

June 27, 2022

Don Poulson
University of Toledo Student Dental Plan
2801 W Bancroft St
Toledo, OH 43606-3328

Dear Don Poulson,

Thank you for continuing to choose Delta Dental! We value our relationship with you and your members, and we appreciate your business.

Enclosed is a contract with changes effective August 11, 2022 between Delta Dental and University of Toledo Student Dental Plan, Client Number 2438-0002. Please review this contract carefully and, if you have questions or changes, please contact me immediately at (216) 706-1202.

Please have your group's authorized representative sign the contract and return it to me at your earliest convenience. Please send the signed contract to my attention at:

Delta Dental
Attn: Karen Chapman
Fifth Third Center, Suite 2600
600 Superior Ave. East
Cleveland, OH 44114

If we are not in receipt of the signed contract by the effective date, we will consider remittance of payment as acceptance of the contract, and we will continue to administer your dental benefits accordingly. By permitting us to do so, you accept the terms of this contract in full and agree that this contract is binding, even if you do not return a signed copy of the contract to us.

We appreciate your prompt attention to this important matter. We look forward to continuing to provide you with the best dental benefits programs and services available.

Sincerely,



Karen Chapman
Senior Account Manager



Delta Dental Contract
Delta Dental PPO™
For
University of Toledo Student Dental Plan

This Contract ("Contract") is entered into by and between University of Toledo Student Dental Plan (the "Contractor") and Delta Dental Plan of Ohio, Inc., an Ohio non-profit corporation ("Delta Dental"). This is a legally binding contract between the Contractor and Delta Dental and is effective on August 11, 2022, the ("Effective Date").

SECTION I - DECLARATIONS

The Benefits available are as set forth in this Contract. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision of the subsequent sections of this Contract.

A. Effective Date: 12:01 A.M. Standard Time, August 11, 2022

B. First Renewal Date: August 11, 2023

C. Client Number: 2438-0002

D. Rate(s):

Enrollee only - \$15.68 per month per Enrollee

Enrollee with one dependent - \$31.80 per month per Enrollee

Enrollee with two or more dependents - \$71.65 per month per Enrollee

These rates are contingent upon the enrollment of a minimum of 0 percent of the eligible members of the defined group and their eligible dependents. Rates do not include any applicable claims taxes.

Remove entire Section (F) Indemnification - per legal approval F-0184615

DELTA DENTAL PLAN OF OHIO, INC.

BY: [Signature]
President and CEO

CONTRACTOR

BY: _____
(Authorized Signature)

(Title)

BY: _____
(Witnessed By)

(Title)

DATE: June 27, 2022

DATE: _____



**Delta Dental PPO™
Summary of Dental Plan Benefits
For Group# 2438-0002
University of Toledo Student Dental Plan**

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. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of Ohio

Benefit Year - August 11 through August 10

Non-EHB Covered Services - include all Covered Services provided to individuals 19 years of age or older as well as any Covered Services provided to individuals age 18 and under which are not covered as an EHB Covered Service. Please note that to the extent an individual age 18 and under receives an EHB Covered Service that is also covered as a Non-EHB Covered Service under this Plan, the difference in Copayment amounts between the EHB Covered Service and the Non-EHB Covered Service may be covered as a Non-EHB Covered Service.

Non-EHB Covered Services - include all Covered Services that are not Essential Health Benefits (EHB) as defined by the Patient Protection and Affordable Care Act.

| | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Nonparticipating Dentist |
|-----------------------------------------------------------------------------------------------|---------------------------|-------------------------------|--------------------------|
| | Plan Pays | Plan Pays* | Plan Pays* |
| Diagnostic & Preventive | | | |
| Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers | 100% | 100% | 100% |
| Emergency Palliative Treatment - to temporarily relieve pain | 100% | 100% | 100% |
| Brush Biopsy - to detect oral cancer | 100% | 100% | 100% |
| Radiographs - X-rays | 100% | 100% | 100% |
| Periodontal Maintenance - cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Minor Restorative Services - fillings and crown repair | 50% | 50% | 50% |
| Simple Extractions - non-surgical removal of teeth | 50% | 50% | 50% |

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit 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 benefit year for people age 18 and under.
- Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.

