

**Delta Dental EPO
Summary of Dental Plan Benefits
For Group# 7000-0001, 0099
Detroit Public Schools**

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 up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Implants and related services are not Covered Services.

Maximum Payment – \$125 per person 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 upon determination action by the Detroit Public Schools.

Eligible People – All regular employees and para-professional employees qualified under Detroit Public Schools Action (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). (Note: Certain bargaining units have "employee only" dental coverage while others have full family). The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your dependent children to the end of the calendar year in which they turn 19 and your dependent unmarried children to the age of 25 if a full-time student and who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Oral examination, periodic	\$0
D0140	Oral examination, limited, problem focused (emergency)	\$0
D0145	Oral evaluation for patients under age 3 and counseling with primary caregiver	\$0
D0150	Oral examination, comprehensive evaluation	\$0
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$0
D0180	Oral examination, comprehensive periodontal evaluation	\$0
D0190	Screening of a patient	\$0

RADIOGRAPHS

D0210	Intraoral, complete series (includes bitewings)	\$0
D0220	Intraoral, periapical first film	\$0
D0230	Intraoral, periapical each add'l film	\$0
D0240	Intraoral, occlusal	\$0
D0270	Bitewing, 1 film	\$0
D0272	Bitewing, 2 films	\$0
D0273	Bitewing, 3 films	\$0
D0274	Bitewing, 4 films	\$0
D0277	Bitewing, vertical, 7 to 8 films	\$0
D0330	Panoramic film	\$0

TESTS & LABORATORY

D0460	Pulp vitality	\$0
D0486	Accession of brush biopsy sample, microscopic exam, prep and written report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

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

FLUORIDE TREATMENT

D1206	Topical fluoride varnish - child	\$0
D1208	Topical application of fluoride	\$0

OTHER PREVENTIVE SERVICES

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

SPACE MAINTAINERS

D1510	Fixed, unilateral	\$0
D1515	Fixed, bilateral	\$0
D1520	Removable, unilateral	\$0
D1525	Removable, bilateral	\$0
D1550	Recementation	\$0
D1555	Removal of fixed space maintainer	\$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	1 surface	\$0
D2150	2 surfaces	\$0
D2160	3 surfaces	\$0
D2161	4 or more surfaces	\$0

RESIN RESTORATIONS

D2330	1 surface, anterior	\$0
D2331	2 surfaces, anterior	\$0
D2332	3 surfaces, anterior	\$0
D2335	Involving incisal angle or 4 or more surfaces, anterior	\$0
D2390	Crown, anterior	\$0
D2391	1 surface, posterior	\$23
D2392	2 surfaces, posterior	\$34
D2393	3 surfaces, posterior	\$43
D2394	4 or more surfaces, posterior	\$50

ONLAY RESTORATIONS¹

D2542	Onlay, metallic, 2 surfaces	\$79
D2543	Onlay, metallic, 3 surfaces	\$99
D2544	Onlay, metallic, 4 or more surfaces	\$119

CROWNS - SINGLE RESTORATION ONLY¹

D2710	Resin (indirect)	\$39
D2740	Porcelain/ceramic substrate	\$49
D2750	Porcelain fused to high noble metal	\$73
D2751	Porcelain fused to predominantly base metal	\$51
D2752	Porcelain fused to noble metal	\$54
D2780	3/4 cast high noble metal	\$68
D2781	3/4 cast predominantly base metal	\$47
D2782	3/4 cast noble metal	\$49
D2783	3/4 porcelain/ceramic	\$49
D2790	Full cast high noble metal	\$68
D2791	Full cast predominantly base metal	\$47
D2792	Full cast noble metal	\$49
D2794	Titanium	\$49

OTHER RESTORATIVE SERVICES

D2910	Recement onlay or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Crown - prefabricated stainless steel, primary	\$0
D2931	Crown - prefabricated stainless steel, permanent	\$0
D2932	Crown - prefabricated resin	\$0
D2940	Sedative filling	\$0
D2950	Crown buildup (substructure) including any pins	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$23
D2954	Prefabricated post and core in addition to crown	\$0
D2970	Temporary crown	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$11

ENDODONTICS

PULPOTOMY

D3220	Therapeutic pulpotomy	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0

ROOT CANAL THERAPY

D3310	Anterior (excludes final restoration)	\$0
D3320	Bicuspid (excludes final restoration)	\$0
D3330	Molar (excludes final restoration)	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
D3333	Internal root repair of perforation defects	\$0
D3346	Retreatment, anterior	\$0
D3347	Retreatment, bicuspid	\$0
D3348	Retreatment, molar	\$0

