Delta Dental PPO Value Plan

The Delta Dental PPO Value Plan is designed to help you maintain good oral health—providing you with coverage for preventive and diagnostic care and significant discounts on other dental services when you see a participating dentist. This document contains a fee schedule valid for services from general dentists in the Boston and Cambridge areas ONLY. Fees for specialists may be higher. To verify these fees are valid at your dentist or to check fees at a dentist located outside the Boston/Cambridge area, call 800-872-0500 and have your dentist’s ZIP code available.

Advantages

No claim forms—when you go to a PPO network provider, there are no claim forms for you or your family to complete. Simply provide your dentist with the information that is printed on your ID card, and make your applicable patient payment.

No balance billing—PPO network dentists agree to accept the Delta Dental discounted fee for basic and major restorative services as full payment.

No Waiting Periods—Your benefits begin immediately, and there are no exclusions for pre-existing conditions. The only exception is work in progress - dental expenses incurred in connection with any dental procedure started prior to coverage with Delta Dental PPO Value Plan are excluded.

In-Network Coverage

In-network diagnostic and preventive services are covered 100%—which means that you won't have any additional out-of-pocket costs for those procedures.

In-network basic and major restorative services—like fillings, crowns, and root canals are available to you at negotiated discount rates so that you’ll have access to these services at great savings.

To find a participating dentist for the Delta Dental PPO Value Plan:

- Visit www.deltadentalma.com and on the Find a Dentist screen, click the box for Delta Dental PPO Value Plan, or
- Call customer service at 800-872-0500

Out-of-Network Coverage

If you visit a dentist that does not participate in the Delta Dental PPO Network, you will be covered for diagnostic and preventive services only. For these services, you will be covered up to 85% of the lesser of the maximum fee allowance or the dentist’s charge. Restorative services and other basic services and Prosthodontic and other services are not discounted when provided by a non-participating dentist.

If you receive care from a non-participating dentist, you may be responsible for paying the dentist directly and submitting a claim form to Delta Dental for reimbursement.

Delta Dental PPO Value Plan Questions and Answers

Q. What is the Delta Dental PPO Value Plan?
A. Delta Dental PPO Value Plan is a PPO provider plan, in which members benefit from financial savings when receiving care from in-network dentists. When received in-network, preventive and diagnostic services are covered at 100%. Basic and major restorative services provided by network dentists are available to Delta Dental PPO Value Plan members at discounted rates. You must remain on the plan for one year. If coverage is cancelled, you are not eligible to reapply for dental coverage until 12 months after the cancellation date.

Q. My dentist is a Delta Dental dentist, but he/she is not on the list. Can I still use him/her?
A. Delta Dental has several other dental programs and not all Delta Dental dentists participate in all Delta Dental programs. Delta Dental PPO Value Plan provides out-of-network coverage for diagnostic and preventive services only; however, the benefits are lower than the coverage we offer when members use the services of Delta Dental PPO network participating dentist.

Q. Does Delta Dental PPO Value Plan provide access for specialty services?
A. YES. Delta Dental PPO Value Plan maintains a panel of specialists. Should you require specialty services, you may select a specialist from the PPO network. There is no discount on services received from a specialist outside the network. So, to enjoy the greatest value from your plan, please be sure to receive care from a Delta Dental PPO specialist. Fees for specialists may be higher. Please contact Customer Service at 800-872-0500 to confirm fee amounts.

<table>
<thead>
<tr>
<th>Preventive &amp; Diagnostic Services: Cleaning, oral exam, bitewing x-rays***</th>
<th>Dentist’s Usual Fee*</th>
<th>Fee You Pay with Delta Dental PPO Value Plan (ZIP Code 02138)**</th>
<th>Member Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive &amp; Diagnostic Services: Cleaning, oral exam, bitewing x-rays***</td>
<td>$464.00</td>
<td>$0.00</td>
<td>$464.00</td>
</tr>
<tr>
<td>Restorative: Two surface silver filling</td>
<td>$185.00</td>
<td>$105.32</td>
<td>$79.68</td>
</tr>
</tbody>
</table>

Potential Member Savings** $543.68

* Dentist’s Usual Fee is for illustrative purposes only. Costs will vary by dentist and geographic area.

