

**Delta's Choice—PPO Option – State of Oklahoma**  
*Effective January 1, 2008*

**Description of Covered Services and Enrollee Co-payments**

Procedure Codes	Description	Enrollee Co-payment	Procedure Codes	Description	Enrollee Co-payment
<b>Level 1 Services</b>			<b>Level 3 Services - Continued</b>		
D0120	Periodic oral evaluation – established patient	\$5.00	D5750	Reline complete maxillary denture (laboratory)	\$70.00
D0140	Limited oral evaluation – problem focused	\$7.00	D5751	Reline complete mandibular denture (laboratory)	\$74.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$5.00	D5760	Reline maxillary partial denture (laboratory)	\$70.00
D0150	Comprehensive oral evaluation – new or established patient	\$10.00	D5761	Reline mandibular partial denture (laboratory)	\$70.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$5.00	D5850	Tissue conditioning, maxillary	\$28.00
D0170	Re-evaluation – limited, problem focused (Established patient; not post-operative visit)	\$10.00	D5851	Tissue conditioning, mandibular	\$28.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$16.00	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$41.00
D0210	Intraoral – complete series (including bitewings)	\$25.00	D7220	Removal of impacted tooth – soft tissue	\$44.00
D0220	Intraoral – periapical first film	\$5.00	D7230	Removal of impacted tooth – partially bony	\$59.00
D0230	Intraoral – periapical each additional film	\$5.00	D7240	Removal of impacted tooth – completely bony	\$70.00
D0240	Intraoral – occlusal film	\$5.00	D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$85.00
D0270	Bitewing – single film	\$5.00	D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$44.00
D0272	Bitewings – two films	\$5.00	D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$26.00
D0273	Bitewings – three films	\$5.00	D9220	Deep sedation/general anesthesia – first 30 minutes	\$70.00
D0274	Bitewings – four films	\$5.00	D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$56.00
D0277	Vertical bitewings – 7 to 8 films	\$25.00	<b>Level 4 Services</b>		
D0330	Panoramic film	\$10.00	D2740	Crown – porcelain/ceramic substrate	\$241.00
D1110	Prophylaxis – adult	\$5.00	D2750	Crown – porcelain fused to high noble metal	\$243.00
D1120	Prophylaxis – child	\$5.00	D2751	Crown – porcelain fused to predominantly base metal	\$225.00
D1203	Topical application of fluoride (prophylaxis not included) – child	\$5.00	D2752	Crown – porcelain fused to noble metal	\$230.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$5.00	D2780	Crown – ¾ cast high noble metal	\$300.00
D1351	Sealant – per tooth	\$5.00	D2781	Crown – ¾ cast predominantly base metal	\$226.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$5.00	D2782	Crown – ¾ cast noble metal	\$250.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00	D2783	Crown – ¾ cast porcelain/ceramic	\$275.00
<b>Level 2 Services</b>			D2790	Crown – full cast high noble metal	\$240.00
D1510	Space maintainer – fixed – unilateral	\$42.00	D2791	Crown – full cast predominantly base metal	\$213.00
D1515	Space maintainer – fixed – bilateral	\$61.00	D2792	Crown – full cast noble metal	\$225.00
D1520	Space maintainer – removable – unilateral	\$63.00	D2910	Recent inlay, onlay, or partial coverage restorations	\$20.00
D1525	Space maintainer – removable – bilateral	\$63.00	D2920	Recent crown	\$20.00
D2140	Amalgam – one surface, primary or permanent	\$12.00	D2931	Prefabricated stainless steel crown – permanent tooth	\$75.00
D2150	Amalgam – two surfaces, primary or permanent	\$16.00	D2950	Core buildup, including any pins	\$58.00
D2160	Amalgam – three surfaces, primary or permanent	\$19.00	D2952	Post and core in addition to crown, indirectly fabricated	\$91.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$24.00	D2954	Prefabricated post and core in addition to crown	\$80.00
D2330	Resin-based composite – one surface, anterior	\$15.00	D3460	Endodontic endosseous implant	\$430.00
D2331	Resin-based composite – two surfaces, anterior	\$20.00	D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$295.00
D2332	Resin-based composite – three surfaces, anterior	\$25.00	D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$177.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$35.00	D5110	Complete denture – maxillary	\$320.00
D2940	Sedative filling	\$13.00	D5120	Complete denture – mandibular	\$320.00
D3410	Apicoectomy/periradicular surgery – anterior	\$65.00	D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$94.00	D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$100.00	D6010	Surgical placement of implant body: endosteal implant	\$686.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$32.00	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$686.00
D3430	Retrograde filling – per root	\$38.00	D6040	Surgical placement: eposteal implant	\$3,758.00
D3450	Root amputation – per root	\$44.00	D6050	Surgical placement: transosteal implant	\$1,721.00
D5510	Repair broken complete denture base	\$27.00	D6053	Implant/abutment supported removable denture for completely edentulous arch	\$283.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$23.00	D6054	Implant/abutment supported removable denture for partially edentulous arch	\$283.00
D5610	Repair resin denture base	\$25.00	D6055	Dental implant supported connecting bar	\$829.00
D5620	Repair cast framework	\$32.00	D6056	Prefabricated abutment	\$272.00
D5630	Repair or replace broken clasp	\$38.00	D6057	Custom abutment	\$372.00
D5640	Replace broken teeth – per tooth	\$20.00	D6058	Abutment supported porcelain/ceramic crown	\$391.00
D7111	Extraction – coronal remnants – deciduous tooth	\$11.00	D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$391.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$13.00	D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$360.00
<b>Level 3 Services</b>			D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$391.00
D2930	Prefabricated stainless steel crown – primary tooth	\$42.00	D6062	Abutment supported cast metal crown (high noble metal)	\$367.00
D3310	Endodontic Therapy – anterior (excluding final restoration)	\$93.00	D6063	Abutment supported cast metal crown (predominantly base metal)	\$427.00
D3320	Endodontic Therapy – bicuspid (excluding final restoration)	\$111.00	D6064	Abutment supported cast metal crown (noble metal)	\$427.00
D3330	Endodontic Therapy – molar (excluding final restoration)	\$149.00	D6065	Implant supported porcelain/ceramic crown	\$446.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$98.00	D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$427.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$35.00	D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$401.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$116.00	D6068	Abutment supported retainer for porcelain/ceramic FPD	\$432.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$63.00	D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$432.00
D4341	Periodontal scaling and root planing, four or more teeth, per quadrant	\$35.00	D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$432.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	\$20.00	D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$432.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$30.00	D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$432.00
D4910	Periodontal maintenance	\$15.00	D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$427.00
D5410	Adjust complete denture – maxillary	\$14.00	D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$427.00
D5411	Adjust complete denture – mandibular	\$14.00	D6075	Implant supported retainer for ceramic FPD	\$386.00
D5421	Adjust partial denture – maxillary	\$15.00	D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$386.00
D5422	Adjust partial denture – mandibular	\$15.00	D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$427.00
D5650	Add tooth to existing partial denture	\$41.00	D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$715.00
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			
D5740	Reline maxillary partial denture (chairside)	\$54.00			
D5741	Reline mandibular partial denture (chairside)	\$60.00			

