



Delta Dental EPO™

Summary of Bronze Dental Plan Benefits

For Group #3300-8001, 8002, 8003, 8004, 8005, 8006, 8007, 8008, 8009, 8010, 8011, 8012, 8013, 8014, 8015, 8016, 8018, 8100, 8199

University of Michigan Health - Sparrow and University of Michigan Health - West

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.

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services - Please refer to the Member Copayment Schedule for a list of Covered Services and Copayments. When more than one treatment option is available, the least expensive treatment is the one covered. Copayments will be reviewed annually for adjustment. Procedure codes are subject to change to reflect current American Dental Association (ADA) procedure codes. Any changes to the Member Copayment Schedule will be effective any January 1.

You must receive dental care from a Delta Dental EPO Dentist in order to receive Benefits. If you receive services from a Non-EPO Dentist, you will be responsible for paying for those services, unless that dental care is Emergency Dental Treatment. If you require Emergency Dental Treatment and your EPO Dentist is not available, you may obtain treatment from any Dentist. You are responsible for paying for the Emergency Dental Treatment. Delta Dental will reimburse you up to the Maximum Payment for Emergency Dental Treatment.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards and occlusal adjustments are not Covered Services.
- Comprehensive orthodontic treatment is a Covered Service.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Maximum Payment – \$125 per Member total per Benefit Year for Emergency Dental Treatment from a Non-EPO Dentist. There is no annual or lifetime maximum on treatment received from an EPO Dentist.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered as defined by the Contractor.

Eligible People – as defined by the Contractor.

Also eligible are your legal spouse and your children to the end of the month in which they turn 26. Your dependent children may be enrolled if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits –

If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month for University of Michigan Health - Sparrow Team Members and on the date of termination for University of Michigan Health - West Team Members.

Delta Dental EPO Plan 38 MEMBER COPAYMENT SCHEDULE

CDT-2024*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation – problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation – new or established patient	\$0
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$0
D0180	Comprehensive periodontal evaluation – new or established patient	\$0
D0190	Screening of a patient	\$0

When any exam is performed by a specialist, there is an additional \$12 copayment.

RADIOGRAPHS

D0210	Intraoral – comprehensive series of radiographic images	\$0
D0220	Intraoral – periapical first radiographic image	\$0
D0230	Intraoral – periapical each additional radiographic image	\$0
D0240	Intraoral – occlusal radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographic images	\$0
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0

TESTS & LABORATORY

D0460	Pulp vitality tests	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	\$0
D0999	Unspecified diagnostic procedure, by report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

D1110	Prophylaxis – adult	\$0
D1120	Prophylaxis – child	\$0

FLUORIDE TREATMENT

D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$0

OTHER PREVENTIVE SERVICES

D1351	Sealant – per tooth	\$0
D1353	Sealant repair – per tooth	\$0

SPACE MAINTAINERS

D1510	Space maintainer – fixed, unilateral – per quadrant	\$0
D1516	Space maintainer – fixed – bilateral, maxillary	\$0
D1517	Space maintainer – fixed – bilateral, mandibular	\$0
D1520	Space maintainer – removable, unilateral – per quadrant	\$0
D1526	Space maintainer – removable – bilateral, maxillary	\$0
D1527	Space maintainer – removable – bilateral, mandibular	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0
D1575	Distal shoe – fixed, unilateral – per quadrant	\$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	Amalgam – one surface, primary or permanent	\$31
D2150	Amalgam – two surfaces, primary or permanent	\$38
D2160	Amalgam – three surfaces, primary or permanent	\$46
D2161	Amalgam – four or more surfaces, primary or permanent	\$56

RESIN RESTORATIONS

D2330	Resin-based composite – one surface, anterior	\$39
D2331	Resin-based composite – two surfaces, anterior	\$48
D2332	Resin-based composite – three surfaces, anterior	\$57
D2335	Resin-based composite – four or more surfaces (anterior)	\$72
D2390	Resin-based composite crown, anterior	\$60
D2391	Resin-based composite – one surface, posterior	\$45
D2392	Resin-based composite – two surfaces, posterior	\$59
D2393	Resin-based composite – three surfaces, posterior	\$72
D2394	Resin-based composite – four or more surfaces, posterior	\$88

