

The benefits shown below are performed as needed and deemed necessary by the attending Contract Dentist subject to the Limitations and Exclusions of the program. Please refer to Schedule B for further clarification of benefits.

Codes and/or text that appear in italics below are specifically intended to clarify the delivery of Benefits under the DeltaCare program and are not to be interpreted as CDT-3 procedure codes, descriptors or nomenclature which are under copyright by the American Dental Association.

Code	Description	ENROLLEE PAYS	Code	Description	ENROLLEE PAYS			
D0100-D0999 I. Diagnostic								
09800	Office visit, per visit (in addition to other services)	No Cost	<i>procedure and the covered procedure, plus any applicable Copayment or material/laboratory upgrade for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" mean the Contract Dentist's fees on file with PMI. Questions regarding the DeltaCare program should be directed to PMI's Customer Relations department at (800) 422-4234.</i> ¹ An amalgam is the benefit. ² Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth may be charged for the upgraded post and core. ³ Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00. ⁴ Coverage of replacement is subject to a limitation requiring the existing restoration to be 5+ years old.					
D0120	Periodic oral evaluation	No Cost						
D0140	Limited oral evaluation - problem focused	No Cost						
D0150	Comprehensive oral evaluation	No Cost						
D0160	Detailed and extensive oral evaluation - problem focused	No Cost						
D0170	Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	No Cost						
D0210	Intraoral radiographs - complete series (including bitewings) - limited to 1 series every 24 months	No Cost						
D0220	Intraoral - periapical first film	No Cost						
D0230	Intraoral - periapical, each additional film	No Cost						
D0240	Intraoral - occlusal film	No Cost						
D0270	Bitewing radiograph - single film	No Cost						
D0272	Bitewings radiographs - two films	No Cost						
D0274	Bitewings radiographs - four films - limited to 1 series every 6 months	No Cost						
D0330	Panoramic film	No Cost						
D0460	Pulp vitality tests	No Cost						
D0470	Diagnostic casts	No Cost						
D0501	Histopathologic examinations - only if performed after a prior approved biopsy (D7286) by an oral surgeon	No Cost						
D1000-D1999 II. Preventive								
D1110	Prophylaxis cleaning - adult - 1 per 6 month period ...	No Cost				D2110	Amalgam - one surface, primary	No Cost
D1120	Prophylaxis cleaning - child - 1 per 6 month period	No Cost				D2120	Amalgam - two surfaces, primary	No Cost
D1201	Topical application of fluoride (including prophylaxis) - child - to age 19; 1 per 6 month period	No Cost	D2130	Amalgam - three surfaces, primary	No Cost			
D1203	Topical application of fluoride (prophylaxis not included) - child - to age 19; 1 per 6 month period	No Cost	D2131	Amalgam - four or more surfaces, primary	No Cost			
D1330	Oral hygiene instructions	No Cost	D2140	Amalgam - one surface, permanent	No Cost			
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$ 10.00	D2150	Amalgam - two surfaces, permanent	No Cost			
D1510	Space maintainer - fixed - unilateral	\$ 15.00	D2160	Amalgam - three surfaces, permanent	No Cost			
D1515	Space maintainer - fixed - bilateral	\$ 15.00	D2161	Amalgam - four or more surfaces, permanent	No Cost			
D1520	Space maintainer - removable - unilateral	\$ 15.00	D2330	Resin-based composite - one surface, anterior	No Cost			
D1525	Space maintainer - removable - bilateral	\$ 15.00	D2331	Resin-based composite - two surfaces, anterior	No Cost			
D1550	Recementation of space maintainer	No Cost	D2332	Resin-based composite - three surfaces, anterior	No Cost			
D2000-D2999 III. Restorative			D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost			
<i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>			D2336	Resin-based composite crown, anterior-primary	No Cost			
<i>*Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the Limitations and Exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional</i>			D2380	Resin-based composite - one surface, posterior-primary ^{*1}	Optional			
			D2381	Resin-based composite - two surfaces, posterior-primary ^{*1}	Optional			
			D2382	Resin-based composite - three or more surfaces, posterior-primary ^{*1}	Optional			
			D2385	Resin-based composite - one surface, posterior-permanent ^{*1}	Optional			
			D2386	Resin-based composite - two surfaces, posterior-permanent ^{*1}	Optional			
			D2387	Resin-based composite - three surfaces, posterior-permanent ^{*1}	Optional			
			D2388	Resin-based composite - four or more surfaces, posterior-permanent ^{*1}	Optional			
			D2510	Inlay - metallic - one surface ^{2,4}	No Cost			
			D2520	Inlay - metallic - two surfaces ^{2,4}	No Cost			
			D2530	Inlay - metallic - three or more surfaces ^{2,4}	No Cost			
			D2542	Onlay - metallic - two surfaces ^{2,4}	No Cost			
			D2543	Onlay - metallic - three surfaces ^{2,4}	No Cost			
			D2544	Onlay - metallic - four or more surfaces ^{2,4}	No Cost			
			D2610	Inlay - porcelain/ceramic - one surface ^{*4}	Optional			

