

Elevate Your Smile

5 ways to make the most of your dental plan



1 Visit an in-network dentist.
Your plan offers both in and out of network benefits. However, visit a dentist in the Delta Dental Medicare Advantage PPO Network¹ to save the most money. Find a dentist at www1.deltadentalins.com/sharphealthplanmedicare by using the Find a dentist form.

2 Seek preventive care.
Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

3 Plan for major dental work.
You can ask your dentist for a pre-treatment estimate before you begin extensive dental work. After we receive your dentist's proposed treatment plan, we'll send you and your dentist a copy of the pre-treatment estimate with your expected out of pocket cost for

covered services, as well as any applicable copayments, coinsurance, deductibles and maximums.

4 Talk to your dentist.
From osteoporosis to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

5 Stay informed.
Get tools and tips at our SmileWay® wellness library (deltadentalins.com/wellness). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

Contact us

For help with your dental plan, call Delta Dental's Customer Service at **800-390-3368**, Monday through Sunday, 8 am to 8 pm local time (Oct. 1 through March 31) or Monday through Friday, 8 am to 8 pm local time (April 1 through Sept. 30).

¹ You are responsible for any applicable deductibles, copay, amounts over plan maximums and charges for non-covered services. In-network dentists won't bill you for any amount over your copay.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental is a registered trademark of Delta Dental Plans Association.

Dental benefit addendum

Contract holder: Sharp Health Plan
Group number: 22433

Effective date: January 1, 2026
Monthly premium: \$55

Deductibles and maximums

	Delta Dental Medicare providers	Non-Delta Dental Medicare providers
Annual deductible per member	None	
Annual maximum per member	\$3,000 per calendar year	

Plan benefit levels¹

Delta Dental Medicare providers	Non-Delta Dental Medicare providers
Delta Dental will pay or otherwise discharge the maximum plan allowance minus the member copayment.	

¹ Reimbursement is based on Delta Dental Medicare provider contracted fees for all providers, including non-Medicare providers.

CDT codes

Code	Description	Member copay
D0999	Office visit	\$5
D0120	Periodic exam, 1 every 6 months	\$0
D0210	X-rays, complete series, 1 every 24 months	\$0
D1110	Cleaning, 1 every 6 months	\$15
D2330	Filling, 1 surface	\$55
D2740	Crown, porcelain/ceramic	\$425
D2750	Crown, porcelain fused to metal	\$425
D3330	Root canal, molar	\$375
D4341	Periodontal scaling and root planning, 4 or more teeth per quadrant, 4 quadrants per every 24 months	\$60
D4910	Periodontal cleaning	\$45
D5110	Complete denture, upper	\$395
D5213	Partial denture, upper	\$425
D5511	Repair broken complete denture base, mandibular	\$50
D5512	Repair broken complete denture base, maxillary	\$50
D5730	Reline complete denture, upper	\$50
D7140	Extraction, erupted tooth or exposed root	\$35
No code	Emergency Dental Service	\$100 allowance



Sharp Health Plan

Copayment

Effective Date: 1/1/2026

D0100-D0999 I. DIAGNOSTIC		ENROLLEE PAYS
D0120	PERIODIC ORAL EVALUATION – ESTABLISHED PATIENT	\$0.00
D0140	LIMITED ORAL EVALUATION – PROBLEM FOCUSED	\$0.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	\$0.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION – PROBLEM FOCUSED, BY REPORT	\$0.00
D0170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$0.00
D0171	RE-EVALUATION – POST-OPERATIVE OFFICE VISIT	\$5.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION – NEW OR ESTABLISHED PATIENT	\$0.00
D0190	SCREENING OF A PATIENT	\$0.00
D0191	ASSESSMENT OF A PATIENT	\$0.00
D0210	INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$0.00
D0220	INTRAORAL – PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0.00
D0230	INTRAORAL – PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$0.00
D0240	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE	\$0.00
D0270	BITEWING – SINGLE RADIOGRAPHIC IMAGE	\$0.00
D0272	BITEWINGS – TWO RADIOGRAPHIC IMAGES	\$0.00
D0273	BITEWINGS – THREE RADIOGRAPHIC IMAGES	\$0.00
D0274	BITEWINGS – FOUR RADIOGRAPHIC IMAGES	\$0.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0.00
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	\$0.00
D0460	PULP VITALITY TESTS	\$0.00
D0470	DIAGNOSTIC CASTS	\$0.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF	\$0.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$0.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF	\$0.00
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	\$0.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	\$0.00
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	\$0.00
D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY – IMAGE CAPTURE ONLY	\$0.00
D0704	3-D PHOTOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0706	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0707	INTRAORAL – PERIAPICAL RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0708	INTRAORAL – BITEWING RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0709	INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES – IMAGE CAPTURE ONLY	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$5.00
D1000-D1999 II. PREVENTIVE		ENROLLEE PAYS
D1110	PROPHYLAXIS – ADULT	\$15.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$0.00
D1510	SPACE MAINTAINER – FIXED, UNILATERAL – PER QUADRANT	\$100.00
D1516	SPACE MAINTAINER – FIXED – BILATERAL, MAXILLARY	\$150.00