- Sealants are not a Covered Service.
- Prefabricated crowns are payable once in any five-year period for people up to age 15.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Periodontal maintenance is a Covered Service.
- Oral surgical services, except non-surgical extractions and brush biopsy, are not Covered Services.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are not Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. 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 major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment for Non-EHB Covered Services – \$750 per Member total per Benefit Year on all services.

Out-of-Pocket Maximum Payment for Non-EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Deductible for Non-EHB Covered Services – \$50 Deductible per Member total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, brush biopsy, and periodontal maintenance.

Waiting Period for Non-EHB Covered Services – Employees who are eligible for dental benefits are covered Students who are eligible for dental benefits must be actively enrolled at the Institution of Higher Education.

Eligible People – All eligible students that attend the participating Institution of Higher Education of the University of Toledo.

Also eligible are your Spouse and Children to the end of the day on which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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 together on one application or separately on individual applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between

your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date of termination.

FIX NHWP LANGUAGE

REMOVE FROM BULLETED HCC AREA: Porcelain and resin facings on crowns are optional treatment on posterior teeth.

Each of the Essential Health Benefits ("EHB") Covered Services listed at the end of this Summary of Dental Plan Benefits are considered Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended ("PPACA"), to the extent that such Covered Services are provided to an individual under the age of 19 ("EHB Covered Services"). In the event an individual under the age of 19 receives an EHB Covered Service, that EHB Covered Service shall be subject to the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations set forth below. In no event will the general frequency limitations found in your Certificate apply to any of the EHB Covered Services listed in this Summary of Dental Plan Benefits. The remaining general exclusions and limitations found in your Certificate shall only apply to EHB Covered Services to the extent those general exclusions and limitations do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in this Summary of Dental Plan Benefits. An individual will be considered under the age of 19 until the end of the Calendar Year in which the individual attains the age of 19.

| EHB Covered Services (for individuals age 18 and under) | In-Network | | Out-of-Network |
|-----------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------|
| | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Nonparticipating Dentist |
| | Plan Pays | Plan Pays* | Plan Pays* |
| Diagnostic & Preventive | | | |
| Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers | 100% | 90% | 90% |
| Emergency Palliative Treatment – to temporarily relieve pain | 100% | 90% | 90% |
| Radiographs – X-rays | 100% | 90% | 90% |
| Sealants – to prevent decay of permanent teeth | 100% | 90% | 90% |
| Basic Services | | | |
| Minor Restorative Services – fillings and crown repair | 90% | 80% | 80% |
| Oral Surgery Services – extractions and dental surgery | 90% | 80% | 80% |
| Endodontic Services – root canals | 90% | 80% | 80% |
| Periodontic Services – to treat gum disease | 90% | 80% | 80% |
| Relines and Repairs – prosthetic appliances | 90% | 80% | 80% |
| Other Basic Services – misc. services | 90% | 80% | 80% |
| Major Services | | | |
| Major Restorative Services – crowns | 50% | 50% | 50% |
| Prosthodontic Services – bridges, implants, dentures, and crowns over implants | 50% | 50% | 50% |
| Orthodontic Services | | | |
| Orthodontic Services – medically necessary | 50% | 50% | 50% |

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

In-Network Annual Out-of-Pocket Maximum for EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum shall be \$375 per Benefit Year if this Certificate covers one Eligible Person, or \$750 per Benefit Year if this Certificate covers two or more Eligible Persons. Any Copayments, Deductibles or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided to an Eligible Person shall count toward that In-Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; or (iii) Out-of-Network Dentists. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to an Eligible Person will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Annual Out-of-Pocket Maximum for EHB Covered Services – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all

Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services – There are no annual or lifetime Maximum Payments for EHB Covered Services under This Certificate.

