

Delta's Choice—PPO – State of Oklahoma
Effective January 1, 2007

Description of Covered Services and Enrollee Co-payments

Procedure Codes	Description	Enrollee Co-payment
Level 1		
D0120	Periodic oral evaluation – established patient	\$5.00
D0140	Limited oral evaluation – problem focused	\$7.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$5.00
D0150	Comprehensive oral evaluation – new or established patient	\$10.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$5.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$10.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$16.00
D0210	Intraoral – complete series (including bitewings)	\$25.00
D0220	Intraoral – periapical first film	\$5.00
D0230	Intraoral – periapical each additional film	\$5.00
D0240	Intraoral – occlusal film	\$5.00
D0270	Bitewing – single film	\$5.00
D0272	Bitewings – two films	\$5.00
D0273	Bitewings – three films	\$5.00
D0274	Bitewings – four films	\$5.00
D0277	Vertical bitewings – 7 to 8 films	\$25.00
D0330	Panoramic film	\$10.00
D1110	Prophylaxis – adult	\$5.00
D1120	Prophylaxis – child	\$5.00
D1203	Topical application of fluoride (prophylaxis not included) – child	\$5.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$5.00
D1351	Sealant – per tooth	\$5.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$5.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00
Level 2		
D1510	Space maintainer – fixed – unilateral	\$42.00
D1515	Space maintainer – fixed – bilateral	\$61.00
D1520	Space maintainer – removable – unilateral	\$63.00
D1525	Space maintainer – removable – bilateral	\$63.00
D2140	Amalgam – one surface, primary or permanent	\$12.00
D2150	Amalgam – two surfaces, primary or permanent	\$16.00
D2160	Amalgam – three surfaces, primary or permanent	\$19.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$24.00
D2330	Resin-based composite – one surface, anterior	\$15.00
D2331	Resin-based composite – two surfaces, anterior	\$20.00
D2332	Resin-based composite – three surfaces, anterior	\$25.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$35.00
D2940	Sedative filling	\$13.00
D3410	Apicoectomy/periradicular surgery – anterior	\$65.00
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$94.00
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$100.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$32.00
D3430	Retrograde filling – per root	\$38.00
D3450	Root amputation – per root	\$44.00
D5510	Repair broken complete denture base	\$27.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$23.00
D5610	Repair resin denture base	\$25.00
D5620	Repair cast framework	\$32.00
D5630	Repair or replace broken clasp	\$38.00
D5640	Replace broken teeth – per tooth	\$20.00
D7111	Extraction – coronal remnants – deciduous tooth	\$11.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$13.00
Level 3		
D2930	Prefabricated stainless steel crown – primary tooth	\$42.00
D3310	Endodontic Therapy – anterior (excluding final restoration)	\$93.00
D3320	Endodontic Therapy – bicuspid (excluding final restoration)	\$111.00
D3330	Endodontic Therapy – molar (excluding final restoration)	\$149.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$98.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$35.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$116.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$63.00
D4341	Periodontal scaling and root planing, four or more teeth, per quadrant	\$35.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	\$20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$30.00
D4910	Periodontal maintenance	\$15.00
D5410	Adjust complete denture – maxillary	\$14.00
D5411	Adjust complete denture – mandibular	\$14.00
D5421	Adjust partial denture – maxillary	\$15.00
D5422	Adjust partial denture – mandibular	\$15.00
D5650	Add tooth to existing partial denture	\$41.00
D5660	Add clasp to existing partial denture	\$53.00
D5710	Rebase complete maxillary denture	\$90.00
D5711	Rebase complete mandibular denture	\$105.00
D5720	Rebase maxillary partial denture	\$88.00
D5721	Rebase mandibular partial denture	\$97.00
D5730	Reline complete maxillary denture (chairside)	\$56.00
D5731	Reline complete mandibular denture (chairside)	\$62.00

Procedure Codes	Description	Enrollee Co-payment
Level 3 – continued		
D5740	Reline maxillary partial denture (chairside)	\$54.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$70.00
D5751	Reline complete mandibular denture (laboratory)	\$74.00
D5760	Reline maxillary partial denture (laboratory)	\$70.00
D5761	Reline mandibular partial denture (laboratory)	\$70.00
D5850	Tissue conditioning, maxillary	\$28.00
D5851	Tissue conditioning, mandibular	\$28.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$41.00
D7220	Removal of impacted tooth – soft tissue	\$44.00
D7230	Removal of impacted tooth – partially bony	\$59.00
D7240	Removal of impacted tooth – completely bony	\$70.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$85.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$44.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$26.00
D9220	Deep sedation/general anesthesia – first 30 minutes	\$70.00
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$56.00
Level 4		
D2740	Crown – porcelain/ceramic substrate	\$241.00
D2750	Crown – porcelain fused to high noble metal	\$243.00
D2751	Crown – porcelain fused to predominantly base metal	\$225.00
D2752	Crown – porcelain fused to noble metal	\$230.00
D2780	Crown – cast high noble metal	\$300.00
D2781	Crown – cast predominantly base metal	\$226.00
D2782	Crown – cast noble metal	\$250.00
D2783	Crown – cast porcelain/ceramic	\$275.00
D2790	Crown – full cast high noble metal	\$240.00
D2791	Crown – full cast predominantly base metal	\$213.00
D2792	Crown – full cast noble metal	\$225.00
D2910	Recent inlay, onlay, or partial coverage restorations	\$20.00
D2920	Recent crown	\$20.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$75.00
D2950	Core buildup, including any pins	\$58.00
D2952	Post and core in addition to crown, indirectly fabricated	\$91.00
D2954	Prefabricated post and core in addition to crown	\$80.00
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$295.00
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$177.00
D5110	Complete denture – maxillary	\$320.00
D5120	Complete denture – mandibular	\$320.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D6010	Surgical placement of implant body: endosteal implant	\$686.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$686.00
D6020	Abutment placement or substitution: endosteal implant	\$242.00
D6040	Surgical placement: eposteal implant	\$3,758.00
D6050	Surgical placement: transosteal implant	\$1,721.00
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$283.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$283.00
D6055	Dental implant supported connecting bar	\$829.00
D6056	Prefabricated abutment	\$272.00
D6057	Custom abutment	\$372.00
D6058	Abutment supported porcelain/ceramic crown	\$391.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$391.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$360.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$391.00
D6062	Abutment supported cast metal crown (high noble metal)	\$367.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$427.00
D6064	Abutment supported cast metal crown (noble metal)	\$427.00
D6065	Implant supported porcelain/ceramic crown	\$446.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$427.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$401.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$432.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$432.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$432.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$432.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$432.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$427.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$427.00
D6075	Implant supported retainer for ceramic FPD	\$386.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$386.00

