

PLAN 20171C MEMBER COPAYMENT SCHEDULE

Benefits are provided for the following services ("covered services"). Covered services must be performed by a network provider or by a network specialist. This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of your member certificate. No benefits are provided for services received from a provider other than a network provider or for procedures not listed below.

Offered by Dental Choice, Inc., a subsidiary of
Delta Dental of Kentucky, Inc.

ADA Codes	Member Pays
VISITS & DIAGNOSTIC	
0120	Periodic oral evaluation \$ 0
0140	Limited oral evaluation (emergency) – problem focused 28
0145	Oral evaluation for patients under 3 years of age 0
0150	Comprehensive oral evaluation 0
0160	Detailed and extensive oral evaluation – problem focused 0
0170	Re-evaluation – limited, problem-focused 27
0180	Comprehensive periodontal evaluation 0
0460	Pulp vitality tests 0
0470	Diagnostic casts 0
X-RAYS	
0210	Full mouth X-rays – complete series (including bitewings (1 per 60 month period)) 0
0220	Periapical X-ray 0
0230	Periapical X-ray – each additional film 0
0240	Intraoral, occlusal film 0
0270/0272	Bitewing X-rays (one and two films) 0
0273	Bitewing X-rays (three films) 0
0274	Bitewing X-rays (four films) (1 set per 12 month period) 0
0277	Vertical bitewings (seven to eight films) 0
0330	Panoramic X-ray (1 per 60 month period) 0
PROPHYLAXIS & FLUORIDE TREATMENTS	
1110/1120	Prophylaxis (teeth cleaning) adult/child (2 per 12 month period) 0
1206	Topical fluoride varnish (1 per 6 month period for covered persons to age 19) 0
1208	Topical application of fluoride (1 per 6 month period for covered persons to age 19) 0
1351	Sealant per tooth through age 15 – occlusal surface permanent molars (Benefits for replacement are disallowed if performed within 3 years of initial placement) 14
SPACE MAINTAINERS*	
1510	Space maintainer, fixed (unilateral)* 109
1515	Space maintainer, fixed (bilateral)* 191
1520	Space maintainer, removable (unilateral)* 164
1525	Space maintainer, removable (bilateral)* 227
1550	Recementation of space maintainer 29
1555	Removal of fixed space maintainer 29
*Space maintainers are limited to children under 12 years of age.	
RESTORATIVE DENTISTRY	
Amalgam Restorations – Primary or Permanent Teeth:	
2140	Amalgam – 1 surface 0
2150	Amalgam – 2 surfaces 0
2160	Amalgam – 3 surfaces 0
2161	Amalgam – 4 or more surfaces 0
Resin Restorations:	
2330	Resin-based composite – 1 surface, anterior 23
2331	Resin-based composite – 2 surfaces, anterior 28
2332	Resin-based composite – 3 surfaces, anterior 37
2335	Resin-based composite – 4 or more surfaces, anterior or involving incisal angle 45
2390	Resin-based composite crown – anterior 58

