



**Delta Dental PPO™  
Summary of Dental Plan Benefits  
For Group# 2438-0002  
University of Toledo Student Dental Plan**

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 Ohio

**Benefit Year** – August 11 through August 10

Non-EHB Covered Services - include all Covered Services provided to individuals 19 years of age or older as well as any Covered Services provided to individuals age 18 and under which are not covered as an EHB Covered Service. Please note that to the extent an individual age 18 and under receives an EHB Covered Service that is also covered as a Non-EHB Covered Service under this Plan, the difference in Copayment amounts between the EHB Covered Service and the Non-EHB Covered Service may be covered as a Non-EHB Covered Service.

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	50%	50%	50%
<b>Simple Extractions</b> – non-surgical removal of teeth	50%	50%	50%

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule 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 benefit year.
- Prophylaxes (cleanings) are payable twice per benefit 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 benefit year for people age 18 and under.
- Space maintainers are not Covered Services.
- Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.

- Sealants are not a Covered Service.
- Prefabricated crowns are payable once in any five-year period for people up to age 15.
- Composite resin (white) restorations are payable on posterior teeth.
- Periodontal maintenance is a Covered Service.
- Oral surgical services, except non-surgical extractions and brush biopsy, are not Covered Services.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are not Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment for Non-EHB Covered Services** – \$750 per Member total per Benefit Year on all services.

**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** – \$50 Deductible per Member total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, brush biopsy, and periodontal maintenance.

**Waiting Period for Non-EHB Covered Services** – Students who are eligible for dental benefits must be actively enrolled at the Institution of Higher Education.

**Eligible People** – All eligible students that attend the participating Institution of Higher Education of the University of Toledo.

Also eligible are your Spouse and your Children to the end of the day on 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.

**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 listed at the end of this Summary of Dental Plan Benefits are considered 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 age 18 and under ("EHB Covered Services"). In the event an individual age 18 and under receives an EHB Covered Service, that EHB Covered Service shall be subject to the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations set forth below. In no event will the general frequency limitations found in your Certificate apply to any of the EHB Covered Services listed in this Summary of Dental Plan Benefits. The remaining general exclusions and limitations found in your Certificate shall only apply to EHB Covered Services to the extent those general exclusions and limitations do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in this Summary of Dental Plan Benefits. An individual will be considered age 18 and under 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*
<b>Diagnostic &amp; Preventive</b>			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	90%	90%
Emergency Palliative Treatment - to temporarily relieve pain	100%	90%	90%
Radiographs - X-rays	100%	90%	90%
Sealants - to prevent decay of permanent teeth	100%	90%	90%
<b>Basic Services</b>			
Minor Restorative Services - fillings and crown repair	90%	80%	80%
Oral Surgery Services - extractions and dental surgery	90%	80%	80%
Endodontic Services - root canals	90%	80%	80%
Periodontic Services - to treat gum disease	90%	80%	80%
Relines and Repairs - prosthetic appliances	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
<b>Major Services</b>			
Major Restorative Services - crowns	50%	50%	50%
Prosthetic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
Orthodontic Services - medically necessary	50%	50%	50%

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule 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.

**In-Network Annual Out-of-Pocket Maximum for EHB Covered Services** - An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum shall be \$375 per Benefit Year if this Certificate covers one Eligible Person, or \$750 per Benefit Year if this Certificate covers two or more Eligible Persons. Any Copayments, Deductibles or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided to an Eligible Person 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.

**Payment for Orthodontic Services (when medically necessary)** – 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. Thereafter, Delta Dental will make additional monthly payments based upon the Coinsurance amounts set forth above, your In-Network Out-of-Pocket Maximum for EHB Covered Services, and the agreed upon payment plan provided by your Dentist to Delta Dental..

**Deductibles for EHB Covered Services** – The Deductible for EHB Covered Services is \$50 per individual per Benefit Year, limited to a maximum of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, and orthodontics.

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

FIX NHWP LANGUAGE- REMOVE THE PART THAT SAYS "EMPLOYEES WHO ARE ELIGIBLE FOR DENTAL....."

REMOVE FROM BULLETED HCC AREA: Porcelain and resin facings on crowns are optional treatment on posterior teeth.

Remove paragraph that says, "Enrollees and dependents choosing this plan"

## **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
- ❖ Benefits for the foregoing clinical oral evaluations are payable twice in any Benefit Year, whether provided under one or more Delta Dental plan(s).

### **Cleanings (Prophylaxes)**

- D1110 – prophylaxis – adult
- D1120 – prophylaxis – child
- ❖ 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 are payable once in a lifetime.

### **Fluoride Treatment**

- D1206 – topical fluoride varnish
- D1208 – topical application of fluoride (prophylaxis not included)
- ❖ Benefits for topical application of fluoride are payable twice in any Benefit Year.