Code	Description	ENROLLEE PAYS	Code	Description	ENROLLEE PAYS
D2620	Inlay - porcelain/ceramic - two surfaces ^{**4}	Optional	D3000-D3999 IV. Endodontics		
D2630	Inlay - porcelain/ceramic - three or more surfaces ^{**4}	Optional	⁵ A benefit for permanent teeth only.		
D2642	Onlay - porcelain/ceramic - two surfaces ^{**4}	Optional	D3110	Pulp cap - direct (excluding final restoration)	No Cost
D2643	Onlay - porcelain/ceramic - three surfaces ^{**4}	Optional	D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D2644	Onlay - porcelain/ceramic - four or more surfaces ^{**4}	Optional	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D2650	Inlay - resin-based composite composite/resin - one surface ^{**4}	Optional	D3221	Gross pulpal debridement, primary and permanent teeth	\$ 7.00
D2651	Inlay - resin-based composite composite/resin - two surfaces ^{**4}	Optional	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 7.00
D2652	Inlay - resin-based composite composite/resin - three or more surfaces ^{**4}	Optional	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 7.00
D2662	Onlay - resin-based composite composite/resin - two surfaces ^{**4}	Optional	D3310	Root canal - anterior (excluding final restoration) ⁵	\$ 40.00
D2663	Onlay - resin-based composite composite/resin - three surfaces ^{**4}	Optional	D3320	Root canal - bicuspid (excluding final restoration) ⁵	\$ 80.00
D2664	Onlay - resin-based composite composite/resin - four or more surfaces ^{**4}	Optional	D3330	Root canal - molar (excluding final restoration) ⁵	\$ 120.00
D2710	Crown - resin (laboratory) ^{3,4}	\$ 45.00	D3346	Retreatment of previous root canal therapy - anterior ⁵	\$ 55.00
D2720	Crown - resin with high noble metal ^{2,3,4}	\$ 75.00	D3347	Retreatment of previous root canal therapy - bicuspid ⁵	\$ 95.00
D2721	Crown - resin with predominantly base metal ^{3,4}	\$ 75.00	D3348	Retreatment of previous root canal therapy - molar ⁵	\$ 135.00
D2722	Crown - resin with noble metal ^{3,4}	\$ 75.00	D3410	Apicoectomy/periradicular surgery - anterior ⁵	\$ 50.00
D2740	Crown - porcelain/ceramic substrate ^{3,4}	\$ 75.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root) ⁵	\$ 50.00
D2750	Crown - porcelain fused to high noble metal ^{2,3,4}	\$ 75.00	D3425	Apicoectomy/periradicular surgery - molar (first root) ⁵	\$ 50.00
D2751	Crown - porcelain fused to predominantly base metal ^{3,4}	\$ 75.00	D3426	Apicoectomy/periradicular surgery (each additional root) ⁵	No Cost
D2752	Crown - porcelain fused to noble metal ^{3,4}	\$ 75.00	D3430	Retrograde filling - per root ⁵	\$ 50.00
D2780	Crown - ¾ cast high noble metal ^{2,4}	\$ 75.00	D3450	Root amputation, per root - <i>not covered</i> <i>in conjunction with procedure D3920</i> ⁵	No Cost
D2781	Crown - ¾ cast predominantly base metal ⁴	\$ 75.00	D4000-D4999 V. Periodontics		
D2782	Crown - ¾ cast noble metal ⁴	\$ 75.00	<i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D2790	Crown - full cast high noble metal ^{2,4}	\$ 75.00	D4210	Gingivectomy or gingivoplasty - per quadrant	\$ 100.00
D2791	Crown - full cast predominantly base metal ⁴	\$ 75.00	D4211	Gingivectomy or gingivoplasty - per tooth - fewer than 6 teeth	\$ 20.00
D2792	Crown - full cast noble metal ⁴	\$ 75.00	D4220	Gingival curettage, surgical - per quadrant	\$ 10.00
D2910	Recement inlay	No Cost	D4240	Gingival flap procedure, including root planing - per quadrant	\$ 100.00
D2920	Recement crown	No Cost	D4260	Osseous surgery (including flap entry and closure) - per quadrant	\$ 200.00
D2930	Prefabricated stainless steel crown - primary tooth	No Cost	D4341	Periodontal scaling and root planing, per quadrant - limited to 4 quadrants during any 12 consecutive months	\$ 10.00
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost	D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$ 10.00
D2932	Prefabricated resin crown - anterior primary tooth	\$ 10.00	D4910	Periodontal maintenance procedures (following active therapy) - limited to 1 treatment each 6 month period	\$ 8.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$ 10.00			
D2940	Sedative filling	\$ 10.00			
D2950	Core buildup, including any pins	\$ 10.00			
D2951	Pin retention - per tooth, in addition to restoration	\$ 10.00			
D2952	Cast post and core in addition to crown - includes canal preparation ²	\$ 10.00			
D2953	Each additional cast post - same tooth - includes canal preparation ²	\$ 10.00			
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$ 10.00			
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$ 10.00			
D2970	Temporary crown (fractured tooth) - palliative treatment only	\$ 10.00			
D2980	Crown repair	\$ 10.00			