ADA Codes	Member Pays
Resin Restorations (continued):	
2391	Resin-based composite – 1 surface, posterior \$ 53
2392	Resin-based composite – 2 surfaces, posterior 73
2393	Resin-based composite – 3 surfaces, posterior 86
2394	Resin-based composite – 4 or more surfaces 97
Inlay/Onlay Restorations:	
2510*	Inlay, metallic – 1 surface 247
2520*	Inlay, metallic – 2 surfaces 247
2530*	Inlay, metallic – 3 or more surfaces 258
2542*	Onlay, metallic – 2 surfaces 246
2543*	Onlay, metallic – 3 surfaces 258
2544*	Onlay, metallic – 4 or more surfaces 258
Crowns:	
2710	Crown, resin based composite 157
2720*	Crown, resin with high noble metal 265
2721	Crown, resin with predominantly base metal 221
2722	Crown, resin with noble metal 221
2740	Crown, porcelain/ceramic 365
2750*	Crown, porcelain fused to high noble 365
2751	Crown, porcelain fused to predominantly base metal 365
2752	Crown, porcelain fused to noble 365
2780*	Crown – 3/4 cast high noble metal 365
2781	Crown – 3/4 cast predominantly base metal 346
2782	Crown – 3/4 cast noble metal 365
2783	Crown – 3/4 porcelain/ceramic 365
2790*	Crown, full cast high noble metal 365
2791	Crown, full cast predominantly base metal 321
2792	Crown, full cast noble metal 365
2794*	Crown – titanium 365
2910	Recement inlay, onlay or partial coverage restoration 34
2915	Recement cast or prefabricated post and core 34
2920	Recement crown 32
2930	Prefabricated stainless steel primary 75
2931	Prefabricated stainless steel permanent 97
2932	Prefabricated resin crown (anterior teeth only) 77
2940	Sedative filling 30
2950	Core build-up, including any pins 70
2951	Pin retention – per tooth, in addition to restoration 16
2952*	Post and core, in addition to crown – indirectly fabricated 101
2954	Prefabricated post and core, in addition to crown 118
2971	Additional procedures to construct new crown under existing partial denture framework 43
2980	Crown repair 65 + lab
*Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Member at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, indirectly fabricated post and cores, inlays and onlays. Crowns limited to 1 per 5 year period. An additional laboratory charge also applies to a titanium crown.	
ENDODONTICS	
3110/3120	Pulp capping – direct/indirect (excludes final restoration) 28
3220	Therapeutic pulpotomy (excludes final restoration) 52
3221	Pulpal debridement (primary/perm.) 42
3230/3240	Pulpal therapy (resorbable filling), primary tooth (excludes final restoration) 64
3310	Root canal, anterior (excludes final restoration) 184
3320	Root canal, bicuspid (excludes final restoration) 248
3330	Root canal, molar (excludes final restoration) 291
3346	Retreatment of previous root canal therapy–anterior 232
3347	Retreatment of previous root canal therapy–bicuspid 276
3348	Retreatment of previous root canal therapy–molar 340

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ADA Codes	Member Pays	ADA Codes	Member Pays
ENDODONTICS (CONTINUED)		PROSTHETICS – FIXED (EACH RETAINER AND EACH PONTIC CONSTITUTES A UNIT IN A FIXED PARTIAL DENTURE)	
3410	Apicoectomy/periradicular surgery, anterior	6210*	Pontic, cast high noble metal
3421	Apicoectomy/periradicular surgery, bicuspid (1st root)	6211	Pontic, cast predominantly base metal
3425	Apicoectomy/periradicular surgery, molar (first root)	6212	Pontic, cast noble metal
3426	Apicoectomy/periradicular surgery, each additional root	6240*	Pontic, porcelain fused to high noble metal
3430	Retrograde filling, per root	6241	Pontic, porcelain fused to predominantly base metal
3450	Root amputation, per root	6242	Pontic, porcelain fused to noble metal
PERIODONTICS		6245	Pontic, porcelain/ceramic
4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant	6250*	Pontic, resin with high noble metal
4211	Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	6251	Pontic, resin with predominantly base metal
4240	Gingival flap procedures, including root planing, 4 or more contiguous teeth	6252	Pontic, resin with noble metal
4241	Gingival flap procedures, including root planing, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	6602*	Inlay cast high noble metal, 2 surfaces
4245	Apically positioned flap	6603*	Inlay cast high noble metal, 3 or more surfaces
4249	Clinical crown lengthening – hard tissue	6604	Inlay cast predominantly base metal, 2 surfaces
4260	Osseous surgery, 4 or more contiguous teeth	6605	Inlay cast predominantly base metal, 3 or more surfaces
4261	Osseous surgery, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	6606	Inlay cast noble metal, 2 surfaces
4341	Periodontal scaling and root planing, 4 or more teeth per quadrant	6607	Inlay cast noble metal, 3 or more surfaces
4342	Periodontal scaling and root planing, 1 to 3 teeth per quadrant	6610*	Onlay cast high noble metal, 2 surfaces
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	6611*	Onlay cast high noble metal, 3 or more surfaces
4910	Periodontal maintenance (following active therapy)	6612	Onlay cast predominantly base metal, 2 surfaces
PROSTHETICS – REMOVABLE		6613	Onlay cast predominantly base metal, 3 or more surfaces
<i>Includes any adjustments for 6 months</i>		6614	Onlay cast noble metal, 2 surfaces
5110/5120	Complete denture, upper or lower	6615	Onlay cast noble metal, 3 or more surfaces
5130/5140	Immediate denture, upper or lower	6720*	Crown, resin with high noble metal
5211/5212	Partial denture, resin base, upper or lower (including any conventional clasps, rests and teeth)	6721	Crown, resin with predominantly base metal
5213/5214	Partial denture, upper or lower, cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	6722	Crown, resin with noble metal
5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	6740	Crown, porcelain/ceramic
5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	6750*	Crown, porcelain fused to high noble metal
5281	Removable unilateral partial denture, one piece cast metal (including clasps and teeth)	6751	Crown, porcelain fused to predominantly base metal
5410/5411	Denture and partial adjustments – upper or lower	6752	Crown, porcelain fused to noble metal
5421/5422	Adjust partial denture - upper and lower	6780*	Crown, 3/4 cast high noble metal
5510/5610	Denture and partial repairs (per repair)	6781	Crown, 3/4 cast predominantly base metal
5620		6782	Crown, 3/4 cast noble metal
5520/5640	Adding or replacing teeth to existing partial/denture (per tooth)	6790*	Crown, full cast high noble metal
5630	Repair or replace broken clasp	6791	Crown, full cast predominantly base metal
5650/5660	Add tooth or clasp to existing partial denture	6792	Crown, full cast noble metal
5670/5671	Replace all teeth and acrylic on cast metal framework, upper or lower	6930	Recement bridge (fixed partial denture)
5710/5711	Rebase complete upper or lower denture	6940	Stress breaker
5720/5721	Rebase upper or lower partial denture	*Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Member at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, indirectly fabricated post and cores, inlays and onlays. Crowns limited to 1 per 5 year period. An additional laboratory charge also applies to a titanium crown.	
5730/5731	Office reline, complete or partial denture	ORAL & MAXILLOFACIAL SURGERY	
5740/5741		7111	Extraction, coronal remnants – deciduous tooth
5750/5751	Laboratory reline, complete or partial denture	7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary
5760/5761		7210	Surgical removal of erupted tooth, requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone and closure
5850/5851	Tissue conditioning, upper or lower	7220	Removal of impacted tooth (soft tissue)
		7230	Removal of impacted tooth (partially bony)
		7240	Removal of impacted tooth (completely bony)
		7241	Removal of impacted tooth (completely bony, with unusual surgical complications)