Payment for Orthodontic Services (when medically necessary) – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist. Thereafter, Delta Dental will make additional monthly payments based upon the Coinsurance amounts set forth above, your In-Network Out-of-Pocket Maximum for EHB Covered Services, and the agreed upon payment plan provided by your Dentist to Delta Dental..

Deductibles for EHB Covered Services – The Deductible for EHB Covered Services is \$50 per individual per Benefit Year, limited to a maximum of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, and orthodontics.

Waiting Period for EHB Covered Services – There are no waiting periods for Eligible Persons age 18 and under seeking EHB Covered Services.

FIX NHWP LANGUAGE

REMOVE FROM BULLETED HCC AREA: Porcelain and resin facings on crowns are optional treatment on posterior teeth.

EHB Covered Services

The following services are the specific EHB Covered Services under this Certificate to the extent they are received by an individual age 18 and under:

Diagnostic and Preventive Services

Examinations/Evaluations

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation – problem focused
- D0145 – oral evaluation for a patient age 2 and under
- D0150 – comprehensive oral evaluation
- D0160 – detailed and extensive oral evaluation (problem focused)
- D0180 – comprehensive periodontal evaluation
- ❖ Benefits for the foregoing clinical oral evaluations are payable twice in any Benefit Year, whether provided under one or more Delta Dental plan(s).

Cleanings (Prophylaxes)

- D1110 – prophylaxis – adult
- D1120 – prophylaxis – child
- ❖ Benefits for prophylaxis including periodontal maintenance or scaling in the presence of moderate or severe gingival inflammation are payable twice in any Benefit Year. Benefits for full mouth debridement are payable once in a lifetime.

Fluoride Treatment

- D1206 – topical fluoride varnish
- D1208 – topical application of fluoride (prophylaxis not included)
- ❖ Benefits for topical application of fluoride are payable twice in any Benefit Year.

Space Maintainers

- D1510 – space maintainer – fixed – unilateral – per quadrant
- D1516 – space maintainer – fixed – bilateral, maxillary
- D1517 – space maintainer – fixed – bilateral, mandibular
- D1520 – space maintainer – removable – unilateral – per quadrant

D1526 – space maintainer – removable – bilateral, maxillary

D1527 – space maintainer – removable – bilateral, mandibular

D1551 – re-cement or re-bond of bilateral space maintainer – maxillary

D1552 – re-cement or re-bond of bilateral space maintainer – mandibular

D1575 – distal shoe – fixed, unilateral – per quadrant

Emergency Palliative Treatment

D9110 – palliative (emergency) treatment

Radiographs (X-rays)

D0210 – intraoral-complete series (including bitewings)

D0330 – panoramic film

- ❖ Benefits for a complete intraoral radiographic series (including bitewing radiographs) or a panoramic film (with or without bitewing films) are payable once in any five-year period.

D0220 – intraoral – periapical first film

D0230 – intraoral – periapical each addl film

D0240 – intraoral – occlusal film

D0270 – bitewing – single film

D0272 – bitewings – two films

D0273 – bitewings – three films

D0274 – bitewings – four films

D0277 – bitewing, vertical, 7 to 8 films

- ❖ Benefits for bitewing images (posterior or vertical) are payable twice in any Benefit Year.

Sealants

D1351 – sealant – per tooth – unrestored permanent molars

- ❖ Sealants are payable only for the occlusal (biting) surface of unrestored permanent molars, free from decay and restorations.

- ❖ Sealants are a Benefit payable once in any three-year period per tooth.
- D1352 – preventive resin restorations in a moderate to high caries risk patient – permanent tooth
- ❖ Payable one sealant per tooth in any three-year period.
- D1353 – sealant repair – per tooth
D1354 – interim caries arresting medicament application – per tooth

Basic Services

Minor Restorative Services (local anesthesia is considered to be part of restorative procedures)

- D2140 – amalgam – one surface, primary or permanent
D2150 – amalgam – two surfaces, primary or permanent
D2160 – amalgam – three surfaces, primary or permanent
D2161 – amalgam – four or more surfaces, primary or permanent
D2330 – resin – based composite – one surface, anterior
D2331 – resin – based composite – two surfaces, anterior
D2332 – resin – based composite – three surfaces, anterior
D2335 – resin – based composite – four or more surfaces (anterior)
- ❖ Tooth preparations, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.
 - ❖ Benefits for composite resin restorations on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam restoration.

