

PLAN 20172B 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.

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 | 28 |
| 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) | 20 |

SPACE MAINTAINERS*

| | | |
|------|---|-----|
| 1510 | Space maintainer, fixed (unilateral)* | 113 |
| 1515 | Space maintainer, fixed (bilateral)* | 196 |
| 1520 | Space maintainer, removable (unilateral)* | 169 |
| 1525 | Space maintainer, removable (bilateral)* | 227 |
| 1550 | Recementation of space maintainer | 30 |
| 1555 | Removal of fixed space maintainer | 30 |

*Space maintainers are limited to children under 12 years of age.

RESTORATIVE DENTISTRY

Amalgam Restorations – Primary or Permanent Teeth:

| | | |
|------|------------------------------|----|
| 2140 | Amalgam – 1 surface | 31 |
| 2150 | Amalgam – 2 surfaces | 44 |
| 2160 | Amalgam – 3 surfaces | 51 |
| 2161 | Amalgam – 4 or more surfaces | 58 |

Resin Restorations:

| | | |
|------|---|----|
| 2330 | Resin-based composite – 1 surface, anterior | 40 |
| 2331 | Resin-based composite – 2 surfaces, anterior | 49 |
| 2332 | Resin-based composite – 3 surfaces, anterior | 57 |
| 2335 | Resin-based composite – 4 or more surfaces, anterior or involving incisal angle | 65 |
| 2390 | Resin-based composite crown – anterior | 91 |

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

ADA Codes

Resin Restorations (continued):

| | | |
|------|---|-------|
| 2391 | Resin-based composite – 1 surface, posterior | \$ 68 |
| 2392 | Resin-based composite – 2 surfaces, posterior | 83 |
| 2393 | Resin-based composite – 3 surfaces, posterior | 99 |
| 2394 | Resin-based composite – 4 or more surfaces | 108 |

Inlay/Onlay Restorations:

| | | |
|-------|--------------------------------------|-----|
| 2510* | Inlay, metallic – 1 surface | 309 |
| 2520* | Inlay, metallic – 2 surfaces | 309 |
| 2530* | Inlay, metallic – 3 or more surfaces | 325 |
| 2542* | Onlay, metallic – 2 surfaces | 309 |
| 2543* | Onlay, metallic – 3 surfaces | 325 |
| 2544* | Onlay, metallic – 4 or more surfaces | 325 |

Crowns:

| | | |
|-------|---|----------|
| 2710 | Crown, resin based composite | 213 |
| 2720* | Crown, resin with high noble metal | 334 |
| 2721 | Crown, resin with predominantly base metal | 289 |
| 2722 | Crown, resin with noble metal | 289 |
| 2740 | Crown, porcelain/ceramic | 425 |
| 2750* | Crown, porcelain fused to high noble | 425 |
| 2751 | Crown, porcelain fused to predominantly base metal | 425 |
| 2752 | Crown, porcelain fused to noble | 425 |
| 2780* | Crown – 3/4 cast high noble metal | 425 |
| 2781 | Crown – 3/4 cast predominantly base metal | 373 |
| 2782 | Crown – 3/4 cast noble metal | 425 |
| 2783 | Crown – 3/4 porcelain/ceramic | 425 |
| 2790* | Crown, full cast high noble metal | 425 |
| 2791 | Crown, full cast predominantly base metal | 374 |
| 2792 | Crown, full cast noble metal | 425 |
| 2794* | Crown – titanium | 425 |
| 2910 | Recement inlay, onlay or partial coverage restoration | 39 |
| 2915 | Recement cast or prefabricated post and core | 38 |
| 2920 | Recement crown | 37 |
| 2930 | Prefabricated stainless steel primary | 95 |
| 2931 | Prefabricated stainless steel permanent | 113 |
| 2932 | Prefabricated resin crown (anterior teeth only) | 133 |
| 2940 | Sedative filling | 36 |
| 2950 | Core build-up, including any pins | 88 |
| 2951 | Pin retention – per tooth, in addition to restoration | 17 |
| 2952* | Post and core, in addition to crown – indirectly fabricated | 124 |
| 2954 | Prefabricated post and core, in addition to crown | 136 |
| 2971 | Additional procedures to construct new crown under existing partial denture framework | 59 |
| 2980 | Crown repair | 78 + 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) | 31 |
| 3220 | Therapeutic pulpotomy (excludes final restoration) | 52 |
| 3221 | Pulpal debridement (primary/perm.) | 52 |
| 3230/3240 | Pulpal therapy (resorbable filling), primary tooth (excludes final restoration) | 71 |
| 3310 | Root canal, anterior (excludes final restoration) | 214 |
| 3320 | Root canal, bicuspid (excludes final restoration) | 270 |
| 3330 | Root canal, molar (excludes final restoration) | 346 |
| 3346 | Retreatment of previous root canal therapy–anterior | 270 |
| 3347 | Retreatment of previous root canal therapy–bicuspid | 319 |
| 3348 | Retreatment of previous root canal therapy–molar | 409 |