INLAY/ONLAY RESTORATIONS

D2510	Inlay – metallic – one surface	\$252
D2520	Inlay – metallic – two surfaces	\$265
D2530	Inlay – metallic – three or more surfaces	\$279
D2542	Onlay – metallic – two surfaces	\$292
D2543	Onlay – metallic – three surfaces	\$302
D2544	Onlay – metallic – four or more surfaces	\$313
D2610	Inlay – porcelain/ceramic – one surface	\$256
D2620	Inlay – porcelain/ceramic – two surfaces	\$268
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$281
D2642	Onlay – porcelain/ceramic – two surfaces	\$311
D2643	Onlay – porcelain/ceramic – three surfaces	\$321
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$332
D2650	Inlay – resin-based composite – one surface	\$220
D2651	Inlay – resin-based composite – two surfaces	\$232
D2652	Inlay – resin-based composite – three or more surfaces	\$245
D2662	Onlay – resin-based composite – two surfaces	\$257
D2663	Onlay – resin-based composite – three surfaces	\$267
D2664	Onlay – resin-based composite – four or more surfaces	\$277

CROWNS – SINGLE RESTORATION ONLY

D2710	Crown – resin-based composite (indirect)	\$239
D2720	Crown – resin with high noble metal	\$317
D2721	Crown – resin with predominantly base metal	\$279
D2722	Crown – resin with noble metal	\$298
D2740	Crown – porcelain/ceramic	\$345
D2750	Crown – porcelain fused to high noble metal	\$327
D2751	Crown – porcelain fused to predominantly base metal	\$289
D2752	Crown – porcelain fused to noble metal	\$308
D2753	Crown – porcelain fused to titanium and titanium alloys	\$327
D2780	Crown – ¾ cast high noble metal	\$303
D2781	Crown – ¾ cast predominantly base metal	\$265
D2782	Crown – ¾ cast noble metal	\$284
D2783	Crown – ¾ porcelain/ceramic	\$337
D2790	Crown – full cast high noble metal	\$322
D2791	Crown – full cast predominantly base metal	\$284
D2792	Crown – full cast noble metal	\$303
D2794	Crown – titanium and titanium alloys	\$316

OTHER RESTORATIVE SERVICES

D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	\$30
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$30
D2920	Re-cement or re-bond crown	\$30
D2930	Prefabricated stainless steel crown – primary tooth	\$83
D2931	Prefabricated stainless steel crown – permanent tooth	\$83
D2932	Prefabricated resin crown	\$95
D2933	Prefabricated stainless steel crown with resin window	\$111
D2940	Protective restoration	\$33
D2950	Core buildup, including any pins when required	\$83
D2951	Pin retention – per tooth, in addition to restoration	\$15
D2952	Post and core in addition to crown, indirectly fabricated	\$111
D2954	Prefabricated post and core in addition to crown	\$99
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$65
D2976	Band stabilization – per tooth	\$20
D2980	Crown repair necessitated by restorative material failure	\$70
D2981	Inlay repair necessitated by restorative material failure	\$70
D2982	Onlay repair necessitated by restorative material failure	\$70
D2991	Application of hydroxyapatite regeneration medicament	\$50

ENDODONTICS

PULPOTOMY

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$48
D3221	Pulpal debridement, primary and permanent teeth	\$46

ROOT CANAL THERAPY

D3310	Root canal therapy, anterior tooth (excluding final restoration)	\$201
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$239
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$295
D3346	Retreatment of previous root canal therapy – anterior	\$220
D3347	Retreatment of previous root canal therapy – premolar	\$268
D3348	Retreatment of previous root canal therapy – molar	\$326

PERIAPICAL SERVICES

D3410	Apicoectomy – anterior	\$173
D3421	Apicoectomy – premolar (first root)	\$186
D3425	Apicoectomy – molar (first root)	\$207
D3426	Apicoectomy (each additional root)	\$74
D3430	Retrograde filling – per root	\$49

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth spaces per quadrant	\$117
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth spaces per quadrant	\$82
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth spaces per quadrant	\$159
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth spaces per quadrant	\$111
D4245	Apically positioned flap	\$168
D4249	Clinical crown lengthening – hard tissue	\$141
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth spaces per quadrant	\$233
D4261	Osseous surgery (including elevation of a full thickness flap and closure) –	\$148