### **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
- D1575 – distal shoe – fixed, unilateral – per quadrant

### **Emergency Palliative Treatment**

- D9110 – palliative (emergency) treatment

### **Radiographs (X-rays)**

- D0210 – intraoral-complete series (including bitewings)
- D0330 – panoramic film
- ❖ Benefits for a complete intraoral radiographic series (including bitewing radiographs) or a panoramic

film (with or without bitewing films) are payable once in any five-year period.

- D0220 - intraoral - periapical first film
- D0230 - intraoral - periapical each addl film
- D0240 - intraoral - occlusal film
- D0270 - bitewing - single film
- D0272 - bitewings - two films
- D0273 - bitewings - three films
- D0274 - bitewings - four films
- D0277 - bitewing, vertical, 7 to 8 films
- ❖ Benefits for bitewing images (posterior or vertical) are payable twice in any Benefit Year.

## Sealants

- D1351 - sealant - per tooth - unrestored permanent molars
- ❖ Sealants are payable only for the occlusal (biting) surface of unrestored permanent molars, free from decay and restorations.
- ❖ Sealants are a Benefit payable once in any three-year period per tooth.
- D1352 - preventive resin restorations in a moderate to high caries risk patient - permanent tooth
- ❖ Payable one sealant per tooth in any three-year period.
- 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)
- ❖ Tooth preparations, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.
- ❖ 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.
- D2910 - recement inlay, only or partial coverage restoration
- D2915 - recement cast or prefabricated post and core
- D2920 - recement crown
- D2980 - crown repair
- D2981 - inlay repair
- D2982 - onlay repair
- D2983 - veneer repair
- D2990 - resin infiltration/smooth surface

- ❖ Limited to 1 in any 36 month period
- D2928 - prefabricated porcelain crown - permanent tooth
- D2929 - prefabricated porcelain / ceramic crown - permanent tooth
- D2930 - prefabricated stainless steel crown - primary tooth
- D2931 - prefabricated stainless steel crown - permanent tooth
- ❖ Stainless steel and porcelain crowns are payable once per tooth in any five-year period.
- ❖ Benefits for stainless steel crowns with esthetic facings, veneers or coatings are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional stainless steel crown.
- D2940 - sedative filling
- D2951 - pin retention - per tooth, in addition to restoration

## 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
- D7251 - coronectomy - intentional partial tooth removal
- 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
- 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
- D7471 - removal of exostosis
- D7510 - incision and drainage of abscess - intraoral soft tissue
- D7910 - suture of recent small wounds up to 5 cm
- D7953 - bone replacement graft for ridge preservation - per site
- 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  
 \*\*\* If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a Covered Service as it is considered a part of the root canal procedure and Benefits are not payable separately.  
 D3230 - pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)  
 D3240 - pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  
 ❖ Benefit for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth, once per tooth per lifetime.  
 D3310 - anterior (excluding final restoration)  
 D3320 - premolar tooth (excluding final restoration)  
 D3330 - molar tooth (excluding final restoration)  
 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/periradicular - anterior  
 D3421 - apicoectomy surgery/periradicular - premolar tooth (first root)  
 D3425 - apicoectomy surgery/periradicular - molar (first root)  
 D3426 - apicoectomy surgery/periradicular - (each addl root)  
 D3430 - retrograde filling - per root  
 D3450 - root amputation - per root  
 D3920 - hemisection (including any root removal)

**Periodontic Services**

D4210 - gingivectomy or gingivoplasty - four or more teeth  
 D4211 - gingivectomy or gingivoplasty - one to three teeth  
 D4212 - gingivectomy or gingivoplasty - to allow access for restorative procedures  
 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  
 D4260 - osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant  
 D4261 - osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant  
 D4263 - bone replacement graft - retained natural tooth - first site in quadrant

❖ Benefits for the foregoing periodontal surgical services are payable once in any three-year period.  
 D4249 - clinical crown lengthening - hard tissue  
 D4270 - pedicle soft tissue graft procedure  
 D4273 - autogenous connective tissue graft procedures (including donor site surgery)  
 D4275 - soft tissue allograft  
 D4277 - free soft tissue graft procedure (including donor site surgery), first tooth, implant, or edentulous tooth position  
 D4278 - free soft tissue graft procedure (including donor site surgery), each addl contiguous tooth, implant, or edentulous tooth position  
 D4283 - autogenous connective tissue graft procedure (including donor site surgery) - each addl contiguous tooth, implant, or edentulous tooth position  
 D4322 - splint - intra-coronal, natural teeth or prosthetic crowns  
 D4323 - splint - extra-coronal, natural teeth or prosthetic crowns  
 D4341 - periodontal scaling and root planing, four or more teeth  
 D4342 - periodontal scaling and root planing, one to three teeth,  
 ❖ Benefits for the foregoing scaling and root planing are payable once, per quadrant, in any two-year period.  
 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 are payable once in a lifetime.  
 D4355 - full mouth debridement  
 ❖ Full mouth debridement is payable once per lifetime.  
 D4910 - periodontal maintenance procedures  
 ❖ Benefits for periodontal maintenance following therapy, including adult prophylaxis, are payable four times in any Benefit Year.  
 D7921 - collect-apply autologous product  
 ❖ Limited to 1 in any 36 month period