- D2910 – recement inlay, only or partial coverage restoration
D2915 – recement cast or prefabricated post and core
D2920 – recement crown
D2980 – crown repair
D2981 – inlay repair
D2982 – onlay repair
D2983 – veneer repair
D2990 – resin infiltration/smooth surface
- ❖ Limited to 1 in any 36 month period
- D2928 – prefabricated porcelain crown – permanent tooth
D2929 – prefabricated porcelain crown – primary tooth
D2930 – prefabricated stainless steel crown – primary tooth
D2931 – prefabricated stainless steel crown – permanent tooth
- ❖ Stainless steel and porcelain crowns are payable once per tooth in any five-year period.
 - ❖ Benefits for stainless steel crowns with esthetic facings, veneers or coatings are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional stainless steel crown.

D2940 – sedative filling

D2951 – pin retention – per tooth, in addition to restoration

Oral Surgery Services

- D7111 – extraction, coronal remnants – primary tooth
D7140 – extraction, erupted tooth or exposed root

- D7210 – removal of erupted tooth
D7220 – removal of impacted tooth – soft tissue
D7230 – removal of impacted tooth – partial bony
D7240 – removal of impacted tooth – completely bony
D7241 – removal of impacted tooth – completely bony, with unusual surgical complications
D7250 – removal of residual tooth roots
D7251 – coronectomy – intentional partial tooth removal
D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 – exposure of an unerupted tooth
D7282 – mobilization of erupted or malpositioned tooth to aid eruption
D7283 – placement of device to facilitate eruption of impacted tooth
D7310 – alveoplasty, in conjunction with extractions – four or more teeth per quadrant
D7311 – alveoplasty, in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320 – alveoplasty, not in conjunction with extractions – four or more teeth per quadrant
D7321 – alveoplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7471 – removal of exostosis
D7510 – incision and drainage of abscess – intraoral soft tissue
D7910 – suture of recent small wounds up to 5 cm
D7953 – bone replacement graft for ridge preservation – per site
D7971 – excision of pericoronal gingiva

Endodontic Services

- D3220 – therapeutic pulpotomy (excluding final restoration)
D3221 – pulpal debridement, primary or permanent teeth
D3222 – partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
*** If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a Covered Service as it is considered a part of the root canal procedure and Benefits are not payable separately.
D3230 – pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 – pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
- ❖ Benefit for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth, once per tooth per lifetime.
- D3310 – anterior (excluding final restoration)
D3320 – premolar tooth (excluding final restoration)
D3330 – molar tooth (excluding final restoration)
D3346 – retreatment of previous root canal therapy – anterior
D3347 – retreatment of previous root canal therapy – premolar tooth
D3348 – retreatment of previous root canal therapy – molar
D3351 – apexification/recalcification – initial visit (apical closure calcific repair or perforations, root resorptions)
D3352 – apexification/recalcification – interim visit
D3353 – apexification/recalcification – final visit
D3355 – pulpal regeneration – initial visit

D3356 - pulpal regeneration - interim medication replacement
D3357 - pulpal regeneration - completion of treatment
D3410 - apicoectomy surgery/periradicular - anterior
D3421 - apicoectomy surgery/periradicular - premolar tooth (first root)
D3425 - apicoectomy surgery/periradicular - molar (first root)
D3426 - apicoectomy surgery/periradicular - (each addl root)
D3430 - retrograde filling - per root
D3450 - root amputation - per root
D3920 - hemisection (including any root removal)

