335 – resin – based composite – four or more surfaces, anterior
D2390 – resin – based composite crown, anterior
- ❖ Benefits for composite resin restorations on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam restoration.

D2940 – sedative filling
D2951 – pin retention – per tooth, in addition to restoration
D2910 – recement inlay, only or partial coverage restoration
D2915 – recement cast or prefabricated post and core
D2920 – recement crown
D2980 – crown repair, by report
D2981 – inlay repair, by report
D2982 – onlay repair, by report
D2983 – veneer repair, by report
D2999 – unspecified procedure, by report

Oral Surgery Services

D7111 – extraction, coronal remnants – primary tooth
D7140 – extraction, erupted tooth or exposed root
D7210 –removal of erupted tooth
D7220 – removal of impacted tooth – soft tissue
D7230 – removal of impacted tooth – partial bony
D7240 – removal of impacted tooth – completely bony
D7241 – removal of impacted tooth – completely bony, with unusual surgical complications
D7250 –removal of residual tooth roots
D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 – exposure of an unerupted tooth
D7282 – mobilization of erupted or malpositioned tooth to aid eruption
D7283 – placement of device to facilitate eruption of impacted tooth
D7286 – biopsy of soft tissue – soft
D7290 – surgical repositioning of teeth
D7291 – transseptal fiberotomy/supra crestal fiberotomy
D7310 – alveoloplasty, in conjunction with extractions – four or more teeth, per quadrant
D7311 – alveoloplasty, in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320 – alveoloplasty, not in conjunction with extractions – four or more teeth, per quadrant
D7321 – alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7960 – frenulectomy (frenectomy or frenotomy)
D7963 – frenuloplasty
D7970 – excision of hyperplastic tissue – per arch
D7972 – surgical reduction of fibrous tuberosity
D7999 – unspecified oral surgery procedure, by report
D7510 – incision and drainage of abscess – intraoral soft tissue
D7511 – incision and drainage of abscess – intraoral soft tissue – complicated
D7910 – suture of recent small wounds up to 5 cm
D7971 – excision of pericoronal gingiva

Endodontic Services

D3220 – therapeutic pulpotomy (excluding final restoration)
D3221 – pulpal debridement, primary or permanent teeth
D3222 – partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
D3230 – pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 – pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
D3310 – anterior (excluding final restoration)
D3320 – premolar tooth (excluding final restoration)
D3330 – molar tooth (excluding final restoration)
D3331 – treatment of root canal obstruction; non–surgical access
D3332 – incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333 – internal root repair of perforation defects
D3346 – retreatment of previous root canal therapy – anterior
D3347 – retreatment of previous root canal therapy – premolar tooth
D3348 – retreatment of previous root canal therapy – molar
D3351 – apexification/recalcification – initial visit (apical closure calcific repair or perforations, root resorptions)
D3352 – apexification/recalcification – interim visit
D3353 – apexification/recalcification – final visit
D3355 – pulpal regeneration – initial visit
D3356 – pulpal regeneration – interim medication replacement
D3357 – pulpal regeneration – completion of treatment
D3410 – apicoectomy surgery – anterior
D3421 – apicoectomy surgery – premolar tooth (first root)
D3425 – apicoectomy surgery – molar (first root)
D3426 – apicoectomy surgery – (each addl root)
D3430 – retrograde filling – per root
D3450 – root amputation – per root
D3920 – hemisection (including any root removal)
D3999 – unspecified endodontic procedure, by report

Periodontic Services

D4210 – gingivectomy or gingivoplasty – four or more teeth
D4211 – gingivectomy or gingivoplasty – one to three teeth
D4240 – gingival flap procedure, including root planing – four or more teeth
D4241 – gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth or bounded teeth spaces
D4245 – apically positioned flap
D4249 – clinical crown lengthening – hard tissue
D4320 – provisional splinting – intracoronal
D4321 – provisional splinting – extracoronal
D4341 – periodontal scaling and root planing, four or more teeth
D4342 – periodontal scaling and root planing, one to three teeth
D4346 – scaling in presence of moderate or severe gingival inflammation
- ❖ Benefits for prophylaxis including periodontal maintenance or scaling in the presence of moderate or severe gingival inflammation are payable twice in any Benefit Year. Benefits for full mouth debridement is payable once in a lifetime.

