

**Delta Dental EPO Plan 37**  
**MEMBER COPAYMENT SCHEDULE**  
 (no orthodontic coverage)

**CDT-2018**

**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

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

**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
D0999	Diagnostic procedure - unspecified, by 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)	\$11
D1353	Sealant repair (per tooth)	\$11

**SPACE MAINTAINERS**

D1510	Fixed, unilateral	\$42
D1515	Fixed, bilateral	\$42
D1520	Removable, unilateral	\$42
D1525	Removable, bilateral	\$42
D1550	Recementation	\$11
D1555	Removal of fixed space maintainer	\$11
D1575	Distal shoe – fixed, unilateral	\$42

**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	\$15
D2392	2 surfaces, posterior	\$19
D2393	3 surfaces, posterior	\$24
D2394	4 or more surfaces, posterior	\$30

**INLAY/ONLAY RESTORATIONS<sup>1</sup>**

D2510	Inlay, metallic, 1 surface	\$137
D2520	Inlay, metallic, 2 surfaces	\$147
D2530	Inlay, metallic, 3 or more surfaces	\$158
D2542	Onlay, metallic, 2 surfaces	\$153
D2543	Onlay, metallic, 3 surfaces	\$164
D2544	Onlay, metallic, 4 or more surfaces	\$170
D2610	Inlay, porcelain/ceramic, 1 surface	\$140
D2620	Inlay, porcelain/ceramic, 2 surfaces	\$150
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	\$161
D2642	Onlay, porcelain/ceramic, 2 surfaces	\$163
D2643	Onlay, porcelain/ceramic, 3 surfaces	\$174
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	\$180
D2650	Inlay, resin-based, 1 surface	\$120
D2651	Inlay, resin-based, 2 surfaces	\$130
D2652	Inlay, resin-based, 3 or more surfaces	\$139
D2662	Onlay, resin-based, 2 surfaces	\$136
D2663	Onlay, resin-based, 3 surfaces	\$146
D2664	Onlay, resin-based, 4 or more surfaces	\$152

**CROWNS - SINGLE RESTORATION ONLY<sup>1</sup>**

D2710	Resin (indirect)	\$116
D2720	Resin with high noble metal	\$220
D2721	Resin with predominantly base metal	\$195
D2722	Resin with noble metal	\$210
D2740	Porcelain/ceramic	\$245
D2750	Porcelain fused to high noble metal	\$230
D2751	Porcelain fused to predominantly base metal	\$195
D2752	Porcelain fused to noble metal	\$220
D2780	3/4 cast high noble metal	\$220
D2781	3/4 cast predominantly base metal	\$195
D2782	3/4 cast noble metal	\$210
D2783	3/4 porcelain/ceramic	\$240
D2790	Full cast high noble metal	\$220
D2791	Full cast predominantly base metal	\$195
D2792	Full cast noble metal	\$210
D2794	Titanium	\$220

**OTHER RESTORATIVE SERVICES**

D2910	Recement onlay or partial coverage restoration	\$11
D2915	Recement cast or prefabricated post and core	\$11
D2920	Recement crown	\$11
D2930	Crown - prefabricated stainless steel, primary	\$37
D2931	Crown - prefabricated stainless steel, permanent	\$37
D2932	Crown - prefabricated resin	\$37
D2933	Crown - prefabricated stainless steel with resin window	\$43
D2940	Sedative filling <sup>16</sup>	\$11
D2950	Crown buildup (substructure) including any pins	\$16
D2951	Pin retention - per tooth, in addition to restoration	\$16
D2952	Post and core in addition to crown, indirectly fabricated	\$16
D2954	Prefabricated post and core in addition to crown	\$16
D2971	Add'l procedures to construct new crown under existing partial denture	\$42
D2980	Crown repair, by report	\$45
D2981	Inlay repair	\$45
D2982	Onlay repair	\$45

**ENDODONTICS**

**PULPOTOMY**

D3220	Therapeutic pulpotomy	\$5
D3221	Pulpal debridement, primary and permanent teeth	\$11

**ROOT CANAL THERAPY**

D3310	Anterior (excludes final restoration)	\$35
D3320	Premolar (excludes final restoration)	\$50
D3330	Molar tooth (excludes final restoration)	\$50

D3346	Retreatment, anterior	\$35
D3347	Retreatment, premolar	\$50
D3348	Retreatment, molar	\$50

**PERIAPICAL SERVICES**

D3410	Apicoectomy/periradicular surgery - anterior	\$35
D3421	Apicoectomy/periradicular surgery - premolar, first root	\$35
D3425	Apicoectomy/periradicular surgery - molar, first root	\$35
D3426	Apicoectomy/periradicular surgery - each additional root	\$35
D3430	Retrograde filling - per root	\$35

**PERIODONTIC SERVICES**

**SURGICAL SERVICES**

D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$131
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$131
D4240	Gingival flap procedure, includes root planing – 4 or more teeth per quadrant	\$142
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$142
D4245	Apically positioned flap	\$177
D4249	Clinical crown lengthening	\$158
D4260	Osseous surgery – 4 or more teeth per quadrant	\$263
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$263