D1517	SPACE MAINTAINER – FIXED – BILATERAL, MANDIBULAR	\$150.00
D1520	SPACE MAINTAINER – REMOVABLE, UNILATERAL – PER QUADRANT	\$100.00
D1526	SPACE MAINTAINER – REMOVABLE – BILATERAL, MAXILLARY	\$150.00
D1527	SPACE MAINTAINER – REMOVABLE – BILATERAL, MANDIBULAR	\$150.00
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MAXILLARY	\$10.00
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MANDIBULAR	\$10.00
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER – PER QUADRANT	\$10.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER – MAXILLARY	\$10.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER – MANDIBULAR	\$10.00
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL – PER QUADRANT	\$100.00
D2000-D2999 III. RESTORATIVE		ENROLLEE PAYS
D2140	AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT	\$27.00
D2150	AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT	\$32.00
D2160	AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT	\$37.00
D2161	AMALGAM – FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$50.00
D2330	RESIN-BASED COMPOSITE – ONE SURFACE, ANTERIOR	\$55.00
D2331	RESIN-BASED COMPOSITE – TWO SURFACES, ANTERIOR	\$65.00
D2332	RESIN-BASED COMPOSITE – THREE SURFACES, ANTERIOR	\$75.00
D2335	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$85.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$85.00
D2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	\$75.00
D2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	\$80.00
D2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	\$85.00
D2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	\$95.00
D2510	INLAY – METALLIC – ONE SURFACE	\$260.00
D2520	INLAY – METALLIC – TWO SURFACES	\$270.00
D2530	INLAY – METALLIC – THREE OR MORE SURFACES	\$280.00
D2542	ONLAY – METALLIC – TWO SURFACES	\$270.00
D2543	ONLAY – METALLIC – THREE SURFACES	\$290.00
D2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	\$300.00
D2610	INLAY – PORCELAIN/CERAMIC – ONE SURFACE	\$360.00
D2620	INLAY – PORCELAIN/CERAMIC – TWO SURFACES	\$370.00
D2630	INLAY – PORCELAIN/CERAMIC – THREE OR MORE SURFACES	\$380.00
D2642	ONLAY – PORCELAIN/CERAMIC – TWO SURFACES	\$370.00
D2643	ONLAY – PORCELAIN/CERAMIC – THREE SURFACES	\$390.00
D2644	ONLAY – PORCELAIN/CERAMIC – FOUR OR MORE SURFACES	\$400.00
D2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE	\$260.00
D2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES	\$270.00
D2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES	\$280.00
D2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES	\$270.00
D2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES	\$280.00
D2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES	\$300.00
D2710	CROWN – RESIN-BASED COMPOSITE (INDIRECT)	\$125.00
D2712	CROWN – ¾ RESIN-BASED COMPOSITE (INDIRECT)	\$125.00
D2720	CROWN – RESIN WITH HIGH NOBLE METAL	\$425.00
D2721	CROWN – RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D2722	CROWN – RESIN WITH NOBLE METAL	\$325.00
D2740	CROWN – PORCELAIN/CERAMIC SUBSTRATE	\$425.00
D2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$425.00

