DENTAL BENEFITS ADDENDUM

SHARP HEALTH PLAN

22433

Effective Date: January 1, 2027

California County: San Diego

Administered by:

Delta Dental of California

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INTRODUCTION

We are pleased to welcome you to the dental plan for **Sharp Health Plan**. Your plan is underwritten and administered by Delta Dental of California ("Delta Dental"). Our goal is to provide you with high quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

Using This Benefits Addendum

This Dental Benefit Addendum ("Plan"), which includes Attachment A, Deductibles, Maximums and Plan Benefit Levels, Attachment B, Services, Limitations and Exclusions and Attachment C, Dental Procedure Codes and Descriptions, discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the Plan works and how to obtain dental care. Please read this booklet completely and carefully. "We," "us" and "our" always refer to Delta Dental. Please read the Definitions section, which will explain any words that have special or technical meanings in this Plan.

The benefit explanations contained in this Plan booklet are subject to all provisions of the Contract on file with Sharp Health Plan ("Contractholder") and do not modify the terms and conditions of the Contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet.

Notice: *This Plan booklet is a summary of your dental plan and its accuracy should be verified before receiving treatment. This information is not a guarantee of covered Benefits, services or payments.*

Contact Us

For more information please visit (www1.deltadentalins.com/medicare/sharphealthplanmedicare.html) or call Delta Dental's Customer Service Center at (800) 390-3368 (TTY 711). A Customer Service Representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Participating Provider, explain Benefits, check the status of a claim, and assist you in filing a claim.

You can access Delta Dental's automated information line at (800) 390-3368 during regular business hours to obtain information about Member's eligibility and Benefits, or claim status, or to speak to a Customer Service Representative for assistance. If you prefer to write Delta Dental with your question(s), please mail your inquiry to the following address:

Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330

DEFINITIONS

Terms when capitalized in this Plan booklet have defined meanings, given in the section below or throughout the booklet sections.

Appeal -- is something you do if you disagree with a decision to deny a request for dental care services or payment for services you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our Plan doesn't pay for a service you think you should be able to receive.

Benefits -- the amounts that the Plan will pay for covered dental services.

Calendar Year -- the 12 months of the year from January 1st through December 31st.

Claim Form -- the standard form used to file a claim or request a Pre-Treatment Estimate.

Contract-- the Agreement between Sharp Health Plan and Delta Dental of California for the Provision of Dental Services.

Contractholder – Sharp Health Plan.

Deductible -- a dollar amount that a Member must pay for certain covered services before the Plan begins paying Benefits.

Delta Dental Participating Medicare Provider (Participating Provider) -- means a person licensed to practice dentistry when and where performed who has entered into a contract with Delta Dental agreeing to participate in this Medicare Advantage Plan and provide covered services to Members.

Delta Dental Participating Medicare Provider Contracted Fee (Participating Provider Contracted Fee) -- the fee for a Single Procedure covered under the Plan that a Participating Provider has contractually agreed to accept as payment in full for covered services.

Effective Date -- the original date the Plan starts. This date is given on this booklet's cover and Attachment A.

Emergency Service -- care furnished to a Member by a Dentist and needed to treat a dental condition which manifests as a symptom of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected by the Member to result in either: (i) placing the Member's dental health in serious jeopardy, or (ii) serious impairment to dental functions.

Maximum Plan Allowance -- the reimbursement under the Plan against which Delta Dental calculates the Plan's payment and the Member's financial obligation. Subject to adjustment for extreme difficulty or unusual circumstances, the Maximum Plan Allowance for services provided by a Participating Provider is the lesser of the Provider's Submitted Fee or the Participating Provider Contracted Fee.

Member -- a person with Medicare who is eligible to get covered services, who has enrolled in the Plan and whose enrollment has been confirmed by CMS.

Member Copayment -- the amount listed in Attachment C paid by a Member to a dentist for the Benefits provided under this Plan. Members are responsible for payment of all Copayments at the time treatment is received.

Non-Participating Medicare Provider (Non-Participating Provider) -- a dentist who has not entered into an agreement with Delta Dental to be a Participating Provider under this Medicare Advantage Plan.

Plan -- this dental plan which describes the Benefits, limitations, exclusions, terms and conditions of coverage for Members enrolled in Contractholder's Medicare Advantage Plan.

Plan Year -- the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.

Pre-Treatment Estimate -- an estimation of the allowable Benefits under the Plan for the services proposed.

Procedure Code -- the Current Dental Terminology® (CDT) number assigned to a Single Procedure by the American Dental Association.

Reasonable -- means that a Member exercises prudent judgment in determining that a dental emergency exists and makes at least one attempt to contact his/her Contract Dentist to obtain Emergency Services and, in the event the Dentist is not available, makes at least one attempt to contact Delta Dental for assistance before seeking care from another Dentist.

Single Procedure -- a dental procedure that is assigned a separate Procedure Code.

Submitted Fee -- the amount that the attending dentist bills and enters on a claim for a specific procedure.

Treatment in Progress -- means any single dental procedure, as defined by the CDT Code that has been started while the Memberwas eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Member continues to be eligible for Benefits under the plan. Examples include: teeth that have been prepared for crowns, root canals where a working length has been established, full or partial dentures for which an impression has been taken.

You, Your or Yourself -- the individual receiving dental services.

CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED

The Plan will pay Benefits for the dental services described in Attachment B. The Plan will pay Benefits only for covered services. The Plan covers several categories of dental services when a Participating Provider provides them and when they are necessary and within the standards of generally accepted dental practice standards. Claims shall be processed in accordance with Delta Dental's standard processing policies. The processing policies may be revised from time to time; therefore, Delta Dental shall use the processing policies that are in effect at the time the claim is processed. Delta Dental may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis. Limitations and Exclusions will be applied for the period during which you are a Member of the Plan.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the Benefit payable under the Plan. Even if the dentist bills separately for the primary procedure and each of its component parts, the total Benefit payable for all related charges will be limited to the maximum Benefit payable for the primary procedure.

Loss of Coverage

The Members coverage ends on the last day of the month or immediately when the Contract ends.

Member Copayments

The Plan will pay the Maximum Plan Allowance less the Member Copayment amount shown on Attachment C, Dental Procedure Codes and Descriptions. You are responsible for paying the Member Copayment at the time any treatment is received.

Maximum Amount

Most dental programs have a maximum amount. A maximum amount ("Maximum Amount" or "Maximum") is the total dollar amount the Plan will pay toward the cost of dental care. You are responsible for paying costs above this amount. The Maximum Amount payable, if any, is shown in Attachment A. The Maximum Amount may apply on a yearly basis, a per services basis, or a lifetime basis.

Pre-Treatment Estimate

Pre-Treatment Estimate requests are not required; however, your Participating Provider may file a Claim Form with Delta Dental before beginning treatment, showing the services to be provided to you. Delta Dental will estimate the amount of Benefits payable under the Plan for the listed services. By asking your dentist for a Pre-Treatment Estimate from Delta Dental before you agree to receive any prescribed treatment, you will have an estimate up front of what the Plan will pay and the difference you will need to pay. The Benefits will be processed according to the terms of the Plan when the treatment is actually performed. Pre-Treatment Estimates are valid for 365 days unless other services are received after the date of the Pre-Treatment Estimate, or until an earlier occurrence of any one of the following events:

- the date the Plan terminates;
- the date Benefits under the Plan are amended if the services in the Pre-Treatment Estimate are part of the amendment;
- the date your coverage ends; or
- the date the Participating Provider's agreement with Delta Dental ends.

A Pre-Treatment Estimate does not guarantee payment. It is an estimate of the amount the Plan will pay if you are enrolled and meet all the requirements of the Plan program at the time the treatment you have planned is completed. It may not take into account any Deductibles, so please remember to figure in your Deductible if necessary.

SELECTING YOUR PROVIDER

Free Choice of Dentist Within Network

We recognize that many factors affect the choice of dentist and therefore support your right to freely choose your treating dentist within your network. This assures that you have full access to the dental treatment you need from the dental office of your choice. You may see any Participating Provider for your covered treatment. In addition, you can see different Participating Providers within your network.

A Participating Provider is a Delta Dental provider who has agreed to provide covered services under this Medicare Advantage Plan. In order to receive Benefits under this Plan, the dental care you receive must be covered services. The Plan does not pay Benefits for dental care that are not covered services. We highly recommend you verify that the dentist is a Participating Provider in this Medicare Advantage Plan before each appointment to avoid balance billing from Non-Participating Providers. Review the section titled "How Claims Are Paid" for an explanation of payment procedures to understand the method of payments applicable to your Participating Provider selection.

Locating a Delta Dental Participating Provider

There are two ways in which you can locate a Participating Provider near you:

- You may access information through Sharp Health Plan website; or
- You may also call Delta Dental's Customer Service Center toll-free at (800) 390-3358 and a representative will assist you. Delta Dental can provide you with information regarding a Delta Dental Participating Provider's specialty and office location.

HOW CLAIMS ARE PAID

Payment for Services — Participating Provider

Selecting a Participating Provider allows the Member to obtain Benefits for covered services performed for you. Payment to a Participating Provider is calculated based on the Maximum Plan Allowance. Participating Providers agree to accept Delta Dental's Maximum Plan Allowance as payment in full for covered services which means you will only be responsible for the Member Copayment amount for the covered service.

The Plan's payment is sent directly to the Participating Provider who submitted the claim. Delta Dental will advise you of any charges not payable by the Plan for which you are responsible. These charges are generally your Member Copayment, as well as any Deductibles, if applicable, charges where the Maxmium Amount has been exceeded, if applicable, and/or charges for non-covered services.

Payment for Services – Non-Participating Provider

The Plan will pay Benefits for covered services provided by a Non-Participating Provider. However, a Non-Participating Provider may charge you more than the Maximum Plan Allowance payable under this Medicare Advantage Plan and you will be responsible for all Member Copayment charges, and any difference between what Delta Dental pays and the amount the Non-Participating Provider charges up to the Submitted Fee.

Delta Dental contracts with licensed dentists who participate in other dental plans offered by Delta Dental. Not all of these dentists agree or contract with Delta Dental to be a Participating Provider in this Plan. We therefore highly recommend that you verify that the dentist you select is a Participating Provider in this dental Plan before each appointment. The dentist may be under contract for another Delta Dental benefits plan but not necessarily this Plan for Sharp Health Plan beneficiaries.

How to Submit a Claim

Delta Dental does not require special claim forms. However, most dental offices have Claim Forms available. Participating Providers will fill out and submit your claims paperwork for you. If you wish to submit your own claim directly to Delta Dental, please refer to the section titled "Notice of Claim Form" for more information.

Your dental office should be able to assist you in filling out the claim form. Fill out the claim form completely and send it to:

Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330

CLAIMS APPEAL

Our commitment to you is to ensure not only quality of care, but also quality in the treatment process. This quality of treatment extends from the professional services provided by Participating Providers to the courtesy extended you by Delta Dental's telephone representatives. If you have any question or complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental or the quality of dental services performed by a Participating Provider, you have the right to file a grievance or appeal with Sharp Health Plan at (855) 562-8853.