**NON-SURGICAL SERVICES**

D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$47
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	\$47
D4346	Scaling in the presence of inflammation	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$47
D4910	Periodontal maintenance	\$38

**PROSTHODONTICS (Removable)<sup>2</sup>**

**COMPLETE DENTURES**

D5110	Denture - complete, maxillary	\$236
D5120	Denture - complete, mandibular	\$236
D5130	Denture - immediate, maxillary	\$315
D5140	Denture - immediate, mandibular	\$315

**PARTIAL DENTURES**

D5211	Maxillary, resin base	\$263
D5212	Mandibular, resin base	\$263
D5213	Maxillary, cast metal framework with resin denture base	\$289
D5214	Mandibular, cast metal framework with resin denture base	\$289
D5221	Maxillary, immediate, resin base	\$289
D5222	Mandibular, immediate, resin base	\$289
D5223	Maxillary, immediate, cast metal framework with resin denture base	\$318
D5224	Mandibular, immediate, cast metal framework with resin denture base	\$318
D5225	Maxillary, flexible base	\$383
D5226	Mandibular, flexible base	\$383
D5281	Removable unilateral, 1 piece cast metal	\$263

**ADJUSTMENT TO DENTURES**

D5410	Complete, maxillary	\$11
D5411	Complete, mandibular	\$11
D5421	Partial, maxillary	\$11
D5422	Partial, mandibular	\$11

**REPAIRS TO COMPLETE DENTURES**

D5511	Repair broken complete denture base, mandibular	\$35
D5512	Repair broken complete denture base, maxillary	\$35
D5520	Replace missing or broken teeth (each)	\$25