** Fees vary depending on your dentist’s geographic location. Call customer service for fees at your dentist. Example for Delta Dental PPO network participating dentist only.

***Cleanings and oral exams covered once every six months.
Delta Dental PPO Value Plan
Effective January 1, 2016
List of Available Services

The following Diagnostic or Preventive Services are covered at 100% when performed by a Delta Dental PPO participating dentist.

### Diagnostic Services
- **D0120** Periodic oral examination ........................................... $0
- **D0140** Limited oral evaluation problem focused ........................ $0
- **D0145** Oral evaluation for a patient under three years of age .......................... $0
- **D0150** Comprehensive oral evaluation ...................................... $0
- **D0160** Detailed and extensive oral evaluation - problem focused .................. $0
- **D0170** Re-Evaluation - limited problem focused .......................... $0
- **D0180** Comprehensive periodontal evaluation - new or established patient ........................ $0
- **D0210** Full-mouth x-ray series .................................................. $0
- **D0220** Single x-ray ................................................................. $0
- **D0230** Additional x-ray ........................................................... $0
- **D0270** Single bitewing x-ray ....................................................... $0
- **D0272** Two bitewing x-rays ....................................................... $0
- **D0273** Three bitewing x-rays ..................................................... $0
- **D0274** Four bitewing x-rays ....................................................... $0
- **D0277** Vertical bitewing series (7 to 8 films) ................................ $0
- **D0330** Panoramic x-ray ............................................................ $0

### Preventive Services
- **D1110** Adult cleaning .............................................................. $0
- **D1120** Child cleaning .............................................................. $0
- **D1206** Topical fluoride varnish; therapeutic application for moderate to high caries risk patients (to age 19) .......................... $0
- **D1208** Topical application of fluoride ........................................ $0
- **D1351** Sealant application ........................................................ $0
- **D1352** Preventive resin restoration in permanent tooth for moderate to high caries risk patients .......................... $0
- **D1510** Space maintainer - fixed, unilateral ................................ $0
- **D1515** Space maintainer - fixed, bilateral ................................ $0
- **D1520** Space maintainer - removable, unilateral ................................ $0
- **D1525** Space maintainer - removable, bilateral ................................ $0
- **D4910** Periodontal cleaning ........................................................ $0

The following services are available at the fees listed when performed by a participating general dentist in the Boston or Cambridge area. To verify that these fees are valid at your dentist, call 800-872-0500 and be prepared to provide the ZIP code of your dentist’s office.

### Minor Restorative Services
- **D2140** One surface silver filling: permanent tooth ........................................ $83.58
- **D2150** Two surface silver filling: permanent tooth ........................................... $105.32
- **D2160** Three surface silver filling: permanent tooth ......................................... $124.34
- **D2161** Four or five surface silver filling: permanent tooth .......................... $150.59
- **D2330** Resin-based composite - one surface, anterior .................................. $105.28
- **D2331** Two surface white filling: front tooth ................................................ $131.05
- **D2332** Three surface white filling: front tooth ............................................. $160.17
- **D2335** Resin-based white - four or more surfaces or involving incisal angle (front) ........................................... $202.36
- **D2391** One surface white filling: back tooth ................................................. $113.03

### Major Restorative Services
- **D2740** Crown - porcelain/ceramic substrate ........................................ $982.53
- **D2750** Crown - porcelain fused to high noble metal ................................ $950.44
- **D2751** Crown - porcelain fused to predominantly base metal ....................... $854.20

- **D2752** Crown - porcelain fused to high noble metal ................................ $885.09
- **D2780** Crown - 3/4 cast high noble metal ................................................. $990.33
- **D2781** Crown - 3/4 cast predominantly base metal ........................................ $809.25
- **D2782** Crown - 3/4 cast metal .............................................................. $852.56
- **D2783** Crown - 3/4 porcelain/ceramic ....................................................... $1,037.55
- **D2790** Crown - full cast high noble metal ................................................. $990.33
- **D2791** Crown - full cast predominantly base metal ........................................ $809.25
- **D2792** Crown - full cast noble metal ....................................................... $852.56
- **D2910** Recement inlay ................................................................. $75.81
- **D2920** Recement crown ................................................................. $75.81
- **D2930** Prefabricated stainless steel crown - primary tooth .......................... $203.84
- **D2931** Prefabricated stainless steel crown - permanent tooth ....................... $199.75
- **D2932** Prefabricated resin crown ......................................................... $252.17
- **D2940** Sedative filling ................................................................. $82.27
- **D2950** Core buildup, including any pins .................................................. $247.32
- **D2951** Pin retention - per tooth, in addition to restoration .......................... $40.04
- **D2952** Cast post and core in addition to crown .......................................... $312.58
- **D2954** Prefabricated post and core in addition to crown ........................... $254.80