(Continued)

DELTACARE PLAN 20172B

| 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 | \$221 | 6210* | Pontic, cast high noble metal | \$420 |
| 3421 | Apicoectomy/periradicular surgery, bicuspid (1st root) | 233 | 6211 | Pontic, cast predominantly base metal | 400 |
| 3425 | Apicoectomy/periradicular surgery, molar (first root) | 257 | 6212 | Pontic, cast noble metal | 425 |
| 3426 | Apicoectomy/periradicular surgery, each additional root | 207 | 6240* | Pontic, porcelain fused to high noble metal | 425 |
| 3430 | Retrograde filling, per root | 71 | 6241 | Pontic, porcelain fused to predominantly base metal | 425 |
| 3450 | Root amputation, per root | 153 | 6242 | Pontic, porcelain fused to noble metal | 425 |
| PERIODONTICS | | | 6245 | Pontic, porcelain/ceramic | 425 |
| 4210 | Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant | 206 | 6250* | Pontic, resin with high noble metal | 425 |
| 4211 | Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant | 91 | 6251 | Pontic, resin with predominantly base metal | 425 |
| 4240 | Gingival flap procedures, including root planing, 4 or more contiguous teeth | 231 | 6252 | Pontic, resin with noble metal | 425 |
| 4241 | Gingival flap procedures, including root planing, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant | 155 | 6602* | Inlay cast high noble metal, 2 surfaces | 302 |
| 4245 | Apically positioned flap | 235 | 6603* | Inlay cast high noble metal, 3 or more surfaces | 302 |
| 4249 | Clinical crown lengthening – hard tissue | 200 | 6604 | Inlay cast predominantly base metal, 2 surfaces | 294 |
| 4260 | Osseous surgery, 4 or more contiguous teeth | 416 | 6605 | Inlay cast predominantly base metal, 3 or more surfaces | 294 |
| 4261 | Osseous surgery, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant | 291 | 6606 | Inlay cast noble metal, 2 surfaces | 302 |
| 4341 | Periodontal scaling and root planing, 4 or more teeth per quadrant | 85 | 6607 | Inlay cast noble metal, 3 or more surfaces | 302 |
| 4342 | Periodontal scaling and root planing, 1 to 3 teeth per quadrant | 64 | 6610* | Onlay cast high noble metal, 2 surfaces | 300 |
| 4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | 57 | 6611* | Onlay cast high noble metal, 3 or more surfaces | 300 |
| 4910 | Periodontal maintenance (following active therapy) | 59 | 6612 | Onlay cast predominantly base metal, 2 surfaces | 279 |
| PROSTHETICS – REMOVABLE | | | 6613 | Onlay cast predominantly base metal, 3 or more surfaces | 279 |
| <i>Includes any adjustments for 6 months</i> | | | 6614 | Onlay cast noble metal, 2 surfaces | 289 |
| 5110/5120 | Complete denture, upper or lower | 420 | 6615 | Onlay cast noble metal, 3 or more surfaces | 289 |
| 5130/5140 | Immediate denture, upper or lower | 480 | 6720* | Crown, resin with high noble metal | 334 |
| 5211/5212 | Partial denture, resin base, upper or lower (including any conventional clasps, rests and teeth) | 405 | 6721 | Crown, resin with predominantly base metal | 290 |
| 5213/5214 | Partial denture, upper or lower, cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 490 | 6722 | Crown, resin with noble metal | 290 |