D4355 – full mouth debridement
D4910 – periodontal maintenance procedures

D4999 – unspecified periodontal procedure, by report

Relines and Repairs

D5410 – adjust complete denture – maxillary
D5411 – adjust complete denture – mandibular
D5421 – adjust partial denture – maxillary
D5422 – adjust partial denture – mandibular
D5511 – repair broken complete denture base, mandibular
D5512 – repair broken complete denture base, maxillary
D5520 – replace missing or broken teeth – complete denture
D5611 – repair resin denture base, mandibular
D5612 – repair resin denture base, maxillary
D5621 – repair cast framework, mandibular
D5622 – repair cast framework, maxillary
D5630 – repair or replace broken clasp, per tooth
D5640 – replace broken teeth – per tooth
D5650 – add tooth to existing partial denture
D5660 – add clasp to existing partial denture, per tooth
D5670 – replace all teeth and acrylic on cast metal framework (maxillary)
D5671 – replace all teeth and acrylic on cast metal framework (mandibular)
D5710 – rebase complete maxillary denture
D5711 – rebase complete mandibular denture
D5720 – rebase maxillary partial denture
D5721 – rebase mandibular partial denture
D5730 – reline complete maxillary denture
D5731 – reline complete mandibular denture
D5740 – reline maxillary partial denture
D5741 – reline mandibular partial denture
D5750 – reline complete maxillary denture (laboratory)
D5751 – reline complete mandibular denture (laboratory)
D5760 – reline maxillary partial denture (laboratory)
D5761 – reline mandibular partial denture (laboratory)
D5850 – tissue conditioning denture (maxillary)
D5851 – tissue conditioning denture (mandibular)
D5899 – unspecified removable prosthodontic procedure
D5999 – unspecified procedure, by report
D6930 – recement fixed partial denture
D6980 – fixed partial denture repair by report

Other Basic Services

D0460 – pulp vitality tests
D0470 – diagnostic models
D9310 – consultation
D9222 – deep sedation/general anesthesia – first 15 min
D9223 – deep sedation/general anesthesia – each subsequent 15 min
D9239 – intravenous conscious sedation/analgesia – first 15 min
D9243 – intravenous conscious sedation/analgesia – each subsequent 15 min
D9248 – non–intravenous conscious sedation
D9920 – behavior management, by report
D9930 – treatment of complications (post–surgical)

Major Services

Major Restorative Services

D2542 – onlay – metallic – two surfaces
D2543 – onlay – metallic – three surfaces
D2544 – onlay – metallic – four or more surfaces
D2642 – onlay – porcelain/ceramic – two surfaces
D2643 – onlay – porcelain/ceramic – three surfaces
D2644 – onlay – porcelain/ceramic – four or more surfaces
D2662 – onlay – resin–based composite – two surfaces
D2663 – onlay – resin–based composite – three surfaces
D2664 – onlay – resin–based composite – four or more surfaces
D2710 – crown – resin–based composite (indirect)
D2712 – crown – 3/4 resin–based composite (indirect)
D2720 – crown – resin with high noble metal
D2721 – crown – resin with predominantly base metal
D2722 – crown – resin with noble metal
D2740 – crown – porcelain/ceramic
D2750 – crown – porcelain fused to high noble metal
D2751 – crown – porcelain fused to predominantly base metal
D2752 – crown – porcelain fused to noble metal
D2753 – crown – porcelain fused to titanium and titanium alloys
D2780 – crown – 3/4 cast high noble metal
D2781 – crown – 3/4 cast predominantly base metal
D2782 – crown – 3/4 cast noble metal
D2783 – crown – 3/4 porcelain/ceramic
D2790 – crown – full cast high noble metal
D2791 – crown – full cast predominantly base metal
D2792 – crown – full cast noble metal
D2794 – crown – titanium
D2799 – provisional crown

- Benefits for plastic, resin, porcelain fused to metal, porcelain and porcelain/ceramic crowns or onlays on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for a full metal crown or metallic onlay.
- Benefits for inlays, regardless of the material used, are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.

