Delta Dental PPO/OSU Clinic
Summary of Dental Plan Benefits
For Group# 1960-1003A
The Ohio State University Comprehensive 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 – July 19, 2016 through August 14, 2017 for early arriving students who purchase interim coverage. (OSU provides date for early arriving students each year)

Maximum Payment – $1,000 per person total per Benefit Year on all services.

Deductible – When services are performed at the Wilce Student Health Center or the College of Dentistry Student Clinics, there is a $17 copayment for exams. If more than one such covered service is performed in the same visit, only one $17 copayment is due. For services performed elsewhere, there is a $50 deductible per person total per benefit year on Diagnostic & Preventive and Basic Services.

<table>
<thead>
<tr>
<th>Non-EHB Covered Services – includes all Covered Services that are not Essential Health Benefits (EHB) as defined by the Patient Protection and Affordable Care Act.</th>
<th>Wilce Student Health Center and the College of Dentistry’s Student Clinics only</th>
<th>Delta Dental Premier or PPO Dentists, including OSU Dentistry Faculty Practice</th>
<th>Nonparticipating Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>Plan Pays</td>
<td>You Pay</td>
<td>Plan Pays</td>
</tr>
<tr>
<td>Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams and cleanings twice per benefit year and fluoride treatment once per benefit year for dependent children to age 19).</td>
<td>100%</td>
<td>$17 copay for exams</td>
<td>70%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment - Used to temporarily relieve pain</td>
<td>100%</td>
<td>$17 copay for exams</td>
<td>70%</td>
</tr>
<tr>
<td>Radiographs - X-rays. Bitewing X-rays are payable once per benefit year. Full-mouth X-rays are payable once per five benefit years.</td>
<td>100%</td>
<td>0%</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Extractions</td>
</tr>
<tr>
<td>Oral Surgery Services - Surgical extractions. Coverage for the removal of asymptomatic third molars is excluded</td>
</tr>
<tr>
<td>Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)</td>
</tr>
<tr>
<td>Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth</td>
</tr>
<tr>
<td>Endodontic Services - Limited to root canals only</td>
</tr>
<tr>
<td>Anesthesia - IV sedation</td>
</tr>
<tr>
<td>Major Restorative Services - Limited to single crowns only</td>
</tr>
</tbody>
</table>

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Comprehensive periodontal evaluations are also payable once per benefit year.
- Composite resin (white) restorations are Covered Services on posterior teeth.
Root planing is payable once per quadrant per 12-month period.

Implants and related services are not Covered Services.

Occlusal guards are not Covered Services.

Single Crowns are a covered benefit.

People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

**Waiting Period** – There is no waiting period.

**Student Eligibility** – All Domestic Students who are enrolled in a degree program at OSU, and in at least six (6) credit hours for undergraduates, at least four (4) credit hours for graduate students or at least three (3) credit hours for post-candidacy doctoral students are eligible under this Plan. Exceptions apply to enrolled students taking one of the approved exception course numbers representing co-ops, internship, study abroad, and thesis or dissertation research. These students will be automatically charged and the health insurance premium will be included in their fees, unless the student waives coverage. International students are eligible for coverage with no minimum requirements.

Also eligible at your option are your legal spouse or domestic partner, and your dependent children under age 26.

Where two students are legally married to each other, they will be enrolled under one application card and will receive benefits under a single contract without coordination of benefits under the Delta Dental contract.

Coverage becomes effective at 12:01 a.m. EST on the first official day of coverage for the school term for which the premium has been paid and extends through the day preceding the first day of coverage of the subsequent coverage period. Benefits will cease on the day before the next coverage period begins.

**Enrollment Requirements** -- All eligible students who enroll in the Comprehensive Student Health Insurance Plan in the Autumn term are automatically enrolled for Annual coverage, which includes autumn, and spring-summer coverage, provided minimum eligibility requirements are maintained. (Students new to the university for Summer term are eligible to purchase summer only coverage).