Code	Description	ENROLLEE PAYS
D5000-D5899 VI. Prosthodontics (removable)		
⁶ Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.		
⁷ Limited to 1 per denture during any 12 consecutive months.		
⁸ Coverage of replacement is subject to a limitation requiring the existing denture to be 5+ years old.		
D5110	Complete denture - maxillary ^{6,8}	\$ 95.00
D5120	Complete denture - mandibular ^{6,8}	\$ 95.00
D5130	Immediate denture - maxillary ^{6,8}	\$110.00
D5140	Immediate denture - mandibular ^{6,8}	\$110.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) ^{6,8}	\$105.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) ^{6,8}	\$105.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{6,8}	\$110.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{6,8}	\$110.00
D5410	Adjust complete denture - maxillary ⁶	\$ 5.00
D5411	Adjust complete denture - mandibular ⁶	\$ 5.00
D5421	Adjust partial denture - maxillary ⁶	\$ 5.00
D5422	Adjust partial denture - mandibular ⁶	\$ 5.00
D5510	Repair broken complete denture base	\$ 15.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 10.00
D5610	Repair resin denture base	\$ 15.00
D5620	Repair cast framework	\$ 15.00
D5630	Repair or replace broken clasp	\$ 15.00
D5640	Replace broken teeth - per tooth	\$ 10.00
D5650	Add tooth to existing partial denture	\$ 10.00
D5660	Add clasp to existing partial denture	\$ 10.00
D5710	Rebase complete maxillary denture ⁷	\$ 40.00
D5711	Rebase complete mandibular denture ⁷	\$ 40.00
D5720	Rebase maxillary partial denture ⁷	\$ 40.00
D5721	Rebase mandibular partial denture ⁷	\$ 40.00
D5730	Reline complete maxillary denture (chairside) ⁷	\$ 20.00
D5731	Reline complete mandibular denture (chairside) ⁷	\$ 20.00
D5740	Reline maxillary partial denture (chairside) ⁷	\$ 20.00
D5741	Reline mandibular partial denture (chairside) ⁷	\$ 20.00
D5750	Reline complete maxillary denture (laboratory) ⁷	\$ 40.00
D5751	Reline complete mandibular denture (laboratory) ⁷	\$ 40.00
D5760	Reline maxillary partial denture (laboratory) ⁷	\$ 40.00
D5761	Reline mandibular partial denture (laboratory) ⁷	\$ 40.00
D5820	Interim partial denture (maxillary) - limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing ⁶	No Cost
D5821	Interim partial denture (mandibular) - limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing ⁶	No Cost

