

**Delta Dental PPO – Choice**  
**State of Oklahoma**  
**Effective January 1, 2017**  
**Description of Covered Services and Enrollee Co-payments**

Procedure Codes	Description	Enrollee Co-payment
<b>Level 1 Services</b>		
D0120	Periodic oral evaluation – established patient	\$5.00
D0140	Limited oral evaluation – problem focused	\$7.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$5.00
D0150	Comprehensive oral evaluation – new or established patient	\$10.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$5.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$10.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$16.00
D0210	Intraoral – complete series of radiographic images	\$25.00
D0220	Intraoral – periapical first radiographic image	\$5.00
D0230	Intraoral – periapical each additional radiographic image	\$5.00
D0240	Intraoral – occlusal radiographic image	\$5.00
D0270	Bitewing – single radiographic image	\$5.00
D0272	Bitewings – two radiographic images	\$5.00
D0273	Bitewings – three radiographic images	\$5.00
D0274	Bitewings – four radiographic images	\$5.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$25.00
D0330	Panoramic radiographic image	\$10.00
D1110	Prophylaxis – adult	\$5.00
D1120	Prophylaxis – child	\$5.00
D1206	Topical application of fluoride varnish	\$5.00
D1208	Topical application of fluoride – excluding varnish	\$5.00
D1351	Sealant – per tooth	\$5.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$5.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00
<b>Level 2 Services</b>		
D1510	Space maintainer – fixed, unilateral	\$42.00
D1515	Space maintainer – fixed – bilateral	\$61.00
D1520	Space maintainer – removable – unilateral	\$63.00
D1525	Space maintainer – removable – bilateral	\$63.00
D1575	Distal shoe space maintainer – fixed – unilateral	\$42.00
D2140	Amalgam – one surface, primary or permanent	\$12.00
D2150	Amalgam – two surfaces, primary or permanent	\$16.00
D2160	Amalgam – three surfaces, primary or permanent	\$19.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$24.00
D2330	Resin-based composite – one surface, anterior	\$15.00
D2331	Resin-based composite – two surfaces, anterior	\$20.00
D2332	Resin-based composite – three surfaces, anterior	\$25.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$35.00
D2940	Protective restoration	\$13.00
D3410	Apicoectomy – anterior	\$65.00
D3421	Apicoectomy – bicuspid (first root)	\$94.00
D3425	Apicoectomy – molar (first root)	\$100.00
D3426	Apicoectomy (each additional root)	\$32.00
D3430	Retrograde filling – per root	\$38.00
D3450	Root amputation – per root	\$44.00
D5510	Repair broken complete denture base	\$27.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$23.00
D5610	Repair resin denture base	\$25.00
D5620	Repair cast framework	\$32.00
D5630	Repair or replace broken clasp – per tooth	\$38.00
D5640	Replace broken teeth – per tooth	\$20.00
D7111	Extraction, coronal remnants – deciduous tooth	\$11.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$13.00
<b>Level 3 Services</b>		
D2930	Prefabricated stainless steel crown – primary tooth	\$42.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$93.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$111.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$149.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$98.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$35.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded space per quadrant	\$116.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$63.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$35.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$20.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$5.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$30.00
D4910	Periodontal maintenance	\$15.00
D5410	Adjust complete denture – maxillary	\$14.00
D5411	Adjust complete denture – mandibular	\$14.00
D5421	Adjust partial denture – maxillary	\$15.00
D5422	Adjust partial denture – mandibular	\$15.00
D5650	Add tooth to existing partial denture	\$41.00
D5660	Add clasp to existing partial denture – per tooth	\$53.00
D5710	Rebase complete maxillary denture	\$90.00
D5711	Rebase complete mandibular denture	\$105.00
D5720	Rebase maxillary partial denture	\$88.00
D5721	Rebase mandibular partial denture	\$97.00
D5730	Reline complete maxillary denture (chairside)	\$56.00
D5731	Reline complete mandibular denture (chairside)	\$62.00