D2929 – prefabricated porcelain/ceramic crown – primary tooth
D2930 – prefabricated stainless steel crown – primary tooth
D2931 – prefabricated stainless steel crown – permanent tooth
D2932 – prefabricated resin crown
D2933 – prefabricated stainless steel crown with resin window
D2934 – prefabricated esthetic coated stainless steel crown – primary tooth
D2950 – core buildup, including pins
D2952 – cast post and core in addition to crown
D2954 – prefabricated post and core in addition to crown
D2955 – post removal
D2960 – labial veneer – (resin laminate) chairside
D2961 – labial veneer (resin laminate) – laboratory
D2962 – labial veneer (porcelain laminate) – laboratory
D2971 – additional procedures to construct new crown under existing partial denture framework

Prosthodontic Services

D5110 – complete denture – maxillary
D5120 – complete denture – mandibular
D5130 – immediate denture – maxillary
D5140 – immediate denture – mandibular
D5211 – maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5212 – mandibular partial denture – resin base (including any conventional clasps, rests and teeth)

D5213 – maxillary partial denture – cast metal framework – resin denture base (including any conventional clasps, rests and teeth)
D5214 – mandibular partial denture – cast metal framework – resin denture base (including any conventional clasps, rests and teeth)
D5221 – immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222 – immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223 - immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224 – immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225 – maxillary partial denture – flexible base (including any clasps, rests and teeth)
D5226 – mandibular partial denture – flexible base (including any clasps, rests and teeth)
D5282 – removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary
D5283 – removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular
D5284 – removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant
D5286 – removeable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant

- ❖ Benefits for overdentures are optional treatment. Delta Dental will pay only the amount that it would pay for a conventional denture.

D5820 – interim partial denture (maxillary)
D5821 – interim partial denture (mandibular)
D6210 – pontic – cast high noble metal
D6211 – pontic – cast predominantly base metal
D6212 – pontic – cast noble metal
D6214 – pontic – titanium
D6240 – pontic – porcelain fused to high noble metal
D6241 – pontic – porcelain fused to predominantly base metal
D6242 – pontic – porcelain fused to noble metal
D6243 – pontic – porcelain fused to titanium and titanium alloys
D6245 – pontic – porcelain/ceramic
D6250 – pontic – resin with high noble metal
D6251 – pontic – resin with predominantly base metal
D6252 – pontic – resin with noble metal
D6545 – retainer – cast metal for resin bonded fixed prosthesis
D6602 – inlay – cast high noble metal, two surfaces
D6603 – inlay – cast high noble metal, three or more surfaces
D6604 – inlay – cast predominantly base metal, two surfaces
D6605 – inlay – cast predominantly base, three or more surfaces
D6606 – inlay – cast noble metal, two surfaces
D6607 – inlay – cast noble metal, three or more surfaces
D6624 – inlay – titanium
D6610 – onlay – cast high noble metal, two surfaces
D6611 – onlay – cast high noble metal, three or more surfaces
D6612 – onlay – cast predominantly base metal, two surfaces
D6613 – onlay – cast predominantly base, three or more surfaces
D6614 – onlay – cast noble metal, two surfaces
D6615 – onlay – cast noble metal, three or more surfaces
D6634 – onlay – titanium
D6720 – retainer crown – resin with high noble metal
D6721 – retainer crown – resin with predominantly base metal
D6722 – retainer crown – resin with noble metal
D6750 – retainer crown – porcelain fused to high noble metal
D6751 – retainer crown – porcelain fused to predominantly base metal
D6752 – retainer crown – porcelain fused to noble metal
D6753 – retainer crown – porcelain fused to titanium and titanium alloys
D6780 – retainer crown – 3/4 cast high noble metal
D6781 – retainer crown – 3/4 cast predominantly base metal
D6782 – retainer crown – 3/4 cast noble metal
D6783 – retainer crown – 3/4 porcelain/ceramic
D6784 – retainer crown – 3/4 titanium and titanium alloys
D6790 – retainer crown – full cast high noble metal
D6791 – retainer crown – full cast predominantly base metal
D6792 – retainer crown – full cast noble metal
D6794 – retainer crown – titanium

- ❖ Benefits for porcelain/ceramic bridges on posterior teeth are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional fixed bridge.

D6999 – unspecified fixed prosthodontic procedure, by report