GENERAL PROVISIONS

Clinical Examination

Before approving a claim, Delta Dental will be entitled to receive, to such extent as may be lawful, from any attending or examining dentist, or from hospitals in which dental care is provided, such information and records relating to attendance to or examination of, or treatment provided to you as may be required to administer the claim, or have you be examined by a dental consultant retained by us at the Plan's expense, in or near your community or residence. Delta Dental will in every case hold such information and records confidential.

Notice of Claim Form

Delta Dental will give you or your Provider, on request, a Claim Form to make claim for Benefits. To make a claim, the form should be completed and signed by the Participating Provider who performed the services and by the patient (or the parent or guardian if the patient is a minor) and submitted to us at the address above.

If the form is not furnished by Delta Dental within 15 days after requested by you or your Participating Provider, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to Delta Dental, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made. You or your Participating Provider may download a Claim Form from Delta Dental's website.

Written Notice of Claim/Proof of Loss

Delta Dental must be given written proof of loss within 12 months after the date of the loss. If it is not reasonably possible to give written proof in the time required, the claim will not be reduced or denied solely for this reason, provided proof is filed as soon as reasonably possible. In any event, proof of loss must be given no later than one year from such time (unless the claimant was legally incapacitated).

All written proof of loss must be given to Delta Dental within 12 months of the termination of the Plan.

Time of Payment

Claims payable under the Plan for any loss other than loss for which the Plan provides any periodic payment will be processed immediately after written proof of loss is received. Delta Dental will notify you and your Participating Provider of any additional information needed to process the claim.

To Whom Benefits Are Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a Participating Provider will be made directly to the dentist. Any other payments provided by the Plan will be made to you, unless you request when filing a proof of claim that the payment be made directly to the dentist providing the services. All Benefits not paid to the Provider will be payable to you, or to your estate, or to an alternate recipient as directed by court order, except that if the person is not competent to give a valid release, Benefits may be payable to his or her spouse or guardian or other legally appointed representative.

Legal Actions

No action at law or in equity will be brought to recover under the Plan prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Plan, nor will an action be brought at all unless brought within three (3) years from expiration of the time within which proof of loss is required by the Plan.

ATTACHMENT A

Deductibles, Maximums and Plan Benefit Levels

Contractholder: Sharp Health Plan

Group Number: 22433 **Effective Date:** January 1, 2027

Dental Service Category	Delta Dental Participating Medicare Providers	Non-Participating Medicare Providers
Annual Deductible Per Member	None	
Annual Maximum	$3,000 per Member per Calendar Year	

Plan Benefit Levels	
Delta Dental Participating Medicare Providers†	**Non-Participating Medicare Providers†**
Delta Dental will pay or otherwise discharge the Maximum Plan Allowance less the Member Copayment shown in the Member Copayment column of Attachment C subject to the limitations and exclusions listed in Attachment B.	

† Reimbursement is based on Delta Dental Participating Medicare Provider Contracted Fees for all providers, including Non-Participating Medicare Providers.

ATTACHMENT B

Services, Limitations and Exclusions

Contractholder: Sharp Health Plan

Group Number: 22433 **Effective Date:** January 1, 2027

Description of Dental Services
Delta Dental will pay or otherwise discharge the Plan Benefit Level shown in Attachment A for the following services:

- **Diagnostic and Preventive Services**
  - (1) Diagnostic: procedures to aid the Provider in determining required dental treatment, oral examinations, bitewing x-rays, intraoral series and panoramic film.
  - (2) Preventive: cleaning (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, which is considered to be a Diagnostic and Preventive Benefit, and periodontal maintenance, which is considered to be a Basic Benefit for payment purposes).
  - (3) Specialist Consultations: opinion or advice requested by a general dentist.

- **Basic Services**
  - (1) Oral Surgery: extractions and other surgical procedures (including pre- and post-operative care).
  - (2) Endodontics: treatment of diseases and injuries of the tooth pulp.
  - (3) Periodontics: treatment of gums and bones supporting teeth.
  - (4) Palliative: emergency treatment to relieve pain.
  - (5) Restorative: amalgam and resin-based composite restorations (fillings) and prefabricated crowns for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).
  - (6) Denture Repairs: repair to partial or complete dentures, including rebase procedures and relining.

- **Major Services**
  - (1) Crowns and Inlays/Onlays: treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam or resin-based composites.

(2) Prosthodontics: procedures for construction of fixed bridges, partial or complete dentures and the repair of fixed bridges.

Limitations

(1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures.

Examples of Optional Services:

a) a crown where a filling would restore the tooth;
b) an onlay instead of an amalgam restoration;
c) porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown); or
d) an overdenture instead of denture.

If a Member receives Optional Services, an Alternate Benefit will be allowed, which means the Plan will pay Benefits on the lower cost of the alternate service or standard practice instead of on the higher cost of the Optional Service. The Member will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the alternate service or standard procedure.

(2) Exam and cleaning limitations:

a) Delta Dental will pay for oral examinations no more than twice in a Calendar Year.
b) Delta Dental will pay for prophylaxis (routine cleanings), periodontal maintenance cleanings, scaling in the presence of inflammation, or any combination thereof twice in a Calendar Year.
c) A full mouth debridement is allowed once every two (2) Calendar Years.
d) Periodontal maintenance and full mouth debridement are covered as a Basic Benefit, and prophylaxis (routine cleanings) are covered as a Diagnostic and Preventive Benefit.