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one to three contiguous teeth or tooth bounded spaces per quadrant		base, mandibular		D6549	Resin retainer - for resin bonded fixed prosthesis	\$87			
NON-SURGICAL SERVICES		D5512	Repair broken complete denture base, maxillary	\$58	D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$287		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$72	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$48	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$296	
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$45	REPAIRS TO PARTIAL DENTURES				D6602	Retainer inlay - cast high noble metal, two surfaces	\$279
D4346	Scaling in the presence of moderate or severe gingival inflammation - full mouth, after oral evaluation	\$28	D5611	Repair resin partial denture base, mandibular	\$58	D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$292	
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$51	D5612	Repair resin partial denture base, maxillary	\$58	D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$252	
D4910	Periodontal maintenance	\$46	D5621	Repair cast partial framework, mandibular	\$83	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$265	
PROSTHODONTICS (Removable)¹			D5622	Repair cast partial framework, maxillary	\$83	D6606	Retainer inlay - cast noble metal, two surfaces	\$265	
COMPLETE DENTURES			D5630	Repair or replace broken retentive/clasping materials - per tooth	\$83	D6607	Retainer inlay - cast noble metal, three or more surfaces	\$279	
D5110	Complete denture - maxillary	\$120	D5640	Replace broken tooth - per tooth	\$48	D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$231	
D5120	Complete denture - mandibular	\$120	D5650	Add tooth to existing partial denture	\$61	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$301	
D5130	Immediate denture - maxillary	\$432	D5660	Add clasp to existing partial denture - per tooth	\$83	D6610	Retainer onlay - cast noble metal, two surfaces	\$224	
D5140	Immediate denture - mandibular	\$432	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$249	D6611	Retainer onlay - cast noble metal, three or more surfaces	\$292	
PARTIAL DENTURES			D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$249	D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$252	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$332	DENTURE REBASE PROCEDURES				D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$265
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$332	D5710	Rebase complete maxillary denture	\$159	D6614	Retainer onlay - cast noble metal, two surfaces	\$292	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$445	D5711	Rebase complete mandibular denture	\$159	D6615	Retainer onlay - cast noble metal, three or more surfaces	\$302	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$445	DENTURE RELINE PROCEDURES				BRIDGE RETAINERS - CROWNS		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$365	D5730	Reline complete maxillary denture (direct)	\$99	D6720	Retainer crown - resin with high noble metal	\$317	
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$365	D5731	Reline complete mandibular denture (direct)	\$99	D6721	Retainer crown - resin with predominantly base metal	\$279	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$490	D5740	Reline maxillary partial denture (direct)	\$93	D6722	Retainer crown - resin with noble metal	\$298	
D5224	Immediate mandibular partial denture - cast metal framework (including retentive/clasping materials, rests, and teeth)	\$490	D5741	Reline mandibular partial denture (direct)	\$93	D6740	Retainer crown - porcelain/ceramic	\$345	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$452	D5750	Reline complete maxillary denture (indirect)	\$130	D6750	Retainer crown - porcelain fused to high noble metal	\$327	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$452	D5751	Reline complete mandibular denture (indirect)	\$130	D6751	Retainer crown - porcelain fused with predominantly base metal	\$289	
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	\$496	D5760	Reline maxillary partial denture (indirect)	\$130	D6752	Retainer - porcelain fused to noble metal	\$308	
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	\$496	D5761	Reline mandibular partial denture (indirect)	\$130	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$327	
D5282	Removable unilateral partial denture - one-piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$223	D5765	Soft liner for complete or partial removeable denture - indirect	\$130	D6780	Retainer crown - ¾ cast high noble metal	\$317	
D5283	Removable unilateral partial denture - one-piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$223	OTHER REMOVABLE PROSTHETIC SERVICES				D6781	Retainer crown - ¾ cast predominantly base metal	\$279
D5284	Removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	\$223	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$148	D6782	Retainer crown - ¾ cast noble metal	\$298	
D5286	Removable unilateral, one-piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	\$223	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$148	D6783	Retainer crown - ¾ porcelain/ceramic	\$337	
D5410	Adjust complete denture - maxillary	\$25	D5850	Tissue conditioning, maxillary	\$64	D6784	Retainer crown - ¾ titanium and titanium alloys	\$317	
D5411	Adjust complete denture - mandibular	\$25	D5851	Tissue conditioning, mandibular	\$64	D6790	Retainer crown - full cast high noble metal	\$322	
D5421	Adjust partial denture - maxillary	\$25	D5863	Overdenture - complete maxillary	\$159	D6791	Retainer crown - full cast predominantly base metal	\$284	
D5422	Adjust partial denture - mandibular	\$25	D5864	Overdenture - partial maxillary	\$159	D6792	Retainer crown - full cast noble metal	\$303	
REPAIRS TO COMPLETE DENTURES			D5865	Overdenture - complete mandibular	\$159	OTHER FIXED PROSTHETIC SERVICES			
D5511	Repair broken complete denture	\$58	D5866	Overdenture - partial mandibular	\$159	D6930	Re-cement or re-bond fixed partial denture	\$42	
			PROSTHODONTICS (Fixed)			D6940	Stress breaker	\$68	
			BRIDGE PONTICS (Per Unit)			ORAL SURGERY			
			D6210	Pontic - cast high noble metal	\$300	EXTRACTIONS (Simple)			
			D6211	Pontic - cast predominantly base metal	\$286	D7111	Extraction, coronal remnants - primary tooth	\$29	
			D6212	Pontic - cast noble metal	\$292	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$38	
			D6240	Pontic - porcelain fused to high noble metal	\$313	SURGICAL EXTRACTIONS			
			D6241	Pontic - porcelain fused to predominantly base metal	\$292	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	\$76	
			D6242	Pontic - porcelain fused to noble metal	\$302	D7220	Removal of impacted tooth - soft tissue	\$92	
			D6243	Pontic - porcelain fused to titanium and titanium alloys	\$313	D7230	Removal of impacted tooth - partially bony	\$125	
			D6245	Pontic - porcelain/ceramic	\$411	D7240	Removal of impacted tooth - completely bony	\$146	
			D6250	Pontic - resin with high noble metal	\$288	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$184	
			D6251	Pontic - resin with predominantly base metal	\$274				
			D6252	Pontic - resin with noble metal	\$280				
			FIXED BRIDGE RETAINERS - INLAYS/ONLAYS						
			D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$87				
			D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$87				