Periodontic Services

D4210 - gingivectomy or gingivoplasty - four or more teeth
D4211 - gingivectomy or gingivoplasty - one to three teeth
D4212 - gingivectomy or gingivoplasty - to allow access for restorative procedures
D4240 - gingival flap procedure, including root planing - four or more teeth
D4241 - gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth or bounded teeth spaces
D4260 - osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant
D4261 - osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant
D4263 - bone replacement graft - retained natural tooth - first site in quadrant
❖ Benefits for the foregoing periodontal surgical services are payable once in any three-year period.
D4249 - clinical crown lengthening - hard tissue
D4270 - pedicle soft tissue graft procedure
D4273 - autogenous connective tissue graft procedures (including donor site surgery)
D4275 - soft tissue allograft
D4277 - free soft tissue graft procedure (including donor site surgery), first tooth, implant, or edentulous tooth position
D4278 - free soft tissue graft procedure (including donor site surgery), each addl contiguous tooth, implant, or edentulous tooth position
D4283 - autogenous connective tissue graft procedure (including donor site surgery) - each addl contiguous tooth, implant, or edentulous tooth position
D4341 - periodontal scaling and root planing, four or more teeth
D4342 - periodontal scaling and root planing, one to three teeth,
❖ Benefits for the foregoing scaling and root planing are payable once, per quadrant, in any two-year period.

D4346 - scaling in presence of moderate or severe gingival inflammation
❖ Benefits for prophylaxis including periodontal maintenance or scaling in the presence of moderate or severe gingival inflammation are payable twice in

any Benefit Year. Benefits for full mouth debridement are payable once in a lifetime.

D4355 - full mouth debridement
❖ Full mouth debridement is payable once per lifetime.
D4910 - periodontal maintenance procedures
❖ Benefits for periodontal maintenance following therapy, including adult prophylaxis, are payable four times in any Benefit Year.
D7921 - collect-apply autologous product
❖ Limited to 1 in any 36 month period

Relines and Repairs

D5410 - adjust complete denture - maxillary
D5411 - adjust complete denture - mandibular
D5421 - adjust partial denture - maxillary
D5422 - adjust partial denture - mandibular
D5511 - repair broken complete denture base, mandibular
D5512 - repair broken complete denture base, maxillary
D5520 - replace missing or broken teeth - complete denture
D5611 - repair resin denture base, mandibular
D5612 - repair resin denture base, maxillary
D5621 - repair cast partial framework, mandibular
D5622 - repair cast partial framework, maxillary
D5630 - repair or replace broken clasp, per tooth
D5640 - replace broken teeth - per tooth
D5650 - add tooth to existing partial denture
D5660 - add clasp to existing partial denture, per tooth
D5670 - replace all teeth and acrylic on cast metal framework (maxillary)
D5671 - replace all teeth and acrylic on cast metal framework (mandibular)
D5710 - rebase complete maxillary denture
D5711 - rebase complete mandibular denture
D5720 - rebase maxillary partial denture
D5721 - rebase mandibular partial denture
D5730 - reline complete maxillary denture (direct)
D5731 - reline complete mandibular denture (direct)
D5740 - reline maxillary partial denture (direct)
D5741 - reline mandibular partial denture (direct)
D5750 - reline complete maxillary denture (indirect)
D5751 - reline complete mandibular denture (indirect)
D5760 - reline maxillary partial denture (indirect)
D5761 - reline mandibular partial denture (indirect)
❖ Benefits for the foregoing rebase and reline of a complete or partial denture base are payable once in any three-year period per appliance, six months after the initial installation.