Code	Description	ENROLLEE PAYS
D5850	Tissue conditioning, maxillary ^{6,7}	No Cost
D5851	Tissue conditioning, mandibular ^{6,7}	No Cost
D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered		
D6000-D6199 VIII. Implant Services - Not Covered		
D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).		
[*] Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the Limitations and Exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the covered procedure, plus any applicable Copayment or material/laboratory upgrade for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" mean the Contract Dentist's fees on file with PMI. Questions regarding the DeltaCare program should be directed to PMI's Customer Relations department at (800) 422-4234.		
² Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth may be charged for the upgraded post and core.		
³ Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.		
⁹ Coverage of replacement is subject to a limitation requiring the existing bridge to be 5+ years old.		
D6210	Pontic - cast high noble metal ^{2,9}	\$ 75.00
D6211	Pontic - cast predominantly base metal ⁹	\$ 75.00
D6212	Pontic - cast noble metal ⁹	\$ 75.00
D6240	Pontic - porcelain fused to high noble metal ^{2,3,9}	\$ 75.00
D6241	Pontic - porcelain fused to predominantly base metal ^{3,9}	\$ 75.00
D6242	Pontic - porcelain fused to noble metal ^{3,9}	\$ 75.00
D6245	Pontic - porcelain/ceramic ^{*9}	Optional
D6250	Pontic - resin with high noble metal ^{2,3,9}	\$ 75.00
D6251	Pontic - resin with predominantly base metal ^{3,9}	\$ 75.00
D6252	Pontic - resin with noble metal ^{3,9}	\$ 75.00
D6519	Inlay/onlay - porcelain/ceramic ^{*9}	Optional
D6520	Inlay - metallic - two surfaces ^{2,9}	No Cost
D6530	Inlay - metallic - three or more surfaces ^{2,9}	No Cost
D6543	Onlay - metallic - three surfaces ^{2,9}	No Cost
D6544	Onlay - metallic - four or more surfaces ^{2,9}	No Cost
D6720	Crown - resin with high noble metal ^{2,3,9}	\$ 75.00
D6721	Crown - resin with predominantly base metal ^{3,9}	\$ 75.00
D6722	Crown - resin with noble metal ^{3,9}	\$ 75.00
D6740	Crown - porcelain/ceramic ^{*9}	Optional
D6750	Crown - porcelain fused to high noble metal ^{2,3,9}	\$ 75.00
D6751	Crown - porcelain fused to predominantly base metal ^{3,9}	\$ 75.00
D6752	Crown - porcelain fused to noble metal ^{3,9}	\$ 75.00
D6780	Crown - 3/4 cast high noble metal ^{2,9}	\$ 75.00
D6781	Crown - 3/4 cast predominantly base metal ⁹	\$ 75.00
D6782	Crown - 3/4 cast noble metal ⁹	\$ 75.00

Code	Description	ENROLLEE PAYS
D6790	Crown - full cast high noble metal ^{2,9}	\$ 75.00
D6791	Crown - full cast predominantly base metal ⁹	\$ 75.00
D6792	Crown - full cast noble metal ⁹	\$ 75.00
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker ⁹	No Cost
D6970	Cast post and core in addition to fixed partial denture retainer - includes canal preparation ²	\$ 10.00
D6971	Cast post as part of fixed partial denture retainer - includes canal preparation ²	\$ 10.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - base metal post; includes canal preparation	\$ 10.00
D6973	Core buildup for retainer, including any pins	\$ 10.00
D6976	Additional cast post - same tooth - includes canal preparation ²	\$ 10.00
D6977	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$ 10.00
D6980	Fixed partial denture repair	\$ 15.00

D7000-D7999 X. Oral and Maxillofacial Surgery

Includes preoperative and postoperative evaluations and treatment under local anesthetic.

D7110	Single tooth	No Cost
D7120	Each additional tooth	No Cost
D7130	Root removal - exposed roots	No Cost
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	\$ 45.00
D7240	Removal of impacted tooth - completely bony	\$ 65.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 65.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7286	Biopsy of oral tissue - soft (all others) - does not include histopathologic examination or other pathology laboratory procedures	No Cost
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$ 35.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$ 50.00
D7471	Removal of exostosis - per site	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost

Code	Description	ENROLLEE PAYS
D8000-D8999 XI. Orthodontics		
¹⁰ Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for 08237 "Start-up fee." Beyond 24 months of active treatment, an additional monthly fee of \$75.00 applies.		
¹¹ In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of \$25.00 will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.		
¹² Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of \$75.00 applies.		
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 ¹⁰	\$1600.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19 ¹⁰	\$1600.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including dependent adults covered as full-time students ¹⁰	\$1800.00
08237	Start-up fee, which includes initial examination, diagnosis, consultation and initial banding	\$ 350.00
D8660	Pre-orthodontic treatment visit - not to be charged with any other consultation procedures(s) ¹¹	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) ¹²	No Cost

D9000-D9999 XII. Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 5.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9310	Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment)	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$ 5.00
D9440	Office visit - after regularly scheduled hours	\$ 20.00
00125	Failed appointment without 24 hour notice - per 15 minutes of appointment time	\$ 10.00

Procedures not listed above are not covered however may be available at the Contract Dentist's "filed fees".

"Filed fees" means the Contract Dentist's fees on file with PMI. Questions regarding these fees should be directed to PMI's Customer Relations department at (800) 422-4234.