**Credit Hour Requirements**

The following courses are excluded from being applied towards the minimum credit hours:

- Courses taken as Non-Degree. The following Programs or Plans are considered non-degree: Graduate Non-degree, Graduate Visitor, Undergraduate Non-degree, Undergraduate Visitor, Undergraduate Academy, Law Non-Degree, Law Casual. Students may petition for an exception if:
  - The course is a pre-requisite for entrance into a degree status program of study; and
  - If the course is graduate level, the student has a current application on file with the Graduate School

- Courses designated as Continuing Education
- Courses taken as Audit
- Courses designated as distance learning and taken in the absence of eligible, on-campus courses. Students may petition for an exception.
Each of the 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 under the age of 19 ("EHB Covered Services"). In the event an individual under the age of 19 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.

EHB Covered Services (for individuals under the age of 19) | In-Network | Out-of-Network |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PPO Dentist</td>
<td>Premier Dentist</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Radiographs – X-rays</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Restorative Services – fillings and crown repair</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges and dentures</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services – medically necessary</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental’s Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

**In-Network Out-of-Pocket Maximum for EHB Covered Services** – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Certificate shall be $700 per Benefit Year if this Certificate covers one individual under the age of 19, or $1400 per Benefit Year if this Certificate covers two or more individuals under the age of 19. Any Copayments, Deductibles or other out-of-pocket expenses paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-Covered Services; (iii) payments made by you to Out-of-Network Dentists; (iv) Copayments, Deductibles or other out-of-pocket expenses paid by you for services other than EHB Covered Services; or (v) Copayments, Deductibles or other out-of-pocket expenses paid by you for EHB Covered Services provided to individuals 19 years of age and older. Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

**Out-of-Network Out-of-Pocket Maximum for EHB Covered Services** – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

**Annual and Lifetime Maximum Payments for EHB Covered Services** – For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

**Deductibles for EHB Covered Services** – None.
Waiting Period for EHB Covered Services – There are no waiting periods for individuals under the age of 19 seeking EHB Covered Services

EHB Covered Services

The following services are EHB Covered Services to the extent they are received by an individual under the age of 19:

Diagnostic and Preventive Services
Examinations/Evaluations

D0120 – periodic oral evaluation
D0140 – limited oral evaluation – problem focused
D0145 – oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150 – comprehensive oral evaluation
D0160 – detailed and extensive oral evaluation (problem focused by report)
D0180 – oral examination, comprehensive periodontal evaluation

Benefits for the foregoing clinical oral evaluations are payable twice in any Calendar 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 are payable twice in any Calendar 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 Calendar Year.

Space Maintainers

D1510 – space maintainer – fixed – unilateral
D1515 – space maintainer – fixed – bilateral
D1520 – space maintainer – removable – unilateral
D1525 – space maintainer – removable – bilateral
D1550 – re-cementation of space maintainer

Emergency Palliative Treatment

D9110 – palliative (emergency) treatment of dental pain – minor procedure

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 additional 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 Calendar 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.
### 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 or involving incisal angle (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
- **D2915** – recement cast or prefabricated post and core
- **D2920** – recement crown
- **D2980** – crown repair
- **D2981** – inlay repair
- **D2982** – onlay repair
- **D2983** – veneer repair

- **D2930** – prefabricated stainless steel crown – primary tooth
- **D2931** – prefabricated stainless steel crown – permanent tooth
  - Stainless steel 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 (includes local anesthesia, suturing, if needed, and routine postoperative care)

- **D7111** – extraction, coronal remnants – deciduous tooth
- **D7140** – extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- **D7210** – surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of 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** – surgical removal of residual tooth roots (cutting procedure)
- **D7251** – coronectomy – intentional partial tooth removal
- **D7270** – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- **D7280** – surgical access 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** – alveoplasty, in conjunction with extractions – per quadrant
- **D7311** – alveoplasty, in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
- **D7320** – alveoplasty, not in conjunction with extractions – per quadrant
- **D7321** – alveoplasty, 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
- **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 since 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.
   ♦ Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.