D5850 - tissue conditioning denture (maxillary)
D5851 - tissue conditioning denture (mandibular)
D6930 - recement fixed partial denture
D6980 - fixed partial denture repair by report

Other Basic Services

D0340 - 2D cephalometric images
D0350 - oral/facial photographic images
D0391 - interpretation of diagnostic image
D0470 - diagnostic casts
D9222 - deep sedation/general anesthesia - first 15 min
D9223 - deep sedation/general anesthesia - each subsequent 15 min
D9239 - intravenous conscious sedation/analgesia - first 15 min

- D9243 - intravenous conscious sedation/analgesia - each subsequent 15 min
- D9310 - consultation
- D9610 - therapeutic drug injection, single administration
- D9612 - therapeutic drug injection, two or more administrations, different medications
- D9613 - infiltration of sustained release therapeutic drug - single or multiple sites
- D9930 - treatment of complications (post-surgical)
- D9944 - occlusal guard - hard appliance full arch by report
- D9946 - occlusal guard - hard appliance partial arch by report
- ❖ Benefits for an occlusal guard are payable once per Benefit Year for individuals 13-18 years of age.

Major Services

Major Restorative Services

- D2510 - inlay - metallic - one surface, an alternate benefit will be provided
- D2520 - inlay - metallic - two surfaces, an alternate benefit will be provided
- D2530 - inlay - metallic - three surfaces, an alternate benefit will be provided
- D2542 - onlay - metallic - two surfaces
- D2543 - onlay - metallic - three surfaces
- D2544 - onlay - metallic - four or more surfaces
- D2710 - crown - resin-based composite (indirect)
- D2712 - crown - 3/4 resin-based composite (indirect)
- D2720 - crown - resin with high noble metal
- D2721 - crown - resin with predominantly base metal
- D2722 - crown - resin with noble metal
- D2740 - crown - porcelain/ceramic
- D2750 - crown - porcelain fused to high noble metal
- D2751 - crown - porcelain fused to predominantly base metal
- D2752 - crown - porcelain fused to noble metal
- D2753 - crown - porcelain fused to titanium and titanium alloys
- D2780 - crown - 3/4 cast high noble metal
- D2781 - crown - 3/4 cast predominantly base metal
- D2782 - crown - 3/4 cast noble metal
- D2783 - crown - 3/4 porcelain/ceramic
- D2790 - crown - full cast high noble metal
- D2791 - crown - full cast predominantly base metal
- D2792 - crown - full cast noble metal
- D2794 - crown - titanium
- D2950 - core buildup, including any pins
- D2952 - cast post and core in addition to crown
- D2954 - prefabricated post and core in addition to crown
- ❖ Benefits for the foregoing onlays and crowns are payable once per tooth in any five-year period.
- ❖ Benefits for core buildups, cast posts and cores and prefabricated posts are limited to one procedure per tooth.
- ❖ Benefits for plastic, resin, porcelain fused to metal, porcelain and porcelain/ceramic crowns or onlays on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for a full metal crown or metallic onlay.

- ❖ Benefits for inlays, regardless of the material used are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.

Prosthetic Services

- D5110 - complete denture - maxillary
- D5120 - complete denture - mandibular
- D5130 - immediate denture - maxillary
- D5140 - immediate denture - mandibular
- ❖ Benefits for one complete upper and one complete lower denture are payable once in any five-year period.
- D5211 - maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
- D5212 - mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
- D5213 - maxillary partial denture - cast metal framework - resin denture base (including any conventional clasps, rests and teeth)
- D5214 - mandibular partial denture - cast metal framework - resin denture base (including any conventional clasps, rests and teeth)
- D5221 - immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
- D5222 - immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
- D5223 - immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5224 - immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5225 - maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)
- D5226 - mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)
- D5282 - removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary
- D5283 - removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular
- D5284 - removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant
- D5286 - removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant
- ❖ Benefits for a partial denture are payable only once per arch in any five-year period.
- ❖ Benefits for overdentures are optional treatment. Delta Dental will pay only the amount that it would pay for a conventional denture.
- D6010 - endosteal implant
- D6012 - surgical placement of interim implant body
- D6040 - eposteal implant
- D6050 - transosteal implant, including hardware
- D6055 - connecting bar - implant or abutment supported
- D6056 - prefabricated abutment
- D6057 - custom abutment
- D6058 - abutment supported porcelain/ceramic crown