### Endodontic Services
- **D3220** Pulp removal on baby tooth ................................................ $126.08
- **D3221** Gross pulpal debridement primary and permanent teeth ....................... $148.33
- **D3222** Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .......................... $130.81
- **D3310** Root canal treatment: front tooth ................................................. $664.86
- **D3320** Root canal treatment: bicuspid tooth .............................................. $785.50
- **D3330** Root canal treatment: molar tooth .................................................. $966.21
- **D3410** Surgical root canal treatment: front tooth ........................................ $528.97
- **D3426** Surgical root canal treatment: each additional tooth ........................ $356.73

### Periodontic Services
- **D4210** Gum surgery: gingivectomy, per quadrant ...................................... $396.36
- **D4211** Gum surgery: gingivectomy, per tooth ........................................... $195.94
- **D4240** Gum surgery: flap procedure ....................................................... $561.57
- **D4241** Gingival flap procedures, including root planing - one to three teeth, per quadrant ........................................... $356.73
- **D4260** Bone surgery ................................................................. $1,001.22
- **D4261** Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant ........................................... $766.48
- **D4274** Distal or proximal wedge procedure .............................................. $445.90
- **D4341** Periodontal scaling and root planing, per quadrant .......................... $183.45
- **D4342** Periodontal scaling and root planing - one to three teeth, per quadrant ........ $114.37

### Removable Prosthodontics
- **D5110** Complete denture, upper .................................................. $1,085.50
- **D5120** Complete denture, lower ...................................................... $1,085.50
- **D5130** Immediate denture, upper ...................................................... $1,104.14
- **D5140** Immediate denture, lower ...................................................... $1,104.14
- **D5211** Upper partial denture: resin ..................................................... $831.67
- **D5212** Lower partial denture: resin ..................................................... $831.67
- **D5213** Upper partial denture: metal .................................................... $1,154.76
- **D5214** Lower partial denture: metal .................................................... $1,154.76
- **D5221** Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) ........................................... $831.67
- **D5222** Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) ........................................... $831.67
- **D5223** Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ........................................... $1,154.76
**Delta Dental PPO Value Plan**