D2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$325.00
D2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	\$325.00
D2753	CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$425.00
D2780	CROWN – ¾ CAST HIGH NOBLE METAL	\$425.00
D2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	\$325.00
D2782	CROWN – ¾ CAST NOBLE METAL	\$325.00
D2790	CROWN – FULL CAST HIGH NOBLE METAL	\$425.00
D2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	\$325.00
D2792	CROWN – FULL CAST NOBLE METAL	\$325.00
D2794	CROWN – TITANIUM AND TITANIUM ALLOYS	\$425.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$20.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$20.00
D2920	RE-CEMENT OR RE-BOND CROWN	\$20.00
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	\$85.00
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH	\$80.00
D2931	PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH	\$80.00
D2940	PROTECTIVE RESTORATION	\$20.00
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	\$50.00
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$50.00
D2951	PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION	\$25.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$95.00
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH	\$50.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$70.00
D2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	\$45.00
D2971	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK.	\$65.00
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D3000-D39999 IV. ENDODONTICS		ENROLLEE PAYS
D3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
D3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$0.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$45.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$0.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$180.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$230.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$375.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$180.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$180.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR	\$280.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR	\$330.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR	\$475.00
D3410	APICOECTOMY – ANTERIOR	\$270.00
D3421	APICOECTOMY – PREMOLAR (FIRST ROOT)	\$335.00
D3425	APICOECTOMY – MOLAR (FIRST ROOT)	\$380.00
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$105.00

D3430	RETROGRADE FILLING – PER ROOT	\$50.00
D3450	ROOT AMPUTATION – PER ROOT	\$75.00
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$270.00
D3472	SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR	\$270.00
D3473	SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$270.00
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION – ANTERIOR	\$270.00
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION –PREMOLAR	\$270.00
D3503	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION –MOLAR	\$270.00
D4000-D4999 V. PERIODONTICS		ENROLLEE PAYS
D4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$260.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$50.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER	\$50.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$300.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$300.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$450.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$450.00
D4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	\$60.00
D4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH PER QUADRANT	\$60.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$20.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$60.00
D4910	PERIODONTAL MAINTENANCE	\$45.00
D4921	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT – PER QUADRANT	\$0.00
D5000-D5899 VI. PROSTHODONTICS (REMOVABLE)		ENROLLEE PAYS
D5110	COMPLETE DENTURE – MAXILLARY	\$395.00
D5120	COMPLETE DENTURE – MANDIBULAR	\$395.00
D5130	IMMEDIATE DENTURE – MAXILLARY	\$495.00
D5140	IMMEDIATE DENTURE – MANDIBULAR	\$495.00
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$300.00
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$300.00
D5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5214	MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$300.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$300.00

D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$475.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$475.00
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$300.00
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$300.00
D5410	ADJUST COMPLETE DENTURE – MAXILLARY	\$20.00
D5411	ADJUST COMPLETE DENTURE – MANDIBULAR	\$20.00
D5421	ADJUST PARTIAL DENTURE – MAXILLARY	\$20.00
D5422	ADJUST PARTIAL DENTURE – MANDIBULAR	\$20.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$50.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$50.00
D5520	REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE (EACH TOOTH)	\$25.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$50.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$50.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$90.00
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$90.00
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS – PER TOOTH	\$45.00
D5640	REPLACE BROKEN TEETH – PER TOOTH	\$25.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$45.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE – PER TOOTH	\$45.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$130.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$130.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$130.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$130.00
D5725	REBASE HYBRID PROSTHESIS	\$130.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$50.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$50.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$45.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$45.00
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
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE – INDIRECT	\$150.00
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	\$55.00
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	\$55.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$30.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$30.00
D6200-D6999	IX. PROSTHODONTICS, FIXED	ENROLLEE PAYS
D6210	PONTIC – CAST HIGH NOBLE METAL	\$425.00
D6211	PONTIC – CAST PREDOMINANTLY BASE METAL	\$325.00