D6059 – abutment supported porcelain fused to high noble metal
D6060 – abutment supported porcelain fused to predominantly base metal crown
D6061 – abutment supported porcelain fused to noble metal crown
D6097 – abutment supported crown – porcelain fused to titanium and titanium alloys
D6062 – abutment supported cast high noble metal crown
D6063 – abutment supported cast predominantly base metal crown
D6064 – abutment supported cast noble metal crown
D6094 – abutment supported titanium crown
D6065 – implant supported porcelain/ceramic crown
D6066 – implant supported porcelain fused to high metal crown
D6082 – implant supported crown – porcelain fused to predominantly base alloys
D6083 – implant supported crown – porcelain fused to noble alloys
D6084 – implant supported crown – porcelain fused to titanium and titanium alloys
D6067 – implant supported metal crown
D6086 – implant supported crown – predominantly base alloys
D6087 – implant supported crown – porcelain fused to noble alloys
D6088 – implant supported crown – porcelain fused to titanium and titanium alloys
D6068 – abutment supported retainer for porcelain/ceramic FPD
D6069 – abutment supported retainer for porcelain fused to metal FPD
D6070 – abutment supported retainer for porcelain fused to predominantly base metal FPD
D6195 – abutment supported retainer – porcelain fused to titanium and titanium alloys
D6071 – abutment supported retainer for porcelain fused to noble metal FPD
D6072 – abutment supported retainer for cast high noble metal FPD
D6073 – abutment supported retainer for cast predominantly base metal FPD
D6074 – abutment supported retainer for cast noble metal FPD
D6194 – abutment supported retainer for titanium FPD
D6075 – implant supported retainer for ceramic FPD
D6076 – implant supported retainer for porcelain fused to high noble metal FPD
D6098 – implant supported retainer – porcelain fused to predominantly base alloys
D6099 – implant supported retainer for FPD – porcelain fused to noble alloys
D6120 – implant supported retainer for FPD – porcelain fused to titanium and titanium alloys
D6077 – implant supported retainer for cast metal FPD
D6121 – implant supported retainer for metal FPD – predominantly base alloys
D6122 – implant supported retainer for metal FPD – noble alloys

D6123 – implant supported retainer for metal FPD – titanium and titanium alloys
D6080 – implant maintenance procedures
D6081 – scaling and debridement in the presence of inflammation or mucositis of a single implant
D6090 – repair implant prosthesis
D6091 – replacement of semi-precision or precision attachment (male or female) of implant/abutment supported prosthesis, per attachment
D6092 – recement implant/abutment supported crown
D6093 – recement implant/abutment supported fixed partial denture
D6095 – repair implant abutment
D6096 – remove broken implant retaining screw
D6100 – implant removal
D6101 – debridement periimplant defect,
D6102 – debridement and osseous periimplant defect
D6103 – bone graft periimplant defect
D6104 – bone graft implant replacement
D6114 – implant/abutment supported fixed denture for edentulous arch – maxillary
D6115 – implant/abutment supported fixed denture for edentulous arch – mandibular
D6116 – implant/abutment supported fixed denture for partially edentulous arch – maxillary
D6117 – implant/abutment supported fixed denture for partially edentulous arch – mandibular
D6190 – implant index

- ❖ Benefits for the foregoing abutments and implants are payable once in any five-year period.
- ❖ Benefits for implant/abutment supported complete or partial dentures are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional denture.