Delta's Choice—PPO Option – State of Oklahoma
Effective January 1, 2007

Description of Covered Services and Enrollee Co-payments - Continued

Procedure Codes	Description	Enrollee Co-payment
Level 4 – continued		
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$427.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$715.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$715.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$75.00
D6090	Repair implant supported prosthesis, by report	\$2,380.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$191.00
D6092	Recement implant/abutment supported crown	\$20.00
D6093	Recement implant/abutment supported fixed partial denture	\$34.00
D6094	Abutment supported crown-titanium	\$533.00
D6095	Repair implant abutments, by report	\$258.00
D6100	Implant removal, by report	\$358.00
D6194	Abutment supported retainer crown for FPD-titanium	\$533.00
D6210	Pontic – cast high noble metal	\$240.00
D6211	Pontic – cast predominantly base metal	\$219.00
D6212	Pontic – cast noble metal	\$225.00
D6240	Pontic – porcelain fused to high noble metal	\$243.00
D6241	Pontic – porcelain fused to predominantly base metal	\$225.00
D6242	Pontic – porcelain fused to noble metal	\$228.00

Procedure Codes	Description	Enrollee Co-payment
Level 4 – continued		
D6720	Crown – resin with high noble metal	\$215.00
D6721	Crown – resin with predominantly base metal	\$225.00
D6722	Crown – resin with noble metal	\$205.00
D6750	Crown – porcelain fused to high noble metal	\$243.00
D6751	Crown – porcelain fused to predominantly base metal	\$225.00
D6752	Crown – porcelain fused to noble metal	\$231.00
D6780	Crown – cast high noble metal	\$250.00
D6781	Crown – cast predominantly base metal	\$235.00
D6782	Crown – cast noble metal	\$225.00
D6783	Crown – cast porcelain/ceramic	\$240.00
D6790	Crown – full cast high noble metal	\$240.00
D6791	Crown – full cast predominantly base metal	\$223.00
D6792	Crown – full cast noble metal	\$225.00
D6930	Recement fixed partial denture	\$34.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$91.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$80.00
Level 5 (Available only to eligible dependent children under the age of 19)		
	Orthodontic treatment	Monthly amounts over \$50

Maximum Benefit Year Payment Per Person – Levels 1, 2, 3 and 4 Combined	\$1,500
Maximum Lifetime Benefit Payment Per Eligible Dependent Child – Level 5	\$1,500
Benefit Year Deductible Per Person (applies to Level 4 services only)	\$100
Benefit Year	January 1 through December 31 Each Year

Delta Dental benefits are limited to only those services specifically listed in the table above. Note: Some benefits are subject to limitations, e.g. age of patient, frequency of procedure, late enrollee, etc., or excluded in some instances.

When covered dental treatment is provided by a Delta Dental PPO participating dentist, payment will be based on the lesser of the dentist's submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum plan benefit year payment set forth above. The enrollee is responsible for paying any applicable plan benefit year deductible and the "Enrollee Co-payment" amounts in the table above. **When covered dental treatment is provided by a DeltaPremier participating dentist,** payment will be based on the lesser of the dentist's submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum plan benefit year payment set forth above. The enrollee is responsible for paying any applicable plan benefit year deductible, the "Enrollee Co-payment" amounts in the table above, and any amounts in excess of the Delta Dental PPO allowable amount, but only up to the DeltaPremier maximum allowable amount.

When covered dental treatment is provided by a non-participating dentist, payment will be based on the lesser of the dentist's submitted fee or the PPO maximum allowable amount, subject to the maximum plan benefit year payment set forth above. The enrollee is responsible for paying any applicable plan benefit year deductible, the "Enrollee Co-payment" amounts in the table above, and the remaining balance of covered charges, if any, not paid by the Plan.

CO-PAYMENT PERCENTAGE/AMOUNT TABLE
 (Services Provided by Non-participating Dentists)

Type of Covered Dental Service	Plan Pays
Level 1 and Level 2 Services	60%*
Level 3 and Level 4 Services	30%*
Level 5 Services	\$35 Per Month

* Percentage of remaining balance of covered charges payable by the Plan after Enrollee has paid his or her plan benefit year deductible, if applicable, and appropriate "Enrollee Co-Payment" amounts indicated in the "Description of Covered Services and Enrollee Co-payments" table.