(3) X-ray limitations:

a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a comprehensive intraoral series when the fees for any combination of intraoral images in a single treatment series meet or exceed the Accepted Fee for a comprehensive intraoral series.
b) When a panoramic image is submitted with supplemental image(s), and the fees for the supplemental images are less than the Accepted Fee for a comprehensive intraoral series, Delta Dental will provide payment for the supplemental images and for the panoramic image.
c) When a panoramic image is submitted with supplemental image(s), and the fees for the supplemental images exceed the Accepted Fee for the comprehensive intraoral series, Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the Member.

d) If a panoramic image is taken in conjunction with an intraoral comprehensive series, Delta Dental will limit reimbursement to the Provider's Accepted Fee for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the Member.
e) A Member may have either a comprehensive intraoral series or a panoramic image once every two (2) Calendar Years.
f) Bitewing images are limited to one (1) in a Calendar Year. Bitewings of any type are disallowed within six (6) months of a full mouth series unless warranted by special circumstances.

(4) Pulp vitality tests are allowed once every two (2) Calendar Years when definitive treatment is not performed.

(5) Specialist Consultations are limited to once per lifetime per Provider. Screenings of patients or assessments of patients are limited to once in a Calendar Year.

(6) Neither Delta Dental nor the Member is responsible for the replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated crowns within two (2) Calendar Years of treatment if the service is provided by the same Provider/Provider office.

(7) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.

(8) The removal of an indirect restoration is a part of a subsequent restorative procedure.

(9) Root canal therapy/retreatments are limited to no more than two (2) in a Calendar Year. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.

(10) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.

(11) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.

(12) Periodontal limitations:
a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once every two (2) Calendar Years.
b) Periodontal surgery in the same quadrant is limited to once in every three (3) Calendar Years and includes any surgical re-entry or scaling and root planing.

c) Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.

Guided tissue regenerations and/or bone grafts are not benefited in conjunction with soft tissue grafts in the same surgical area.

d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant.

e) Cleanings (prophylaxis and periodontal maintenance) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.

(13) Oral Surgery services that are covered under the dental plan are covered once per tooth/quadrant/arch in a lifetime. The exception to this is the removal of cysts and lesions, and incision and drainage procedures, which are covered once in the same day.

(14) Extractions are limited to no more than three (3) in a Calendar Year.

(15) When done in conjunction with the removal of an impacted tooth, complete bony, with unusual surgical complications, nerve dissection is part of that extraction procedure. Otherwise, nerve dissection is not a benefit.

(16) Crowns and Inlays/Onlays are covered once per tooth in a five (5) Calendar Year period, except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.

(17) Crowns, inlays or onlays are limited to no more than two (2) in a Calendar Year.

(18) Core buildup, including any pins, are covered once per tooth in a five (5) Calendar Year period.

(19) Post and core services are covered once per tooth in a five (5) Calendar Year period.

(20) Crown repairs are covered once per tooth every two (2) Calendar Year period, and are not covered within 24 months of initial placement.

(21) Denture repairs are covered once per Calendar Year, and not covered within six (6) months of initial placement.

(22) Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after five (5) Calendar Years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.

(23) Diagnostic and treatment facilitating aids are considered a part of, and included in, the fees for the definitive treatment.

(24) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.

(25) Recementation of Crowns or bridges is included in the fee for the Crown or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation one per tooth every two (2) Calendar Years.

(26) Recementation of Inlays/Onlays is included in the fee for the Inlays/Onlays when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation per lifetime.

(27) Delta Dental limits payment for dentures to a standard partial or complete denture (Member Copayments apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means. Payment includes routine post delivery care, including any adjustments and relines for the first six (6) months after placement.
   a) Denture rebase is limited to one (1) per arch in a (two) 2 Calendar Year period and includes any relining and adjustments for six (6) months following placement.
   b) Dentures, removable partial dentures and relines include adjustments for six (6) months following insertion. After the initial six (6) months of an adjustment or reline, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to two (2) per arch in a Calendar Year.
   c) Immediate dentures and immediate removable partial dentures include reline and adjustments for three (3) months following insertion. After the initial three (3) months of adjustments or relines, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to two (2) per arch in a Calendar Year.
   d) Tissue conditioning is limited to one (1) per arch in a Calendar Year. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
   e) Recementation of fixed partial dentures is limited to once every two (2) Calendar Years.

Exclusions

Delta Dental does not pay Benefits for:

(1) Services not included on the Dental Procedure Codes and Descriptions.

(2) Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.

(3) Cosmetic surgery or procedures for purely cosmetic reasons.

(4) Maxillofacial prosthetics.

(5) Provisional and/or temporary restorations. Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.

(6) Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth).

(7) Treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, abrasion, or abfraction or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or Night Guards/Occlusal guards.

(8) Any Single Procedure provided prior to the date the Member became eligible for services under this plan.

(9) Prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.

(10) Charges for general anesthesia and IV sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures. Local anesthesia and regional/or trigeminal bloc anesthesia are not separately payable procedures.

(11) Extra oral grafting, (the use of autogenous grafts taken from other, non oral, parts of the body of the Member). This language is not meant to exclude non-autogenous grafts obtained from tissue banks or other manufacturers.

(12) Interim implants and endodontic endosseous implants.

(13) Indirectly fabricated resin-based Inlays/Onlays.

(14) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.

(15) Treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.

(16) Charges incurred for a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling.

(17) Dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.

(18) Procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.

(19) Any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract is not a covered Benefit. Any tax will be the responsibility of the Member.

(20) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.

(21) Services covered under the dental plan, which exceed Benefit limitations, or are not in accordance with processing policies in effect at the time the claim is processed.

(22) Services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws).

(23) Services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues.

(24) Services or supplies for sealants, space maintainers, services to aid the exposure or eruption of an unerupted or impacted tooth, use of temporary anchorage devices, and transseptal/fiberotomy/supra crestal fiberotomy.