D3223 – apicectomy – anterior
D3224 – apicectomy – bicuspid
D3225 – apicectomy – molar
D3226 – apicectomy – (each additional root)

D3227 – retrograde filling – per root
D3228 – root amputation – per root

D3310 – anterior (excluding final restoration)
D3320 – bicuspid (excluding final restoration)
D3330 – molar (excluding final restoration)
D3340 – retreatment of previous root canal therapy – anterior
D3342 – retreatment of previous root canal therapy – bicuspid
D3344 – retreatment of previous root canal therapy – molar
D3346 – retreatment of previous root canal therapy – additional root

D3351 – apexification/recalcification – initial visit (apical closure calcific repair or perforations, root resorptions)
D3352 – apexification/recalcification – interim visit (apical closure calcific repair or perforations, root resorptions)
D3353 – apexification/recalcification – final visit (includes completed root canal therapy – apical closure calcific repair or perforations, root resorptions, etc)
D3355 – pulpal regeneration – initial visit
D3356 – pulpal regeneration – interim medication replacement
D3357 – pulpal regeneration – completion of treatment
D3410 – apicoectomy – anterior
D3420 – apicoectomy – bicuspid (first root)
D3425 – apicoectomy – molar (first root)
D3426 – apicoectomy – (each additional root)
D3430 – retrograde filling – per root
D3450 – root amputation – per root

D3451 – apexification/recalcification – final visit (includes completed root canal therapy – apical closure calcific repair or perforations, root resorptions, etc)

D3452 – apexification/recalcification – interim visit (apical closure calcific repair or perforations, root resorptions)

D4210 – gingivectomy or gingivoplasty – four or more teeth
D4211 – gingivectomy or gingivoplasty – one to three teeth
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 per quadrant
D4242 – osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant
D4243 – osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per 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 – subepithelial connective tissue graft procedures (including donor site surgery)
D4277 – free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position
D4278 – free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position
D4341 – periodontal scaling and root planing, four or more teeth per quadrant
D4342 – periodontal scaling and root planing, one to three teeth, per quadrant
   ♦ Benefits for the foregoing scaling and root planing are payable once, per quadrant, in any two-year period.

D4355 – full mouth debridement to enable comprehensive periodontal evaluation and diagnosis
Full mouth debridement is payable once per lifetime.

D4910 – periodontal maintenance procedures (following active therapy)

Benefits for periodontal maintenance following therapy, including adult prophylaxis, are payable twice in any Calendar Year.

Relines and Repairs
D5410 – adjust complete denture – maxillary
D5411 – adjust complete denture – mandibular
D5421 – adjust partial denture – maxillary
D5422 – adjust partial denture – mandibular
D5510 – repair broken complete denture base
D5520 – replace missing or broken teeth – complete denture (each tooth)
D5610 – repair resin denture base
D5620 – repair cast framework
D5630 – repair or replace broken clasp
D5640 – replace broken teeth – per tooth
D5650 – add tooth to existing partial denture
D5660 – add clasp to existing partial denture
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
D5730 – reline complete maxillary denture
D5731 – reline complete mandibular denture
D5740 – reline maxillary partial denture
D5741 – reline mandibular partial denture
D5750 – reline complete maxillary denture (laboratory)
D5751 – reline complete mandibular denture (laboratory)
D5760 – reline maxillary partial denture (laboratory)
D5761 – reline mandibular partial denture (laboratory)

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 – cephalometric images
D0350 – oral/facial photographic images
D0470 – diagnostic models
D9220 – deep sedation/general anesthesia – first 30 minutes
D9221 – deep sedation/general anesthesia – each additional 15 minutes
D9241 – intravenous conscious sedation/analgesia – first 30 minutes
D9242 – intravenous conscious sedation/analgesia – each additional 15 minutes
D9310 – consultation (diagnostic service provided by dentist other than practitioner providing treatment)
D9610 – therapeutic drug injection by report, single administration
D9612 – therapeutic drug injection by report, two or more administrations, different medications
D9930 – treatment of complications (post-surgical) – unusual circumstances, by report