D6205 – pontic – indirect resin based composite
D6210 – pontic – cast high noble metal
D6211 – pontic – cast predominantly base metal
D6212 – pontic – cast noble metal
D6214 – pontic – titanium
D6240 – pontic – porcelain fused to high noble metal
D6241 – pontic – porcelain fused to predominantly base metal
D6242 – pontic – porcelain fused to noble metal
D6243 – pontic – porcelain fused to titanium and titanium alloys
D6245 – pontic – porcelain/ceramic
D6250 – pontic – resin with high noble metal
D6251 – pontic – resin with predominantly base metal
D6252 – pontic – resin with noble metal
D6545 – retainer – cast metal for resin bonded fixed prosthesis
D6548 – retainer – porcelain/ceramic for resin bonded fixed prosthesis
D6549 – resin retainer – for resin bonded fixed prosthesis
D6600 – inlay – porcelain/ceramic, two surfaces
D6601 – inlay – porcelain/ceramic, three or more surfaces
D6602 – inlay – cast high noble metal, two surfaces
D6603 – inlay – cast high noble metal, three or more surfaces

D6604 - inlay - cast predominantly base metal, two surfaces
 D6605 - inlay - cast predominantly base, three or more surfaces
 D6606 - inlay - cast noble metal, two surfaces
 D6607 - inlay - cast noble metal, three or more surfaces
 D6624 - inlay - titanium
 D6608 - onlay - porcelain/ceramic, two surfaces
 D6609 - onlay - porcelain/ceramic, three or more surfaces
 D6610 - onlay - cast high noble metal, two surfaces
 D6611 - onlay - cast high noble metal, three or more surfaces
 D6612 - onlay - cast predominantly base metal, two surfaces
 D6613 - onlay - cast predominantly base, three or more surfaces
 D6614 - onlay - cast noble metal, two surfaces
 D6615 - onlay - cast noble metal, three or more surfaces
 D6634 - onlay - titanium
 D6710 - retainer crown - indirect resin based composite
 D6720 - retainer crown - resin with high noble metal
 D6721 - retainer crown - resin with predominantly base metal
 D6722 - retainer crown - resin with noble metal
 D6740 - retainer crown - porcelain/ceramic
 D6750 - retainer crown - porcelain fused to high noble metal
 D6751 - retainer crown - porcelain fused to predominantly base metal
 D6752 - retainer crown - porcelain fused to noble metal
 D6753 - retainer crown - porcelain fused to titanium and titanium alloys
 D6780 - retainer crown - 3/4 cast high noble metal
 D6781 - retainer crown - 3/4 cast predominantly base metal
 D6782 - retainer crown - 3/4 cast noble metal
 D6783 - retainer crown - 3/4 porcelain/ceramic
 D6784 - retainer crown - 3/4 titanium and titanium alloys
 D6790 - retainer crown - full cast high noble metal
 D6791 - retainer crown - full cast predominantly base metal
 D6792 - retainer crown - full cast noble metal

D6794 - retainer crown - titanium

- ❖ Benefits for the foregoing pontics, inlays, onlays, retainers and crowns are payable only once in any five-year period.
- ❖ Benefits for all porcelain/ceramic bridges are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional fixed bridge.

Orthodontic Services

D8010 - limited orthodontic treatment of primary dentition
 D8020 - limited orthodontic treatment of transitional dentition
 D8030 - limited orthodontic treatment of adolescent dentition
 D8040 - limited orthodontic treatment of adult dentition
 D8050 - interceptive orthodontic treatment of primary dentition
 D8060 - interceptive orthodontic treatment of transitional dentition
 D8070 - comprehensive orthodontic treatment of transitional dentition
 D8080 - comprehensive orthodontic treatment of adolescent dentition
 D8090 - comprehensive orthodontic treatment of adult dentition
 D8210 - removable appliance therapy
 D8220 - fixed appliance therapy
 D8660 - pre-orthodontic treatment visit
 D8670 - periodic orthodontic treatment visit (as part of contract)

- ❖ Benefits for the foregoing Orthodontic Services are payable only to the extent said services are "medically necessary" and only for age 18 and under.

D8680 - orthodontic retention (removal of appliances, construction and placement of retainer(s))

- ❖ Benefits for the foregoing Orthodontic Service are payable only to the extent said services are "medically necessary" and only for age 18 and under.
- ❖ Benefits for orthodontic retention are payable whether billed in conjunction with other orthodontic services or billed separately.