**List of Available Services (continued...) Effective January 1, 2016**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6780</td>
<td>Crown - 3/4 cast high noble metal</td>
<td>$ 978.76</td>
</tr>
<tr>
<td>D6782</td>
<td>Crown - 3/4 cast noble metal</td>
<td>$ 936.30</td>
</tr>
<tr>
<td>D6790</td>
<td>Crown - cast high noble metal</td>
<td>$ 990.33</td>
</tr>
<tr>
<td>D6791</td>
<td>Crown - cast base metal</td>
<td>$ 806.87</td>
</tr>
<tr>
<td>D6792</td>
<td>Crown - cast noble metal</td>
<td>$ 852.56</td>
</tr>
<tr>
<td>D6794</td>
<td>Crown - titanium</td>
<td>$ 990.32</td>
</tr>
<tr>
<td>D6793</td>
<td>Recement bridge</td>
<td>$ 111.24</td>
</tr>
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**Oral and Maxillofacial Surgery**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7111</td>
<td>Coronal remnants - deciduous (baby) tooth</td>
<td>$ 79.45</td>
</tr>
<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</td>
<td>$ 105.32</td>
</tr>
<tr>
<td>D7210</td>
<td>Surgical tooth removal</td>
<td>$ 204.86</td>
</tr>
<tr>
<td>D7220</td>
<td>Impacted tooth removal: soft tissue</td>
<td>$ 277.45</td>
</tr>
<tr>
<td>D7230</td>
<td>Impacted tooth removal: partially bony</td>
<td>$ 366.76</td>
</tr>
<tr>
<td>D7240</td>
<td>Impacted tooth removal: completely bony</td>
<td>$ 448.45</td>
</tr>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth - completely bony with unusual surgical complications</td>
<td>$ 465.78</td>
</tr>
<tr>
<td>D7250</td>
<td>Root recovery</td>
<td>$ 218.78</td>
</tr>
<tr>
<td>D7285</td>
<td>Biopsy of hard tissue</td>
<td>$ 312.89</td>
</tr>
<tr>
<td>D7286</td>
<td>Biopsy of soft tissue</td>
<td>$ 283.12</td>
</tr>
<tr>
<td>D7288</td>
<td>Brush biopsy - transepithelial sample collection</td>
<td>$ 110.42</td>
</tr>
<tr>
<td>D7310</td>
<td>Bone recontouring (done with extractions)</td>
<td>$ 185.16</td>
</tr>
<tr>
<td>D7320</td>
<td>Bone recontouring (done without extractions)</td>
<td>$ 339.73</td>
</tr>
<tr>
<td>D7471</td>
<td>Excision - bone tissue</td>
<td>$ 368.05</td>
</tr>
<tr>
<td>D7472</td>
<td>Removal of torus palatinus</td>
<td>$ 452.98</td>
</tr>
<tr>
<td>D7473</td>
<td>Removal of torus mandibularis</td>
<td>$ 452.98</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess</td>
<td>$ 146.84</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</td>
<td>$ 168.17</td>
</tr>
</tbody>
</table>

**Implants**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>D6010</td>
<td>Surgical placement of implant body: endosteal implant</td>
<td>$1,806.02</td>
</tr>
<tr>
<td>D6056</td>
<td>Prefabricated abutment (includes placement)</td>
<td>$ 546.29</td>
</tr>
<tr>
<td>D6057</td>
<td>Custom abutment (includes placement)</td>
<td>$ 882.68</td>
</tr>
<tr>
<td>D6058</td>
<td>Abutment supported porcelain/ceramic crown</td>
<td>$ 1,238.33</td>
</tr>
<tr>
<td>D6059</td>
<td>Abutment supported porcelain fused to metal crown (high noble)</td>
<td>$ 1,238.33</td>
</tr>
<tr>
<td>D6061</td>
<td>Abutment supported porcelain fused to metal crown (noble metal)</td>
<td>$ 1,324.44</td>
</tr>
<tr>
<td>D6065</td>
<td>Implant supported porcelain/ceramic crown</td>
<td>$ 1,238.33</td>
</tr>
<tr>
<td>D6066</td>
<td>Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)</td>
<td>$ 1,238.33</td>
</tr>
<tr>
<td>D6067</td>
<td>Implant supported metal crown (titanium, titanium alloy, high noble metal)</td>
<td>$ 1,132.44</td>
</tr>
<tr>
<td>D6095</td>
<td>Repair implant abutment, by report</td>
<td>$ 212.33</td>
</tr>
<tr>
<td>D6100</td>
<td>Implant removal, by report</td>
<td>$ 204.86</td>
</tr>
</tbody>
</table>

**Adjunctive General Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9110</td>
<td>Emergency treatment for the relief of pain</td>
<td>$ 79.91</td>
</tr>
<tr>
<td>D9223</td>
<td>Deep sedation/general anesthesia - each 15 minute increment</td>
<td>$ 109.14</td>
</tr>
<tr>
<td>D9243</td>
<td>Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment</td>
<td>$ 117.55</td>
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</tbody>
</table>