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D7250	Removal of residual tooth roots (cutting procedure)	\$80						
OTHER SURGICAL PROCEDURES								
D7284	Excisional biopsy of minor salivary glands	\$46	D7510	Incision and drainage of abscess - intraoral soft tissue	\$49	D9999	Unspecified adjunctive procedure, by report	\$50
D7286	Incisional biopsy of oral tissue - soft	\$46	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization - per site	\$0	ORTHODONTICS²		
D7288	Brush biopsy - transepithelial sample collection	\$35	OTHER REPAIR PROCEDURES			RECORDS (solely for orthodontic purposes)		
ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)			D7961	Buccal/labial frenectomy (frenulectomy)	\$89	D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	\$37
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$73	D7962	Lingual frenectomy (frenulectomy)	\$89	D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$15
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$45	D7963	Frenuloplasty	\$89	D0470	Diagnostic casts	\$29
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces - per quadrant	\$80	ADJUNCTIVE GENERAL SERVICES			COMPREHENSIVE ORTHODONTIC TREATMENT		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$48	UNCLASSIFIED TREATMENT			D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,100
EXCISION OF BONE TISSUE			D9110	Palliative treatment of dental pain - per visit	\$30	D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,100
D7471	Removal of lateral exostosis (maxilla or mandible)	\$143	PROFESSIONAL CONSULTATION			D8090	Comprehensive orthodontic treatment of adult dentition (up to age 19)	\$2,100
D7472	Removal of torus palatinus	\$143	D9310	Consultation by dentist or physician other than requesting dentist or physician	\$20			
D7473	Removal of torus mandibularis	\$143	PROFESSIONAL VISITS					
			D9440	Office visit - after regularly scheduled hours	\$33			
			MISCELLANEOUS SERVICES					
			D9997	Dental case management - patients	\$0			

¹Includes any adjustments for six months.

²Orthodontic Benefits include the initial examination, diagnosis, consultation, initial banding, monthly active treatment, de-banding, and the retention phase of treatment. The retention phase includes the initial construction, placement, and adjustments to retainers and office visits.

Note - The Member Copayment Schedule reflects current CDT codes and fees which are effective 1/1 and may not match the Group contract effective dates. These may be updated at a future date, as necessary. Please contact Delta Dental for the most up-to-date fees and codes.