D6212	PONTIC – CAST NOBLE METAL	\$325.00
D6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	\$425.00
D6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$325.00
D6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	\$325.00
D6245	PONTIC – PORCELAIN/CERAMIC	\$425.00
D6250	PONTIC – RESIN WITH HIGH NOBLE METAL	\$425.00
D6251	PONTIC – RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D6252	PONTIC – RESIN WITH NOBLE METAL	\$325.00
D6600	RETAINER INLAY – PORCELAIN/CERAMIC, TWO SURFACES	\$425.00
D6601	RETAINER INLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$425.00
D6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACES	\$270.00
D6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$280.00
D6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$270.00
D6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$280.00
D6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	\$270.00
D6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$280.00
D6608	RETAINER ONLY – PORCELAIN/CERAMIC, TWO SURFACES	\$425.00
D6609	RETAINER ONLY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$425.00
D6610	RETAINER ONLY – CAST HIGH NOBLE METAL, TWO SURFACES	\$270.00
D6611	RETAINER ONLY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$290.00
D6612	RETAINER ONLY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$270.00
D6613	RETAINER ONLY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$290.00
D6614	RETAINER ONLY – CAST NOBLE METAL, TWO SURFACES	\$270.00
D6615	RETAINER ONLY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$290.00
D6720	RETAINER CROWN – RESIN WITH HIGH NOBLE METAL	\$425.00
D6721	RETAINER CROWN – RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D6722	RETAINER CROWN – RESIN WITH NOBLE METAL	\$325.00
D6740	RETAINER CROWN – PORCELAIN/CERAMIC	\$425.00
D6750	RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$425.00
D6751	RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$325.00
D6752	RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL	\$325.00
D6753	RETAINER CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$425.00
D6780	RETAINER CROWN – ¾ CAST HIGH NOBLE METAL	\$425.00
D6781	RETAINER CROWN – ¾ CAST PREDOMINANTLY BASE METAL	\$325.00
D6782	RETAINER CROWN – ¾ CAST NOBLE METAL	\$325.00
D6784	RETAINER CROWN ¾ – TITANIUM AND TITANIUM ALLOYS	\$425.00
D6790	RETAINER CROWN – FULL CAST HIGH NOBLE METAL	\$425.00
D6791	RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL	\$325.00
D6792	RETAINER CROWN – FULL CAST NOBLE METAL	\$325.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$30.00
D6940	STRESS BREAKER	\$50.00
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY		ENROLLEE PAYS
D7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	\$35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS	\$35.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$65.00
D7220	REMOVAL OF IMPACTED TOOTH – SOFT TISSUE	\$65.00
D7230	REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY	\$65.00
D7240	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY	\$65.00

D7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$65.00
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$65.00
D7251	CORONECTOMY – INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	\$65.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	\$65.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$50.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$50.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$65.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$65.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$65.00
D7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	\$35.00
D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	\$0.00
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$65.00
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$0.00
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$0.00
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		ENROLLEE PAYS
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT	\$35.00
D9211	REGIONAL BLOCK ANESTHESIA	\$0.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$0.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0.00
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	\$0.00
D9310	CONSULTATION – DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$35.00
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	\$0.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) – NO OTHER SERVICES PERFORMED	\$5.00
D9440	OFFICE VISIT – AFTER REGULARLY SCHEDULED HOURS	\$50.00
D9912	PRE-VISIT PATIENT SCREENING	\$0.00
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	\$0.00
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	\$0.00
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	\$0.00
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	\$0.00
D9986	MISSED APPOINTMENT	\$15.00
D9987	CANCELLED APPOINTMENT	\$15.00
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES – PER VISIT	\$0.00
D9991	DENTAL CASE MANAGEMENT – ADDRESSING APPOINTMENT COMPLIANCE BARRIERS.	\$0.00
D9992	DENTAL CASE MANAGEMENT – CARE COORDINATION	\$0.00
D9995	TELEDENTISTRY – SYNCHRONOUS; REAL-TIME ENCOUNTER	\$0.00
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0.00
D9997	DENTAL CASE MANAGEMENT – PATIENTS WITH SPECIAL HEALTH CARE NEEDS	\$0.00

NOTE: The procedures described and maximum allowances indicated on this table are subject to the terms of the contract and Delta Dental processing policies. Any procedure not listed on this schedule is not covered. This plan may be updated to be CDT compliant.