(25) Missed and/or cancelled appointments.

(26) Services or supplies for nitrous oxide.

(27) Antigen or antibody testing.

(28) Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use.

(29) Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

(30) Actions taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not a separately payable service.

(31) The fees for care coordination are considered inclusive in overall patient management and are not a separately payable service.

(32) Dental case management motivational interviewing and patient education to improve oral health literacy.

(33) Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum.

(34) Extra-oral - 2D projection radiographic image and extra-oral posterior dental radiographic image.

(35) Diabetes testing.

(36) Corticotomy (specialized oral surgery procedure associated with orthodontics).

(37) The fee for teledentistry services are considered inclusive in overall patient management and are not a separately payable service.

(38) Administration of neuromodulators is not a benefit of the plan.

(39) Administration of dermal fillers is not a benefit of the plan.

(40) Photobiomodulation therapy.

(41) Duplication of a prosthetic device or appliance.

(42) Services or supplies for replacement of all denture teeth.

(43) Services or supplies for sleep related breathing disorder/airway management.

ATTACHMENT C
DENTAL PROCEDURE CODES AND DESCRIPTIONS

CODE	DESCRIPTION	SERVICE CATEGORY	IN-NETWORK (MEDICARE PPO PROVIDERS) MEMBER COPAYMENT	OUT-OF-NETWORK (NON-MEDICARE PROVIDERS) MEMBER COPAYMENT
D0120	Periodic oral evaluation	Diagnostic	$0.00	$0.00
D0140	Limited oral evaluation	Diagnostic	$0.00	$0.00
D0150	Comprehensive oral evaluation	Diagnostic	$0.00	$0.00
D0160	Detailed and extensive oral evaluation	Diagnostic	$0.00	$0.00
D0170	Re-evaluation - limited problem focused	Diagnostic	$0.00	$0.00
D0171	Re-evaluation - post operative office visit	Diagnostic	$5.00	$5.00
D0180	Comprehensive periodontal evaluation	Diagnostic	$0.00	$0.00
D0190	Screening of a patient	Diagnostoc	$0.00	$0.00
D0191	Assessment of a patient	Diagnostoc	$0.00	$0.00
D0210	Intraoral - complete series of radiographic images	Diagnostic	$0.00	$0.00
D0220	Intraoral - periapical first radiographic image	Diagnostic	$0.00	$0.00
D0230	Intraoral - periapical each additional radiographic image	Diagnostic	$0.00	$0.00
D0240	Intraoral - occlusal radiographic image	Diagnostic	$0.00	$0.00
D0270	Bitewing - single radiographic image	Diagnostic	$0.00	$0.00

D0272	Bitewings - two radiographic images	Diagnostic	$0.00	$0.00
D0273	Bitewings - three radiographic images	Diagnostic	$0.00	$0.00
D0274	Bitewings - four radiographic images	Diagnostic	$0.00	$0.00
D0330	Panoramic radiographic image	Diagnostic	$0.00	$0.00
D0396	3D printing of a 3D dental surface scan	Diagnostic	$0.00	$0.00
D0419	Analysis of saliva sample	Diagnostic	$0.00	$0.00
D0460	Pulp vitality tests	Diagnostic	$0.00	$0.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Diagnostic	$0.00	$0.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Diagnostic	$0.00	$0.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Diagnostic	$0.00	$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	Diagnostic	$0.00	$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Diagnostic	$0.00	$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	Diagnostic	$0.00	$0.00

D0701	Panoramic radiographic image - image capture only	Diagnostic	$0.00	$0.00
D0702	2-D cephalometric radiograph image - image capture only	Diagnostic	$0.00	$0.00
D0703	2-D oral/facial photographic image obtained intra-orally or extra orally - image capture only	Diagnostic	$0.00	$0.00
D0704	3-D photographic image - image capture only	Diagnostic	$0.00	$0.00
D0705	Extra-oral posterior dental radiographic image - image capture only	Diagnostic	$0.00	$0.00
D0706	Intraoral - occlusal radiographic image - image capture only	Diagnostic	$0.00	$0.00
D0707	Intraoral - periapical radiographic image - image capture only	Diagnostic	$0.00	$0.00
D0708	Intraoral - bitewing radiographic image - image capture only	Diagnostic	$0.00	$0.00
D0709	Intraoral - complete series of radiographic image - image capture only	Diagnostic	$0.00	$0.00
D0999	Unspecified diagnostic procedure, by report	Diagnostic	$5.00	$5.00
D1110	Prophylaxis - adult	Preventive	$15.00	$15.00
D1330	Oral hygiene instructions	Preventive	$0.00	$0.00
D2140	Amalgam - one surface, primary or permanent	Basic	$27.00	$27.00
D2150	Amalgam - two surfaces, primary or permanent	Basic	$32.00	$32.00

D2160	Amalgam - three surfaces, primary or permanent	Basic	$37.00	$37.00
D2161	Amalgam - four or more surfaces, primary or permanent	Basic	$50.00	$50.00
D2330	Resin-based composite - one surface, anterior	Basic	$55.00	$55.00
D2331	Resin-based composite - two surfaces, anterior	Basic	$65.00	$65.00
D2332	Resin-based composite - three surfaces, anterior	Basic	$75.00	$75.00
D2335	Resin-based composite - four or more surfaces (anterior)	Basic	$85.00	$85.00
D2390	Resin-based composite crown - direct	Basic	$85.00	$85.00
D2391	Resin-based composite - one surface, posterior	Basic	$75.00	$75.00
D2392	Resin-based composite - two surfaces, posterior	Basic	$80.00	$80.00
D2393	Resin-based composite - three surfaces, posterior	Basic	$85.00	$85.00
D2394	Resin-based composite - four or more surfaces, posterior	Basic	$95.00	$95.00
D2510	Inlay - metallic - one surface	Major	$260.00	$260.00
D2520	Inlay - metallic - two surfaces	Major	$270.00	$270.00
D2530	Inlay - metallic - three or more surfaces	Major	$280.00	$280.00
D2542	Onlay - metallic - two surfaces	Major	$270.00	$270.00