D9940 – occlusal guard, by report

Benefits for an occlusal guard are payable once per Calendar Year for individuals 13 years of age or older and less than 19 years of age.
Major Services

Major Restorative Services

- 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 substrate
- D2750 - crown – porcelain fused to high noble metal
- D2751 - crown – porcelain fused to predominantly base metal
- D2752 - crown – porcelain fused to noble metal
- 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 (This code does not include facial veneers)
- 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, indirectly fabricated
- 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 porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.
- 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)
- D5215 – maxillary partial denture – flexible base (including any clasps, rests and teeth)
- D5226 – mandibular partial denture – flexible base (including any clasps, rests and teeth)
- D5281 – removable unilateral partial denture – one piece cast metal (including clasps and teeth)

- 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.

- 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
D6058 – abutment supported porcelain/ceramic crown
D6059 – abutment supported porcelain fused to high noble metal crown
D6060 – abutment supported porcelain fused to predominantly base metal crown
D6061 – abutment supported porcelain fused to noble metal crown
D6062 – abutment supported cast high noble metal crown
D6063 – abutment supported cast predominantly base metal crown
D6064 – abutment supported cast noble metal crown
D6065 – abutment supported titanium crown
D6066 – implant supported porcelain/ceramic crown
D6067 – implant supported porcelain fused to high metal crown
D6068 – implant supported porcelain fused to predominantly base metal crown
D6069 – implant supported porcelain fused to noble metal crown
D6070 – implant supported porcelain fused to metal FPD
D6071 – implant supported porcelain fused to high noble metal FPD
D6072 – implant supported porcelain fused to cast metal FPD
D6073 – implant supported porcelain fused to cast noble metal FPD
D6074 – implant supported porcelain fused to cermet FPD
D6075 – implant supported porcelain/fused to metal FPD
D6076 – implant supported porcelain/fused to noble metal FPD
D6077 – implant supported porcelain/fused to ceramic FPD
D6078 – implant supported porcelain/fused to titanium FPD
D6079 – implant supported porcelain/fused to zirconia FPD

Benefits for the foregoing abutments and implants are payable once in any five-year period.

D6080 – implant maintenance procedures
D6081 – repair implant prosthesis
D6082 – replacement of semi-precision or precision attachment
D6083 – recement implant/abutment supported crown
D6084 – recement implant/abutment supported fixed partial denture
D6085 – repair implant abutment
D6086 – implant removal
D6087 – implant index

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
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
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 – crown – indirect resin based composite
D6720 – crown – resin with high noble metal
D6721 – crown – resin with predominantly base metal
D6722 – crown – resin with noble metal
D6740 – crown – porcelain/ceramic
D6750 – crown – porcelain fused to high noble metal
D6751 – crown – porcelain fused to predominantly base metal
D6752 – crown – porcelain fused to noble metal
D6780 – crown – 3/4 cast high noble metal
D6781 – crown – 3/4 cast predominantly base metal
D6782 – crown – 3/4 cast noble metal
D6783 – crown – 3/4 porcelain/ceramic
D6790 – crown – full cast high noble metal
D6791 – crown – full cast predominantly base metal
D6792 – crown – full cast noble metal
D6794 – 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 the primary dentition
D8020 – limited orthodontic treatment of the transitional dentition
D8030 – limited orthodontic treatment of the adolescent dentition
D8040 – limited orthodontic treatment of the adult dentition
D8050 – interceptive orthodontic treatment of the primary dentition
D8060 – interceptive orthodontic treatment of the transitional dentition
D8070 – comprehensive orthodontic treatment of the transitional dentition
D8080 – comprehensive orthodontic treatment of the adolescent dentition
D8090 – comprehensive orthodontic treatment of the 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 up until the age of 19.

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 up until the age of 19.
- Benefits for orthodontic retention are payable whether billed in conjunction with other orthodontic services or billed separately.