**Fixed Prosthodontics**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6210</td>
<td>Bridge pontic: high noble metal</td>
<td>$ 990.33</td>
</tr>
<tr>
<td>D6211</td>
<td>Bridge pontic: base metal</td>
<td>$ 806.87</td>
</tr>
<tr>
<td>D6212</td>
<td>Bridge pontic: noble metal</td>
<td>$ 852.56</td>
</tr>
<tr>
<td>D6214</td>
<td>Pontic - titanium</td>
<td>$ 990.33</td>
</tr>
<tr>
<td>D6240</td>
<td>Bridge pontic: porcelain with high noble metal</td>
<td>$ 950.44</td>
</tr>
<tr>
<td>D6241</td>
<td>Bridge pontic: porcelain with base metal</td>
<td>$ 854.20</td>
</tr>
<tr>
<td>D6242</td>
<td>Bridge pontic: porcelain with noble metal</td>
<td>$ 885.09</td>
</tr>
<tr>
<td>D6245</td>
<td>Pontic - Porcelain/Ceramic</td>
<td>$ 982.66</td>
</tr>
<tr>
<td>D6545</td>
<td>Retainer - cast metal for acid etch bridge</td>
<td>$ 370.82</td>
</tr>
<tr>
<td>D6548</td>
<td>Retainer - porcelain/ceramic</td>
<td>$ 424.67</td>
</tr>
<tr>
<td>D6700</td>
<td>Crown - indirect resin based white</td>
<td>$ 360.96</td>
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<tr>
<td>D6740</td>
<td>Crown - porcelain/ceramic</td>
<td>$ 982.66</td>
</tr>
<tr>
<td>D6750</td>
<td>Crown - porcelain with high noble metal</td>
<td>$ 950.44</td>
</tr>
<tr>
<td>D6751</td>
<td>Crown - porcelain with base metal</td>
<td>$ 854.20</td>
</tr>
<tr>
<td>D6752</td>
<td>Crown - porcelain with noble metal</td>
<td>$ 885.09</td>
</tr>
<tr>
<td>D6780</td>
<td>Crown - 3/4 cast high noble metal</td>
<td>$ 1,021.24</td>
</tr>
</tbody>
</table>
Frequency Limitations for Diagnostic and Preventive Services

(please refer to the Subscriber Certificate for frequency limitations on other types of services)

1. **Periodic Oral Evaluation**—Once every six months. Includes periodontal screening and oral cancer evaluation.

2. **Cleanings**—Once every six months. (Months begin with first treatment.)

3. **Periodontal Cleanings**—Once every three months following active periodontal treatment, not to be combined with preventive cleanings.

4. **Bitewing X Rays**—Based on need, up to one series of four films in any six-month period.

5. **Full Mouth X Rays**—Are limited to one set every sixty (60) consecutive months when indicated.

6. **Topical Fluoride Treatment**—Limited to one treatment per six months for members under age 19.

7. **Space Maintainers**—Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.

8. **Sealants**—Once per tooth per 48 months on the occlusal surface of permanent first and second molars for patients up to age 16. Sealants are also covered for patients age 16 to 19 on molars for those who have had a recent cavity and are at risk for decay.

9. **Chlorhexidine Mouthrinse**—This is a covered benefit only when administered and dispensed in the dentist’s office following scaling and root planing.

10. **Fluoride Toothpaste**—This is a covered benefit only when administered

**Exclusions**

1. General anesthesia and the services of a special anesthesiologist.

2. Cosmetic dental care.

3. Dental conditions arising out of and due to enrollee’s employment or for which Worker’s Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county, or other subdivision.

4. Treatment required by reason of war.

5. Dental services performed in a hospital and related hospital fees.

6. Treatment of fractures and dislocations.

7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).

8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.

9. Any service that is not specifically listed.


11. Cysts and malignancies.

12. Dispensing of drugs not normally supplied in a dental office.

13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.

14. Cases which in the professional judgment of the attending dentist determines a satisfactory result cannot be obtained or where the prognosis is poor or guarded.

15. Prophylactic removal of impactions (asymptomatic nonpathological).


17. Dental expenses incurred in connection with any dental procedure started prior to the enrollee’s eligibility with the Delta Dental PPO Value Plan program. Example: teeth prepared for crowns, root canals in progress, orthodontic treatment.

18. Orthodontics (braces).

**NOTE:** This is only a brief summary of the Delta Dental PPO Value Plan. If any conflict arises between this description and the Subscriber Certificate, or if any point is not covered, the terms of the Subscriber Certificate will govern in all cases. Copies of the Subscriber Certificate are available through your benefits administrator.

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**Delta Dental of Massachusetts**

Your Plan is Administered by: Delta Dental of Massachusetts

(800) 872-0500

www.deltadentalma.com

465 Medford Street

Boston, MA 02129


SP366 PPO Table Plan - MIT (3/16)