APEXIFICATION/RECALCIFICATION PROCEDURES

D3351	Initial visit	\$0
D3352	Interim medication replacement	\$0
D3353	Final visit	\$0

APICECTOMY/PERIRADICULAR SERVICES

D3410	Surgery - anterior	\$0
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D3421	Surgery - bicuspid, first root	\$0
D3425	Surgery - molar, first root	\$0
D3426	Surgery - each additional root	\$0
D3430	Retrograde filling - per root	\$0
D3450	Root amputation – per root	\$0
D3920	Hemisection (incl any root removal), not incl root canal therapy	\$0

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$0
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$0
D4240	Gingival flap procedure, includes root planing – 4 or more teeth per quadrant	\$0
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$0
D4249	Clinical crown lengthening	\$0
D4260	Osseous surgery – 4 or more teeth per quadrant	\$0
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$0
D4263	Bone replacement graft – first site	\$0
D4264	Bone replacement graft – each add'l site in quadrant	\$0
D4270	Pedicle soft tissue graft procedure	\$0
D4277	Free soft tissue graft, first tooth	\$0
D4278	Free soft tissue graft, each add'l tooth	\$0

NON-SURGICAL SERVICES

D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$0
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	\$0
D4355	Full mouth debridement	\$0
D4910	Periodontal maintenance	\$0

PROSTHODONTICS (Removable)²

COMPLETE DENTURES

D5110	Denture - complete, maxillary	\$137
D5120	Denture - complete, mandibular	\$137
D5130	Denture - immediate, maxillary	\$147
D5140	Denture - immediate, mandibular	\$147

PARTIAL DENTURES

D5211	Maxillary, resin base	\$189
D5212	Mandibular, resin base	\$189
D5213	Maxillary, cast metal framework with resin denture base	\$231
D5214	Mandibular, cast metal framework with resin denture base	\$231
D5225	Maxillary, flexible base	\$309
D5226	Mandibular, flexible base	\$309
D5281	Removable unilateral, 1 piece cast metal	\$137

ADJUSTMENT TO DENTURES

D5410	Complete, maxillary	\$0
D5411	Complete, mandibular	\$0
D5421	Partial, maxillary	\$0
D5422	Partial, mandibular	\$0

REPAIRS TO COMPLETE DENTURES

D5510	Repair broken denture base	\$11
D5520	Replace missing or broken teeth (each tooth)	\$8

REPAIRS TO PARTIAL DENTURES

D5610	Repair resin denture base	\$11
D5620	Repair cast framework	\$16
D5630	Repair or replace broken clasp	\$15
D5640	Replace broken tooth (each)	\$8

DELTA DENTAL EPO

D5650	Add tooth to existing partial denture	\$42
D5660	Add clasp to existing partial denture	\$53

DENTURE REBASE PROCEDURES

D5710	Complete maxillary denture	\$33
D5711	Complete mandibular denture	\$33
D5720	Maxillary partial denture	\$32
D5721	Mandibular partial denture	\$32

DENTURE RELINE PROCEDURES

D5730	Complete maxillary, chairside	\$0
D5731	Complete mandibular, chairside	\$0
D5740	Maxillary partial, chairside	\$0
D5741	Mandibular partial, chairside	\$0
D5750	Complete maxillary, laboratory	\$25
D5751	Complete mandibular, laboratory	\$25
D5760	Maxillary partial, laboratory	\$24
D5761	Mandibular partial, laboratory	\$24

OTHER REMOVABLE PROSTHETIC SERVICES

D5820	Interim partial denture, maxillary	\$89
D5821	Interim partial denture, mandibular	\$89
D5850	Tissue conditioning, maxillary	\$0
D5851	Tissue conditioning, mandibular	\$0

PROSTHODONTICS (Fixed)¹

BRIDGE PONTICS (Per Unit)

D6210	Cast high noble metal	\$145
D6211	Cast base metal	\$95
D6212	Cast noble metal	\$120
D6240	Porcelain fused to high noble metal	\$155
D6241	Porcelain fused to base metal	\$105
D6242	Porcelain fused to noble metal	\$130
D6245	Porcelain/ceramic	\$225