D2543	Onlay - metallic - three surfaces	Major	$290.00	$290.00
D2544	Onlay - metallic - four or more surfaces	Major	$300.00	$300.00
D2610	Inlay - porcelain/ceramic - one surface	Major	$360.00	$360.00
D2620	Inlay - porcelain/ceramic - two surfaces	Major	$370.00	$370.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	Major	$380.00	$380.00
D2642	Onlay - porcelain/ceramic - two surfaces	Major	$370.00	$370.00
D2643	Onlay - porcelain/ceramic - three surfaces	Major	$390.00	$390.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	Major	$400.00	$400.00
D2650	Inlay - resin-based composite - one surface	Major	$260.00	$260.00
D2651	Inlay - resin-based composite - two surfaces	Major	$270.00	$270.00
D2652	Inlay - resin-based composite - three or more surfaces	Major	$280.00	$280.00
D2662	Onlay - resin-based composite - two surfaces	Major	$270.00	$270.00
D2663	Onlay - resin-based composite - three surfaces	Major	$280.00	$280.00
D2664	Onlay - resin-based composites - four or more surfaces	Major	$300.00	$300.00
D2710	Crown - resin-based composite (indirect)	Major	$125.00	$125.00
D2712	Crown - 3/4 resin-based composite (indirect)	Major	$125.00	$125.00

D2720	Crown - resin with high noble metal	Major	$425.00	$425.00
D2721	Crown - resin with predominantly base metal	Major	$325.00	$325.00
D2722	Crown - resin with noble metal	Major	$325.00	$325.00
D2740	Crown - porcelain/ceramic substrate	Major	$425.00	$425.00
D2750	Crown - porcelain fused to high noble metal	Major	$425.00	$425.00
D2751	Crown - porcelain fused to predominantly base metal	Major	$325.00	$325.00
D2752	Crown - porcelain fused to noble metal	Major	$325.00	$325.00
D2753	Crown - porcelain fused to titanium or titanium alloy	Major	$425.00	$425.00
D2780	Crown - 3/4 cast high noble metal	Major	$425.00	$425.00
D2781	Crown - 3/4 cast predominantly base metal	Major	$325.00	$325.00
D2782	Crown - 3/4 cast noble metal	Major	$325.00	$325.00
D2790	Crown - full cast high noble metal	Major	$425.00	$425.00
D2791	Crown - full cast predominantly base metal	Major	$325.00	$325.00
D2792	Crown - full cast noble metal	Major	$325.00	$325.00
D2794	Crown - titanium and titanium alloy	Major	$425.00	$425.00
D2910	Recement inlay, onlay or partial coverage restoration	Basic	$20.00	$20.00
D2915	Re-cement cast or prefabricated post and core	Basic	$20.00	$20.00

D2920	Re-cement crown	Basic	$20.00	$20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	Basic	$85.00	$85.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Basic	$80.00	$80.00
D2931	Prefabricated stainless steel crown - permanent tooth	Basic	$80.00	$80.00
D2940	Placement of interim direct restoration	Basic	$20.00	$20.00
D2949	Restorative foundation for an indirect restoration	Basic	$50.00	$50.00
D2950	Core buildup, including any pins when required	Major	$50.00	$50.00
D2951	Pin retention - per tooth, in addition to restoration	Basic	$25.00	$25.00
D2952	Post and core in addition to crown, indirectly fabricated	Major	$95.00	$95.00
D2953	Each additional indirectly fabricated post - same tooth	Major	$50.00	$50.00
D2954	Prefabricated post and core in addition to crown	Major	$70.00	$70.00
D2956	Removal of an indirect restoration on a natural tooth	Major	$0.00	$0.00
D2957	Each additional prefabricated post - same tooth	Major	$45.00	$45.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Basic	$65.00	$65.00
D2976	Band stabilization - per tooth	Basic	$37.00	$37.00

D2980	Crown repair necessitated by restorative material failure	Major	$50.00	$50.00
D2981	Inlay repair necessitated by restorative material failure	Major	$50.00	$50.00
D2982	Onlay repair necessitated by restorative material failure	Major	$50.00	$50.00
D2983	Veneer repair necessitated by restorative material failure	Major	$50.00	$50.00
D2989	Excavation of a tooth resulting in the determination of non-restorability	Basic	$0.00	$0.00
D3110	Pulp cap - direct (excluding final restoration)	Basic	$25.00	$25.00
D3120	Pulp cap - indirect (excluding final restoration)	Basic	$25.00	$25.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	Basic	$0.00	$0.00
D3221	Pulpal debridement, primary and permanent teeth	Basic	$45.00	$45.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Basic	$0.00	$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Basic	$180.00	$180.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	Basic	$230.00	$230.00