**Delta's Choice—PPO Option – State of Oklahoma**  
*Effective January 1, 2008*

Description of Covered Services and Enrollee Co-payments - Continued			
Procedure Codes	Description	Enrollee Co-payment	
<b>Level 4 Services - Continued</b>			
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	Recent implant/abutment supported crown	\$20.00	
D6093	Recent 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
<b>Level 4 Services - Continued</b>		
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 – ¾ cast high noble metal	\$250.00
D6781	Crown – ¾ cast predominantly base metal	\$235.00
D6782	Crown – ¾ cast noble metal	\$225.00
D6783	Crown – ¾ 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	Recent 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
<b>Level 5 Services (Available only to eligible dependent children under the age of 19*)</b>		
	Orthodontic treatment	Monthly amounts over \$50

Maximum Benefit Year Payment Per Person – Diagnostic & Preventive, Basic Restorative, and Major Restorative Services Combined..... \$2,000  
 Maximum Lifetime Benefit Payment Per Eligible Dependent Child – Orthodontic Services ..... \$1,800  
 Benefit Year Deductible Per Person (applies to Major Restorative 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, 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 in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible and the "Enrollee Co-payment" amounts in the table beginning on the next page. **When covered dental treatment is provided by a Delta Dental Premier 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 in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible, the "Enrollee Co-payment" amounts in the table beginning on the next page, and any amounts in excess of the Delta Dental PPO allowable amount, but only up to the Delta Dental Premier 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 Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible, the "Enrollee Co-payment" amounts in the preceding "Description of Covered Services and Enrollee Co-payments" table, and the remaining balance of covered charges, if any, not paid by the Plan. Refer to the "Co-Payment Percentage/Amount Table" below for the percentage or amount of remaining balance of covered charges, if any, paid by the Plan.

CO-PAYMENT PERCENTAGE/AMOUNT TABLE (Services Provided by Non-participating Dentists)	
Type of Covered Dental Service	Delta Dental 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 Delta Dental Plan of Oklahoma after Enrollee has paid his/her Plan Benefit Year Deductible, if applicable, and appropriate "Enrollee Co-Pay" amounts indicated in the "Description of Covered Services and Enrollee Co-payments" table in this Summary.