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ORAL & MAXILLOFACIAL SURGERY (CONTINUED)

7250	Surgical removal of residual tooth roots (cutting procedure)	\$122
7286	Biopsy of oral tissue (soft)	86
7310	Alveoloplasty, with extractions, four or more teeth or tooth spaces, per quadrant	59
7311	Alveoloplasty, with extractions, 1 to 3 teeth or tooth spaces, per quadrant	57
7320	Alveoloplasty, without extractions, four or more teeth or tooth spaces, per quadrant	62
7321	Alveoloplasty, without extractions, 1 to 3 teeth or tooth spaces, per quadrant	62
7960	Frenulectomy – separate procedure	127

MISCELLANEOUS

9110	Palliative emergency treatment of dental pain (minor procedure)	33
9310	Specialist consultation	38
9440	Office visit, after regularly scheduled hours	44

ORTHODONTIC COVERAGE

MEMBER PAYS

Adults age 19 and older

24-month treatment plan including treatment records \$4,100

Dependents to age 19

24-month treatment plan including treatment records \$3,150

You may go directly to participating orthodontists for treatment. Coverage is available only in areas where there are network orthodontists.

Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding, and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. Fees for treatment records include X-rays, diagnostic casts and photographs.

SPECIALIST COVERAGE

This plan includes coverage for oral surgery, periodontic, and endodontic specialists. Network specialists are available in most areas we serve. **In order to receive benefits, services must be rendered by a network specialist.**

PREAUTHORIZATION

The following services are subject to review for benefit coverage as stated in your member certificate: crowns, periodontics, partial dentures and bridges. Your dentist must submit a treatment plan for review, prior to services being rendered.

MISSED APPOINTMENTS

DeltaCare plans do not cover missed appointment charges. You should follow your dentist's policy regarding missed appointments.

SECOND OPINIONS

For cases where you feel a second opinion is necessary, contact a Customer Service representative at (800) 955-2030.

OUT-OF-AREA EMERGENCY CARE

If you are 50 miles or more from home, benefits are provided for out-of-area emergency care once per 12-month calendar year. You may seek treatment from any licensed dentist **only for the relief of pain**. Benefits are payable, in accordance with the Member Copayment Schedule, up to a maximum of \$50 per benefit period, less any applicable copayments. To claim these benefits, mail the original receipt and original bill to our office within 60 days of receipt of services.