D3330	Endodontic therapy, molar (excluding final restoration)	Basic	$375.00	$375.00
D3331	Treatment of root canal obstruction, non-surgical access	Basic	$180.00	$180.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable of fractured tooth	Basic	$180.00	$180.00
D3346	Retreatment of previous root canal therapy - anterior	Basic	$280.00	$280.00
D3347	Retreatment of previous root canal therapy - bicuspid	Basic	$330.00	$330.00
D3348	Retreatment of previous root canal therapy - molar	Basic	$475.00	$475.00
D3410	Apicoectomy - anterior	Basic	$270.00	$270.00
D3421	Apicoectomy - premolar (first root)	Basic	$335.00	$335.00
D3425	Apicoectomy - molar (first root)	Basic	$380.00	$380.00
D3426	Apicoectomy - (each additional root)	Basic	$105.00	$105.00
D3430	Retrograde filling - per root	Basic	$50.00	$50.00
D3450	Root amputation - per root	Basic	$75.00	$75.00
D3471	Surgical repair of root resorption - anterior	Basic	$270.00	$270.00
D3472	Surgical repair of root resorption - premolar	Basic	$270.00	$270.00
D3473	Surgical repair of root resorption - molar	Basic	$270.00	$270.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Basic	$270.00	$270.00

D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Basic	$270.00	$270.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Basic	$270.00	$270.00
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	$260.00	$260.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	$50.00	$50.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Basic	$0.00	$0.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	$300.00	$300.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	$300.00	$300.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	$450.00	$450.00

D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	$450.00	$450.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Basic	$60.00	$60.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Basic	$60.00	$60.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Preventive	$20.00	$20.00
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on subsequent visit	Basic	$60.00	$60.00
D4910	Periodontal maintenance	Basic	$45.00	$45.00
D4921	Gingival irrigation - per quadrant	Basic	$0.00	$0.00
D5110	Complete denture - maxillary	Major	$395.00	$395.00
D5120	Complete denture - mandibular	Major	$395.00	$395.00
D5130	Immediate denture - maxillary	Major	$495.00	$495.00
D5140	Immediate denture - mandibular	Major	$495.00	$495.00
D5211	Maxillary partial denture - resin base (including conventional clasps, rests and teeth)	Major	$300.00	$300.00

D5212	Mandibular partial denture - resin base (including conventional clasps, rests and teeth)	Major	$300.00	$300.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$425.00	$425.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$425.00	$425.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Major	$300.00	$300.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Major	$300.00	$300.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$425.00	$425.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$425.00	$425.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping, materials, rests and teeth)	Major	$475.00	$475.00

D5226	Mandibular partial denture - flexible base (including retentive/clasping, materials, rests and teeth)	Major	$475.00	$475.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Major	$300.00	$300.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Major	$300.00	$300.00
D5410	Adjust complete denture - maxillary	Major	$20.00	$20.00
D5411	Adjust complete denture - mandibular	Major	$20.00	$20.00
D5421	Adjust partial denture - maxillary	Major	$20.00	$20.00
D5422	Adjust partial denture - mandibular	Major	$20.00	$20.00
D5511	Repair complete denture base, mandibular	Basic	$50.00	$50.00
D5512	Repair complete denture base, maxillary	Basic	$50.00	$50.00
D5520	Replace missing or broken teeth - complete denture - per tooth	Basic	$25.00	$25.00
D5611	Repair resin partial denture base, mandibular	Basic	$50.00	$50.00
D5612	Repair resin partial denture base, maxillary	Basic	$50.00	$50.00
D5621	Repair cast partial framework, mandibular	Basic	$90.00	$90.00
D5622	Repair cast partial framework, maxillary	Basic	$90.00	$90.00
D5630	Repair or replace broken clasp - per tooth	Basic	$45.00	$45.00

D5640	Replace missing or broken teeth partial denture - per tooth	Basic	$25.00	$25.00
D5650	Add tooth to existing partial denture - per tooth	Basic	$45.00	$45.00
D5660	Add clasp to existing partial denture - per tooth	Basic	$45.00	$45.00
D5710	Rebase complete maxillary denture	Basic	$130.00	$130.00
D5711	Rebase complete mandibular denture	Basic	$130.00	$130.00
D5720	Rebase maxillary partial denture	Basic	$130.00	$130.00
D5721	Rebase mandibular partial denture	Basic	$130.00	$130.00
D5725	Rebase hybrid prosthesis	Basic	$130.00	$130.00
D5730	Reline complete maxillary denture (direct)	Basic	$50.00	$50.00
D5731	Reline complete mandibular denture (direct)	Basic	$50.00	$50.00
D5740	Reline maxillary partial denture (direct)	Basic	$45.00	$45.00
D5741	Reline mandibular partial denture (direct)	Basic	$45.00	$45.00
D5750	Reline complete maxillary denture (indirect)	Basic	$150.00	$150.00
D5751	Reline complete mandibular denture (indirect)	Basic	$150.00	$150.00
D5760	Reline maxillary partial denture (indirect)	Basic	$150.00	$150.00
D5761	Reline mandibular partial denture (indirect)	Basic	$150.00	$150.00
D5765	Soft liner for complete or partial removable denture - indirect	Basic	$150.00	$150.00

D5820	Interim partial denture (including retentive/clasping materials, rest, and teeth), maxillary	Major	$55.00	$55.00
D5821	Interim partial denture (including retentive/clasping materials, rest, and teeth), mandibular	Major	$55.00	$55.00
D5850	Tissue conditioning, maxillary	Major	$30.00	$30.00
D5851	Tissue conditioning, mandibular	Major	$30.00	$30.00
D6210	Pontic - cast high noble metal	Major	$425.00	$425.00
D6211	Pontic - cast predominantly base metal	Major	$325.00	$325.00
D6212	Pontic - cast noble metal	Major	$325.00	$325.00
D6240	Pontic - porcelain fused to high noble metal	Major	$425.00	$425.00
D6241	Pontic - porcelain fused to predominantly base metal	Major	$325.00	$325.00
D6242	Pontic - porcelain fused to noble metal	Major	$325.00	$325.00
D6245	Pontic - porcelain/ceramic	Major	$425.00	$425.00
D6250	Pontic - resin with high noble metal	Major	$425.00	$425.00
D6251	Pontic - resin with predominantly base metal	Major	$325.00	$325.00
D6252	Pontic - resin with noble metal	Major	$325.0	$325.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	Major	$425.00	$425.00