| 5225 | Maxillary partial denture – flexible base (including any clasps, rests and teeth) | 480 | 6740 | Crown, porcelain/ceramic | 425 |
| 5226 | Mandibular partial denture – flexible base (including any clasps, rests and teeth) | 480 | 6750* | Crown, porcelain fused to high noble metal | 425 |
| 5281 | Removable unilateral partial denture, one piece cast metal (including clasps and teeth) | 308 | 6751 | Crown, porcelain fused to predominantly base metal | 425 |
| 5410/5411 | Denture and partial adjustments – upper or lower | 39 | 6752 | Crown, porcelain fused to noble metal | 425 |
| 5421/5422 | Adjust partial denture - upper and lower | 39 | 6780* | Crown, ³ / ₄ cast high noble metal | 376 |
| 5510/5610 | Denture and partial repairs (per repair) | 59 + lab | 6781 | Crown, ³ / ₄ cast predominantly base metal | 350 |
| 5620 | | | 6782 | Crown, ³ / ₄ cast noble metal | 425 |
| 5520/5640 | Adding or replacing teeth to existing partial/denture (per tooth) | 59 + lab | 6790* | Crown, full cast high noble metal | 425 |
| 5630 | Repair or replace broken clasp | 57 + lab | 6791 | Crown, full cast predominantly base metal | 383 |
| 5650/5660 | Add tooth or clasp to existing partial denture | 59 + lab | 6792 | Crown, full cast noble metal | 425 |
| 5670/5671 | Replace all teeth and acrylic on cast metal framework, upper or lower | 282 | 6930 | Recement bridge (fixed partial denture) | 49 |
| 5710/5711 | Rebase complete upper or lower denture | 175 | 6940 | Stress breaker | 141 |
| 5720/5721 | Rebase upper or lower partial denture | 133 | *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 | 110 | ORAL & MAXILLOFACIAL SURGERY | | |
| 5740/5741 | | | 7111 | Extraction, coronal remnants – deciduous tooth | 38 |
| 5750/5751 | Laboratory reline, complete or partial denture | 144 | 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 | 54 |
| 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 | 75 |
| 5850/5851 | Tissue conditioning, upper or lower | 53 | 7220 | Removal of impacted tooth (soft tissue) | 80 |
| | | | 7230 | Removal of impacted tooth (partially bony) | 102 |
| | | | 7240 | Removal of impacted tooth (completely bony) | 118 |
| | | | 7241 | Removal of impacted tooth (completely bony, with unusual surgical complications) | 123 |

(Continued)

DELTACARE PLAN 20172B

ORAL & MAXILLOFACIAL SURGERY (CONTINUED)

| | | |
|------|--|-------|
| 7250 | Surgical removal of residual tooth roots (cutting procedure) | \$124 |
| 7286 | Biopsy of oral tissue (soft) | 97 |
| 7310 | Alveoloplasty, with extractions, four or more teeth or tooth spaces, per quadrant | 78 |
| 7311 | Alveoloplasty, with extractions, 1 to 3 teeth or tooth spaces, per quadrant | 71 |
| 7320 | Alveoloplasty, without extractions, four or more teeth or tooth spaces, per quadrant | 84 |
| 7321 | Alveoloplasty, without extractions, 1 to 3 teeth or tooth spaces, per quadrant | 81 |
| 7960 | Frenulectomy – separate procedure | 155 |

MISCELLANEOUS

| | | |
|------|---|----|
| 9110 | Palliative emergency treatment of dental pain (minor procedure) | 35 |
| 9310 | Specialist consultation | 47 |
| 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 \$3,650

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.