FIXED BRIDGE RETAINERS – INLAYS/ONLAYS

D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$32
D6600	Inlay, porcelain/ceramic, 2 surfaces	\$161
D6601	Inlay, porcelain/ceramic, 3 or more surfaces	\$181
D6602	Inlay, cast high noble metal, 2 surfaces	\$141
D6603	Inlay, cast high noble metal, 3 or more surfaces	\$161
D6604	Inlay, cast predominantly base metal, 2 surfaces	\$101
D6605	Inlay, cast predominantly base metal, 3 or more surfaces	\$121
D6606	Inlay, cast noble metal, 2 surfaces	\$121
D6607	Inlay, cast noble metal, 3 or more surfaces	\$141
D6608	Onlay, porcelain/ceramic, 2 surfaces	\$155
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$161
D6610	Onlay, cast high noble metal, 2 surfaces	\$135
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$141
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$95
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$101
D6614	Onlay, cast noble metal, 2 surfaces	\$115

D6615	Onlay, cast noble metal, 3 or more surfaces	\$121
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BRIDGE RETAINERS – CROWNS

D6750	Porcelain fused to high noble metal	\$124
D6751	Porcelain fused to base metal	\$100
D6752	Porcelain fused to noble metal	\$105
D6780	3/4 cast high noble metal	\$114
D6781	3/4 cast base metal	\$90
D6782	3/4 cast noble metal	\$95
D6783	3/4 porcelain/ceramic	\$113
D6790	Full cast high noble metal	\$114
D6791	Full cast base metal	\$90
D6792	Full cast noble metal	\$95

OTHER FIXED PROSTHETIC SERVICES

D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$0

ORAL SURGERY

EXTRACTIONS (Simple)

D7111	Extraction, coronal remnants - deciduous tooth	\$0
D7140	Extraction, erupted tooth or exposed root	\$0

SURGICAL EXTRACTIONS

D7210	Surgical removal of erupted tooth	\$0
D7220	Removal of impacted tooth – soft tissue	\$0
D7230	Removal of impacted tooth – partially bony	\$0
D7240	Removal of impacted tooth – completely bony	\$0
D7241	Removal of impacted tooth – completely bony with complications	\$0
D7250	Surgical removal of residual roots	\$0

OTHER SURGICAL PROCEDURES

D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$0
D7280	Surgical access of unerupted tooth	\$0
D7286	Biopsy of oral tissue – soft	\$0
D7288	Brush biopsy	\$0

ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)

D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$0
D7311	In conjunction with extraction, 1 to 3 teeth or spaces per quadrant	\$0
D7320	Not in conjunction with extractions, 4 or more teeth or spaces per quadrant	\$0
D7321	Not in conjunction with extraction, 1 to 3 teeth or spaces per quadrant	\$0

EXCISION OF BONE TISSUE

D7471	Removal of lateral exostosis	\$0
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SURGICAL INCISION

D7510	Incision and drainage of abscess – intraoral soft tissue	\$0
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OTHER REPAIR PROCEDURES

D7910	Suture of recent small wounds up to 5 cm	\$0
D7960	Frenulectomy	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue – per arch	\$0
D7971	Excision of pericoronal gingival	\$0

ADJUNCTIVE GENERAL SERVICES

UNCLASSIFIED TREATMENT

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0
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ANESTHESIA

D9220	Deep sedation/general anesthesia – first 30 minutes	\$0
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$0
D9241	Intravenous sedation – first 30 minutes	\$0
D9242	Intravenous sedation – each additional 15 minutes	\$0

PROFESSIONAL VISITS

D9440	Office visit after regularly scheduled hours	\$0
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MISCELLANEOUS SERVICES

D9610	Therapeutic parenteral drug, single administration	\$0
D9612	Therapeutic parenteral drugs, multiple administration	\$0
D9940	Occlusal guard	\$41
D9951	Occlusal adjustment – limited	\$0
D9952	Occlusal adjustment – complete	\$0

ORTHODONTICS³

RECORDS (solely for orthodontic purposes)

D0340	Cephalometric film	\$0
D0350	Oral/facial photographic images	\$0
D0470	Diagnostic casts	\$0

LIMITED ORTHODONTIC TREATMENT

D8010	Primary dentition	\$1900
D8020	Transitional dentition	\$1900
D8030	Adolescent dentition	\$1900
D8040	Adult dentition (to age 19)	\$1900

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050	Primary dentition	\$650
D8060	Transitional dentition	\$650

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Transitional dentition	\$1900
D8080	Adolescent dentition	\$1900
D8090	Adult Dentition (to age 19)	\$1900

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210	Removable appliance therapy	\$300
D8220	Fixed appliance therapy	\$350

¹Porcelain/ceramic on molars is considered optional treatment.

²Includes any adjustments for six months.

³Orthodontic 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.