D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	Major	$425.00	$425.00
D6602	Retainer inlay - cast high noble metal, two surfaces	Major	$270.00	$270.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	Major	$280.00	$280.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	Major	$270.00	$270.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	Major	$280.00	$280.00
D6606	Retainer inlay - cast noble metal, two surfaces	Major	$270.00	$270.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	Major	$280.00	$280.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Major	$425.00	$425.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Major	$425.00	$425.00
D6610	Retainer onlay - cast high noble metal, two surfaces	Major	$270.00	$270.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	Major	$290.00	$290.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	Major	$270.00	$270.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	Major	$290.00	$290.00
D6614	Retainer onlay - cast noble metal, two surfaces	Major	$270.00	$270.00

D6615	Retainer onlay - cast noble metal, three or more surfaces	Major	$290.00	$290.00
D6720	Retainer crown - resin with high noble metal	Major	$425.00	$425.00
D6721	Retainer crown - resin with predominantly base metal	Major	$325.00	$325.00
D6722	Retainer crown - resin with noble metal	Major	$325.00	$325.00
D6740	Retainer crown - porcelain/ceramic	Major	$425.00	$425.00
D6750	Crown - porcelain fused to high noble metal	Major	$425.00	$425.00
D6751	Retainer crown - porcelain fused to predominantly base metal	Major	$325.00	$325.00
D6752	Retainer crown - porcelain fused to noble metal	Major	$325.00	$325.00
D6753	Retainer crown - porcelain fused to titanium or titanium alloys	Major	$425.00	$425.00
D6780	Retainer crown - 3/4 cast high noble metal	Major	$425.00	$425.00
D6781	Retainer crown - 3/4 cast predominantly base metal	Major	$325.00	$325.00
D6782	Retainer crown - 3/4 cast noble metal	Major	$325.00	$325.00
D6784	Retainer crown 3/4 - titanium and titanium alloys	Major	$425.00	$425.00
D6790	Retainer crown - full cast high noble metal	Major	$425.00	$425.00
D6791	Retainer crown - full cast predominantly base metal	Major	$325.00	$325.00
D6792	Retainer crown - full cast noble metal	Major	$325.00	$325.00

D6930	Recement fixed partial denture	Major	$30.00	$30.00
D6940	Stress breaker	Major	$50.00	$50.00
D6980	Fixed partial denture repair necessitated by restorative material failure	Major	$50.00	$50.00
D7111	Extraction, coronal remnants - deciduous tooth	Basic	$35.00	$35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Basic	$35.00	$35.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	Basic	$65.00	$65.00
D7220	Removal of impacted tooth - soft tissue	Basic	$65.00	$65.00
D7230	Removal of impacted tooth - partially bony	Basic	$65.00	$65.00
D7240	Removal of impacted tooth - completely bony	Basic	$65.00	$65.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Basic	$65.00	$65.00
D7250	Removal of residual tooth roots (cutting procedure)	Basic	$65.00	$65.00
D7251	Coronectomy - intentional partial tooth removal	Basic	$65.00	$65.00
D7284	Excisional biopsy of minor salivary glands	Basic	$65.00	$65.00

D7286	Biopsy of oral tissue - soft	Basic	$65.00	$65.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic	$50.00	$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic	$50.00	$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic	$65.00	$65.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic	$65.00	$65.00
D7471	Removal of lateral exostosis (maxilla or mandible)	Basci	$65.00	$65.00
D7510	Incision and drainage of abscess - intraoral soft tissue	Basic	$35.00	$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Basic	$0.00	$0.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Basic	$65.00	$65.00
D7961	Buccal/labial frenectomy (frenulectomy)	Basic	$0.00	$0.00

D7962	Lingual frenectomy (frenulectomy)	Basic	$0.00	$0.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Basic	$35.00	$35.00
D9211	Regional block anesthesia	Basic	$0.00	$0.00
D9212	Trigeminal division block anesthesia	Basic	$0.00	$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	Basic	$0.00	$0.00
D9219	Evaluation for deep sedation or general anesthesia	Basic	$0.00	$0.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Diagnostic & Preventive	$35.00	$35.00
D9311	Consultation with medical health care professional	Diagnostic & Preventive	$0.00	$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Diagnostic & Preventive	$5.00	$5.00
D9440	Office visit - after regularly scheduled hours	Diagnostic & Preventive	$50.00	$50.00
D9912	Pre-visit patient screening	Diagnostic & Preventive	$0.00	$0.00
D9932	Cleaning and inspection of removable complete denture maxillary	Diagnostic & Preventive	$0.00	$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	Diagnostic & Preventive	$0.00	$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	Diagnostic & Preventive	$0.00	$0.00

D9935	Cleaning and inspection of removable partial denture, mandibular	Diagnostic & Preventive	$0.00	$0.00
D9990	Certified translation or sign language services- per visit	Basic	$0.00	$0.00
D9991	Dental case management - addressing appointment compliance barriers.	General Services	$0.00	$0.00
D9992	Dental case management - care coordination	General Services	$0.00	$0.00
D9995	Teledentistry - synchronous; real-time encounter	General Services	$0.00	$0.00
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	General Services	$0.00	$0.00
D9997	Dental case management - Patients with special Health Care Needs	General Services	$0.00	$0.00