**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 partial framework, mandibular  
 D5622 - repair cast partial 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  
 D5725 – rebase hybrid prosthesis  
 D5730 – reline complete maxillary denture (direct)  
 D5731 – reline complete mandibular denture (direct)  
 D5740 – reline maxillary partial denture (direct)  
 D5741 – reline mandibular partial denture (direct)  
 D5750 – reline complete maxillary denture (indirect)  
 D5751 – reline complete mandibular denture (indirect)  
 D5760 – reline maxillary partial denture (indirect)  
 D5761 – reline mandibular partial denture (indirect)  
 ❖ Benefits for the foregoing rebase and reline of a complete or partial denture base are payable once in any three-year period per appliance, six months after the initial installation.  
 D5850 – tissue conditioning denture (maxillary)  
 D5851 – tissue conditioning denture (mandibular)  
 D6930 – recement fixed partial denture  
 D6980 – fixed partial denture repair by report

### Other Basic Services

D0340 – 2D cephalometric images  
 D0350 – oral/facial photographic images  
 D0391 – interpretation of diagnostic image  
 D0470 – diagnostic casts  
 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  
 D9310 – consultation  
 D9610 – therapeutic drug injection, single administration  
 D9612 – therapeutic drug injection, two or more administrations, different medications  
 D9613 – infiltration of sustained release therapeutic drug – per quadrant  
 D9930 – treatment of complications (post-surgical)  
 D9944 – occlusal guard - hard appliance full arch by report  
 D9946 – occlusal guard - hard appliance partial arch by report  
 ❖ Benefits for an occlusal guard are payable once per Benefit Year for individuals 13-18 years of age.

### Major Services

#### Major Restorative Services

D2510 – inlay – metallic – one surface, an alternate benefit will be provided  
 D2520 – inlay – metallic – two surfaces, an alternate benefit will be provided

D2530 – inlay – metallic – three surfaces, an alternate benefit will be provided  
 D2542 – onlay – metallic – two surfaces  
 D2543 – onlay – metallic – three surfaces  
 D2544 – onlay – metallic – 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  
 D2950 – core buildup, including any pins  
 D2952 – cast post and core in addition to crown  
 D2954 – prefabricated post and core in addition to crown

- ❖ Benefits for the foregoing onlays and crowns are payable once per tooth in any five-year period.
- ❖ Benefits for core buildups, cast posts and cores and prefabricated posts are limited to one procedure per tooth.
- ❖ 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.

### Prosthodontic Services

D5110 – complete denture – maxillary  
 D5120 – complete denture – mandibular  
 D5130 – immediate denture – maxillary  
 D5140 – immediate denture – mandibular  
 ❖ Benefits for one complete upper and one complete lower denture are payable once in any five-year period.  
 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 - a 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 retentive/clasping materials, rests and teeth)

D5226 - mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)

D5227 - immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)

D5228 - immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)

D5282 - removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary

D5283 - removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular

D5284 - removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant

D5286 - removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant

- ❖ Benefits for a partial denture are payable only once per arch in any five-year period.
- ❖ Benefits for overdentures are optional treatment. Delta Dental will pay only the amount that it would pay for a conventional denture.

D5765 - soft liner for complete or partial removable denture - indirect

D6010 - endosteal implant

D6012 - surgical placement of interim implant body

D6040 - eposteal implant

D6050 - transosteal implant, including hardware

D6055 - connecting bar - implant or abutment supported

D6056 - prefabricated abutment

D6057 - custom abutment

D6058 - abutment supported porcelain/ceramic crown

D6059 - abutment supported porcelain fused to high noble metal

D6060 - abutment supported porcelain fused to predominantly base metal crown

D6061 - abutment supported porcelain fused to noble metal crown

D6097 - abutment supported crown - porcelain fused to titanium and titanium alloys

D6062 - abutment supported cast high noble metal crown

D6063 - abutment supported cast predominantly base metal crown

D6064 - abutment supported cast noble metal crown

D6094 - abutment supported titanium crown

D6065 - implant supported porcelain/ceramic crown

D6066 - implant supported porcelain fused to high metal crown

D6082 - implant supported crown - porcelain fused to predominantly base alloys

D6083 - implant supported crown - porcelain fused to noble alloys

D6084 - implant supported crown - porcelain fused to titanium and titanium alloys

