

## Dental Plans Comparison Chart Summary

The chart below is a summary of frequently used services and procedures. Please refer to the limitations and exclusions for more information about frequency limitations and other provisions.

Category	ADA Dental Codes	Description	DELTACARE	DELTA DENTAL PPO PLAN	
			Network Only	In-Network	Out-of-Network
			(You pay...)	(You pay...)	(You pay... plus any costs over maximum allowance)
<b>Preventive Care</b>	00120	Periodic oral examination (2 per year)*	No Charge	No Charge	0%
	00210	Full mouth X-ray (see frequency limitations)	No Charge	No Charge	0%
	09110	Emergency, palliative treatment of dental pain	\$5.00	No Charge	0%
	01201	Topical Fluoride (child) – see limitations	No Charge	No Charge	0%
	01110	Prophylaxis (cleanings) (1 per 6-month period)*	No Charge	No Charge	0%
<b>Adjunctive General Services</b>	09972	External bleaching – self-treatment with bleaching tray & gel	\$125.00 each	Not Covered	Not Covered
	09940	Occlusal guard (night guard), by report – limited to 1 in 3 years	\$95.00	Not Covered	Not Covered
	09951	Occlusal adjustment, limited	\$20.00	No Charge	10%
	09952	Occlusal adjustment, complete	\$40.00	Not Covered	Not Covered
	01351	Sealant (per tooth) limitations may apply	\$5.00	No Charge	10%
	07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50.00	Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits	Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits
<b>Restorative Dentistry</b>	02140-50	Amalgam (“silver” fillings) on primary or permanent teeth:	No Charge	No Charge	10%
	60-61	1, 2, 3 or 4 surfaces			
	02330-31	Composite resin (white fillings), anterior (front) teeth:	No Charge	No Charge	10%
	-32-35	1, 2, 3 or 4 surfaces			
	02391-92-93	Composite resin (white fillings), posterior (molars):	\$45.00 to \$75.00	No Charge	10%
	-94	1, 2, 3 or 4 surfaces			
02510	Gold inlay – one surface	No Charge	25% upon review, predetermination recommended	30% upon review, predetermination recommended	
02650	Composite resin inlay (white) – one surface	\$85.00	25% upon review, predetermination recommended	30% upon review, predetermination recommended	
02610	Porcelain/ceramic inlay – one surface	\$135.00	25% upon review, predetermination recommended	30% upon review, predetermination recommended	
<b>Periodontics</b>	04240	Gingival flap, per quadrant	\$75.00	10%	10%
	04263	Bone replacement graft – first site in quadrant	\$195.00	10%	10%
	04264	Bone replacement graft – each additional site in quadrant	\$60.00	10%	10%
	04210	Gingivectomy/gingivoplasty (gum surgery), per quadrant	\$75.00	10%	10%

<b>Endodontics</b>	03220	Therapeutic pulpotomy	No Charge	No Charge	10%
	03310	Root canal – Anterior (front) teeth	\$30.00	No Charge	10%
	03320	Root canal – Bicuspid	\$60.00	No Charge	10%
	03330	Root canal – Molar	\$90.00	No Charge	10%
<b>Oral Surgery</b>	07286	Biopsy of soft oral tissue	No Charge	No Charge	10%
	07111	Uncomplicated extraction, single tooth	No Charge	No Charge	10%
	07220	Extraction – impacted soft tissue, per tooth	No Charge	No Charge	10%
	07230	Extraction – impacted partially bony, per tooth	\$30.00	No Charge	10%
	07240	Extraction – impacted completely bony, per tooth	\$40.00	No Charge	10%
	09215	Local anesthesia	No Charge	No Charge	10%
	09220	General anesthesia – first 30 minutes (only with oral surgery)	\$165.00	No Charge	10%
	09221 7450-51	General anesthesia – each additional 15 minutes (only with oral surgery) Removal of benign odontogenic cyst or tumor	\$80.00 No Charge	No Charge Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits	10% Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits
<b>Crowns and Bridges</b>	02740	Crown – porcelain/ceramic substrate (front teeth or molars – chipped tooth)	\$60.00	25%, add'l cost for porcelain on posterior teeth	30%, add'l cost for porcelain on posterior teeth
	06740	Crown – porcelain/ceramic substrate (front teeth or molars – missing tooth)	\$195.00		
	02752/06752	Crown – porcelain fused to noble metal (front teeth or molars)	\$60.00	25%, add'l cost for porcelain on posterior teeth	30%, add'l cost for porcelain on posterior teeth
	06930	Recement fixed partial denture	No Charge	25%	30%
	02920	Recement crown	No Charge	25%	30%
	06241	Pontic – porcelain fused to base metal (front teeth or molars)	\$60.00	25%, add'l cost for porcelain on posterior teeth	30%, add'l cost for porcelain on posterior teeth
<b>Prosthetics</b>	06980	Fixed partial denture repair, by report	\$15.00	25%	30%
	05110-20	Complete upper or lower denture	\$75.00	25%	30%
	05211-12	Upper or lower partial denture – resin base	\$85.00	25%	30%
	05670-71	Replace all teeth (upper or lower) on cast metal framework	\$75.00	25%	30%
	05510	Repair broken upper or lower denture, no tooth damage	\$15.00	25%	30%
	05410	Complete denture adjustment	No Charge	25%	30%
	05520	Replace broken tooth on denture	\$5.00	25%	30%
	02790/06790 Various	Crown – full cast high noble metal (gold) Implants – surgical placement, removal, repair and/or recementation; Implant-supported prosthetics	\$160.00 Not Covered	25%, predetermination recommended	30%, predetermination recommended
<b>Orthodontics</b>	Various	Pre-treatment records & diagnostic services	\$200.00	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)
	D8090-80-70	Comprehensive orthodontic treatment	\$1,450.00		
	D8010-30	Limited ortho treatment of primary, transitional or adolescent teeth	\$ 950.00		
	D8040	Limited orthodontic treatment of the adult teeth	\$1,150.00		
<b>Calendar Year Benefit Maximum</b>	Various	Post-treatment records	\$70.00		
			Not applicable	\$1,700 per person (excluding orthodontia)	\$1,700 per person (excluding orthodontia)