**Delta Dental EPO Plan 37** continued

tooth)		bonded fixed prosthesis		D7241 Removal of impacted tooth – completely bony with complications	\$84
<b>REPAIRS TO PARTIAL DENTURES</b>		D6549 Retainer – resin for resin bonded fixed prosthesis	\$70	D7250 Surgical removal of residual roots	\$0
D5611 Repair resin partial denture base, mandibular	\$35	D6600 Inlay, porcelain/ceramic, 2 surfaces	\$158	<b>OTHER SURGICAL PROCEDURES</b>	
D5612 Repair resin partial denture base, maxillary	\$35	D6601 Inlay, porcelain/ceramic, 3 or more surfaces	\$163	D7286 Biopsy of oral tissue – soft	\$21
D5621 Repair cast partial framework, mandibular	\$35	D6602 Inlay, cast high noble metal, 2 surfaces	\$152	D7288 Brush biopsy	\$17
D5622 Repair cast partial framework, maxillary	\$35	D6603 Inlay, cast high noble metal, 3 or more surfaces	\$158	<b>ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)</b>	
D5630 Repair or replace broken clasp (per tooth)	\$35	D6604 Inlay, cast predominantly base metal, 2 surfaces	\$142	D7310 In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$42
D5640 Replace broken tooth (each)	\$25	D6605 Inlay, cast predominantly base metal, 3 or more surfaces	\$147	D7311 In conjunction with extractions, 1 to 3 teeth or spaces per quadrant	\$42
D5650 Add tooth to existing partial denture	\$25	D6606 Inlay, cast noble metal, 2 surfaces	\$147	D7320 Not in conjunction with extractions, 4 or more teeth or spaces per quadrant	\$63
D5660 Add clasp to existing partial denture (per tooth)	\$25	D6607 Inlay, cast noble metal, 3 or more surfaces	\$152	D7321 Not in conjunction with extractions, 1 to 3 teeth or spaces per quadrant	\$63
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	\$150	D6608 Onlay, porcelain/ceramic, 2 surfaces	\$183	<b>EXCISION OF BONE TISSUE</b>	
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	\$150	D6609 Onlay, porcelain/ceramic, 3 or more surfaces	\$193	D7471 Removal of lateral exostosis	\$53
<b>DENTURE REBASE PROCEDURES</b>		D6610 Onlay, cast high noble metal, 2 surfaces	\$173	D7472 Removal of torus palatinus	\$53
D5710 Complete maxillary denture	\$53	D6611 Onlay, cast high noble metal, 3 or more surfaces	\$183	D7473 Removal of torus mandibularis	\$53
D5711 Complete mandibular denture	\$53	D6612 Onlay, cast predominantly base metal, 2 surfaces	\$153	<b>SURGICAL INCISION</b>	
D5720 Maxillary partial denture	\$53	D6613 Onlay, cast predominantly base metal, 3 or more surfaces	\$163	D7510 Incision and drainage of abscess – intraoral soft tissue	\$18
D5721 Mandibular partial denture	\$53	D6614 Onlay, cast noble metal, 2 surfaces	\$163	<b>OTHER REPAIR PROCEDURES</b>	
<b>DENTURE RELINE PROCEDURES</b>		D6615 Onlay, cast noble metal, 3 or more surfaces	\$173	D7960 Frenulectomy	\$42
D5730 Complete maxillary, chairside	\$32	<b>BRIDGE RETAINERS – CROWNS</b>		D7963 Frenuloplasty	\$42
D5731 Complete mandibular, chairside	\$32	D6720 Resin with high noble metal	\$220	<b>ADJUNCTIVE GENERAL SERVICES</b>	
D5740 Maxillary partial, chairside	\$32	D6721 Resin with base metal	\$195	<b>UNCLASSIFIED TREATMENT</b>	
D5741 Mandibular partial, chairside	\$32	D6722 Resin with noble metal	\$205	D9110 Palliative (emergency) treatment of dental pain – minor procedure	\$11
D5750 Complete maxillary, laboratory	\$53	D6750 Porcelain fused to high noble metal	\$245	<b>PROFESSIONAL CONSULTATION</b>	
D5751 Complete mandibular, laboratory	\$53	D6751 Porcelain fused to base metal	\$205	D9310 Consultation by dentist other than requesting dentist	\$21
D5760 Maxillary partial, laboratory	\$53	D6752 Porcelain fused to noble metal	\$220	<b>PROFESSIONAL VISITS</b>	
D5761 Mandibular partial, laboratory	\$53	D6780 3/4 cast high noble metal	\$220	D9440 Office visit after regularly scheduled hours	\$20
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		D6781 3/4 cast base metal	\$195	<b>MISCELLANEOUS SERVICES</b>	
D5820 Interim partial denture, maxillary	\$0	D6782 3/4 cast noble metal	\$205	D9999 Unspecified, by report	\$10
D5821 Interim partial denture, mandibular	\$0	D6790 Full cast high noble metal	\$230		
D5850 Tissue conditioning, maxillary	\$11	D6791 Full cast base metal	\$205		
D5851 Tissue conditioning, mandibular	\$11	D6792 Full cast noble metal	\$215		
D5863 Overdenture, complete maxillary	\$53	<b>OTHER FIXED PROSTHETIC SERVICES</b>			
D5864 Overdenture, partial maxillary	\$53	D6930 Recement fixed partial denture	\$16		
D5865 Overdenture, complete mandibular	\$53	D6940 Stress breaker	\$26		
D5866 Overdenture, partial mandibular	\$53	<b>ORAL SURGERY</b>			
<b>PROSTHODONTICS (Fixed)<sup>1</sup></b>		<b>EXTRACTIONS (Simple)</b>			
<b>BRIDGE PONTICS (Per Unit)</b>		D7111 Extraction, coronal remnants - primary tooth	\$6		
D6210 Cast high noble metal	\$220	D7140 Extraction, erupted tooth or exposed root	\$6		
D6211 Cast base metal	\$195	<b>SURGICAL EXTRACTIONS</b>			
D6212 Cast noble metal	\$210	D7210 Surgical removal of erupted tooth	\$16		
D6240 Porcelain fused to high noble metal	\$230	D7220 Removal of impacted tooth – soft tissue	\$42		
D6241 Porcelain fused to base metal	\$210	D7230 Removal of impacted tooth – partially bony	\$63		
D6242 Porcelain fused to noble metal	\$220	D7240 Removal of impacted tooth – completely bony	\$84		
D6250 Resin with high noble metal	\$210				
D6251 Resin with base metal	\$185				
D6252 Resin with noble metal	\$195				
<b>FIXED BRIDGE RETAINERS – INLAYS/ONLAYS</b>					
D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$60				
D6548 Retainer - porcelain/ceramic for resin	\$60				

<sup>1</sup> Porcelain/ceramic on molars is considered optional treatment.

<sup>2</sup> Includes any adjustments for six months.

This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-800-524-0149 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-524-0149 (TTY: 711).

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل على الهاتف رقم 1-800-524-0149 (رقم الطابعة الهاتفية: 711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে ভাষাগত সহায়তা পরিসেবাগুলি, আপনার জন্য বিনামূল্যে পাওয়া যাবে। ফোন করুন 1-800-524-0149 (TTY: 711)।

သတိပြုရန်- သင် မြန်မာဘာသာစကား ပြောဆိုပါကဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုအခမဲ့ရရှိနိုင်ပါသည်။ ခေါ်ဆိုရန် 1-800-524-0149 (TTY- 711)။

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-524-0149 (TTY：711)。

XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-524-0149 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-524-0149 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-524-0149 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-524-0149 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। कॉल करें 1-800-524-0149 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-524-0149 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-524-0149 (TTY: 711)まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-524-0149 (TTY: 711) 번으로 전화해 주십시오.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-524-0149 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-524-0149 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-524-0149 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-524-0149 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-524-0149 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-524-0149 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-524-0149 (TTY: 711).

يرجى الانتباه: إذا كنت تتحدث اللغة العربية السورية، تتوفر لك خدمات المساعدة اللغوية المجانية. يرجى الاتصال بالرقم: 1-800-524-0149 (الهاتف النصي: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-524-0149 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-524-0149 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-524-0149 (TTY: 711).