D6067 - implant supported metal crown

D6086 - implant supported crown - predominantly base alloys

D6087 - implant supported crown - porcelain fused to noble alloys

D6088 - implant supported crown - porcelain fused to titanium and titanium alloys

D6068 - abutment supported retainer for porcelain/ceramic FPD

D6069 - abutment supported retainer for porcelain fused to metal FPD

D6070 - abutment supported retainer for porcelain fused to predominantly base metal FPD

D6195 - abutment supported retainer - porcelain fused to titanium and titanium alloys

D6071 - abutment supported retainer for porcelain fused to noble metal FPD

D6072 - abutment supported retainer for cast high noble metal FPD

D6073 - abutment supported retainer for cast predominantly base metal FPD

D6074 - abutment supported retainer for cast noble metal FPD

D6194 - abutment supported retainer for titanium FPD

D6075 - implant supported retainer for ceramic FPD

D6076 - implant supported retainer for porcelain fused to high noble metal FPD

D6098 - implant supported retainer - porcelain fused to predominantly base alloys

D6099 - implant supported retainer for FPD - porcelain fused to noble alloys

D6120 - implant supported retainer for FPD - porcelain fused to titanium and titanium alloys

D6077 - implant supported retainer for cast metal FPD

D6121 - implant supported retainer for metal FPD - predominantly base alloys

D6122 - implant supported retainer for metal FPD - noble alloys

D6123 - implant supported retainer for metal FPD - titanium and titanium alloys

D6080 - implant maintenance procedures

D6081 - scaling and debridement in the presence of inflammation or mucositis of a single implant

D6090 - repair implant prosthesis

D6091 - replacement of semi-precision or precision attachment (male or female) of implant/abutment supported prosthesis, per attachment

D6092 - recement implant/abutment supported crown



D6093 – recement implant/abutment supported fixed partial denture  
 D6095 – repair implant abutment  
 D6096 – remove broken implant retaining screw  
 D6100 – implant removal  
 D6101 – debridement peri-implant defect,  
 D6102 – debridement and osseous peri-implant defect  
 D6103 – bone graft peri-implant defect  
 D6104 – bone graft implant replacement  
 D6114 – implant/abutment supported fixed denture for edentulous arch – maxillary  
 D6115 – implant/abutment supported fixed denture for edentulous arch – mandibular  
 D6116 – implant/abutment supported fixed denture for partially edentulous arch – maxillary  
 D6117 – implant/abutment supported fixed denture for partially edentulous arch – mandibular  
 D6190 – implant index

- ❖ Benefits for the foregoing abutments and implants are payable once in any five-year period.
- ❖ Benefits for implant/abutment supported complete or partial dentures are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional denture.

D6205 – pontic – indirect resin based composite  
 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  
 D6548 – retainer – porcelain/ceramic for resin bonded fixed prosthesis  
 D6549 – resin retainer – for resin bonded fixed prosthesis  
 D6600 – inlay – porcelain/ceramic, two surfaces  
 D6601 – inlay – porcelain/ceramic, three or more surfaces  
 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  
 D6608 – onlay – porcelain/ceramic, two surfaces

D6609 – onlay – porcelain/ceramic, three or more surfaces  
 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  
 D6710 – retainer crown – indirect resin based composite  
 D6720 – retainer crown – resin with high noble metal  
 D6721 – retainer crown – resin with predominantly base metal  
 D6722 – retainer crown – resin with noble metal  
 D6740 – retainer crown – porcelain/ceramic  
 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 the foregoing pontics, inlays, onlays, retainers and crowns are payable only once in any five-year period.
- ❖ Benefits for all porcelain/ceramic bridges are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional fixed bridge.

### **Orthodontic Services**

D8010 – limited orthodontic treatment of primary dentition  
 D8020 – limited orthodontic treatment of transitional dentition  
 D8030 – limited orthodontic treatment of adolescent dentition  
 D8040 – limited orthodontic treatment of adult dentition  
 D8070 – comprehensive orthodontic treatment of transitional dentition  
 D8080 – comprehensive orthodontic treatment of adolescent dentition  
 D8090 – comprehensive orthodontic treatment of adult dentition  
 D8210 – removable appliance therapy  
 D8220 – fixed appliance therapy

D8660 – pre-orthodontic treatment visit

D8670 – periodic orthodontic treatment visit (as part of contract)

- ❖ Benefits for the foregoing Orthodontic Services are payable only to the extent said services are “medically necessary” and only for age 18 and under.

D8680 – orthodontic retention (removal of appliances, construction and placement of retainer(s))

- ❖ Benefits for the foregoing Orthodontic Service are payable only to the extent said services are “medically necessary” and only for age 18 and under.
- ❖ Benefits for orthodontic retention are payable whether billed in conjunction with other orthodontic services or billed separately.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)  
<https://www.DeltaDentalOH.com>  
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