Procedure Codes	Description	Enrollee Co-payment
<b>Level 3 Services – Continued</b>		
D5740	Reline maxillary partial denture (chairside)	\$54.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$70.00
D5751	Reline complete mandibular denture (laboratory)	\$74.00
D5760	Reline maxillary partial denture (laboratory)	\$70.00
D5761	Reline mandibular partial denture (laboratory)	\$70.00
D5850	Tissue conditioning, maxillary	\$28.00
D5851	Tissue conditioning, mandibular	\$28.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$41.00
D7220	Removal of impacted tooth – soft tissue	\$44.00
D7230	Removal of impacted tooth – partially bony	\$59.00
D7240	Removal of impacted tooth – completely bony	\$70.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$85.00
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$44.00
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$26.00
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$29.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$22.00
<b>Level 4 Services</b>		
D2740	Crown – porcelain/ceramic substrate	\$241.00
D2750	Crown – porcelain fused to high noble metal	\$243.00
D2751	Crown – porcelain fused to predominantly base metal	\$225.00
D2752	Crown – porcelain fused to noble metal	\$230.00
D2780	Crown – ¼ cast high noble metal	\$300.00
D2781	Crown – ¼ cast predominantly base metal	\$226.00
D2782	Crown – ¼ cast noble metal	\$250.00
D2783	Crown – ¼ porcelain/ceramic	\$275.00
D2790	Crown – full cast high noble metal	\$240.00
D2791	Crown – full cast predominantly base metal	\$213.00
D2792	Crown – full cast noble metal	\$225.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20.00
D2920	Re-cement or re-bond crown	\$20.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$75.00
D2950	Core buildup, including any pins when required	\$58.00
D2952	Post and core in addition to crown, indirectly fabricated	\$91.00
D2954	Prefabricated post and core in addition to crown	\$80.00
D3460	Endodontic endosseous implant	\$430.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$295.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$177.00
D5110	Complete denture – maxillary	\$320.00
D5120	Complete denture – mandibular	\$320.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D6010	Surgical placement of implant body; endosteal implant	\$686.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$686.00
D6040	Surgical placement: eposteal implant	\$3,758.00
D6050	Surgical placement: transosteal implant	\$1,721.00
D6055	Connecting bar – implant supported or abutment supported	\$829.00
D6056	Prefabricated abutment – includes modification and placement	\$272.00
D6057	Custom fabricated abutment – includes placement	\$372.00
D6058	Abutment supported porcelain/ceramic crown	\$391.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$391.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$360.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$391.00
D6062	Abutment supported cast metal crown (high noble metal)	\$367.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$427.00
D6064	Abutment supported cast metal crown (noble metal)	\$427.00
D6065	Implant supported porcelain/ceramic crown	\$446.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$427.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$401.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$432.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$432.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$432.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$432.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$432.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$427.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$427.00
D6075	Implant supported retainer for ceramic FPD	\$386.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$386.00

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<b>Level 4 Services – Continued</b>		
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$427.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$75.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$20.00
D6090	Repair implant supported prosthesis, by report	\$2,380.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$191.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$20.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$34.00
D6094	Abutment supported crown (titanium)	\$533.00
D6095	Repair implant abutment, by report	\$258.00
D6100	Implant removal, by report	\$358.00
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	\$283.00
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	\$283.00
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$283.00
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$283.00
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	\$715.00
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	\$715.00

Procedure Codes	Description	Enrollee Co-payment
<b>Level 4 Services – Continued</b>		
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	\$715.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	\$715.00
D6194	Abutment supported retainer crown for FPD (titanium)	\$533.00
D6210	Pontic – cast high noble metal	\$240.00
D6211	Pontic – Cast predominantly base metal	\$219.00
D6212	Pontic – cast noble metal	\$225.00
D6240	Pontic – porcelain fused to high noble metal	\$243.00
D6241	Pontic – porcelain fused to predominantly base metal	\$225.00
D6242	Pontic – porcelain fused to noble metal	\$228.00
D6720	Retainer crown – resin with high noble metal	\$215.00
D6721	Retainer crown – resin with predominantly base metal	\$225.00
D6722	Retainer crown – resin with noble metal	\$205.00
D6750	Retainer crown – porcelain fused to high noble metal	\$243.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$225.00
D6752	Retainer crown – porcelain fused to noble metal	\$231.00
D6780	Retainer crown – ¾ cast high noble metal	\$250.00
D6781	Retainer crown – ¾ cast predominantly base metal	\$235.00
D6782	Retainer crown – ¾ cast noble metal	\$225.00
D6783	Retainer crown – ¾ porcelain/ceramic	\$240.00
D6790	Retainer crown – full cast high noble metal	\$240.00
D6791	Retainer crown – full cast predominantly base metal	\$223.00
D6792	Retainer crown – full cast noble metal	\$225.00
D6930	Re-cement or re-bond fixed partial denture	\$34.00
<b>Level 5 Services</b>		
Orthodontic treatment		Monthly amounts over \$50

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Maximum Benefit Year Payment Per Person – Diagnostic & Preventive, Basic Restorative, and Major Restorative Services Combined .....\$2,000  
 Maximum Lifetime Benefit Payment Per Person – Orthodontic Services .....\$1,800  
 Benefit Year Deductible Per Person (applies to Major Restorative Services only) .....\$100  
 Benefit Year .....January 1 through December 31 Each Year

**Delta Dental benefits are limited to only those services specifically listed in the table above. Note: Some benefits are subject to limitations, e.g. age of patient, frequency of procedure, etc., or excluded in some instances.**

**When covered dental treatment is provided by a Delta Dental PPO participating dentist, payment will be based on the lesser of the dentist’s submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible and the “Enrollee Co-payment” amounts in the table beginning on the next page.**

**When covered dental treatment is provided by a Delta Dental Premier participating dentist, payment will be based on the lesser of the dentist’s submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible, the “Enrollee Co-payment” amounts in the preceding “Description of Covered Services and Enrollee Co-payments” table, and any amounts in excess of the Delta Dental PPO allowable amount, but only up to the Delta Dental Premier maximum allowable amount.**

**When covered dental treatment is provided by a non-participating dentist, payment will be based on the lesser of the dentist’s submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible, the “Enrollee Co-payment” amounts in the preceding “Description of Covered Services and Enrollee Co-payments” table, and the remaining balance of covered charges, if any, not paid by the Plan. Refer to the “Co-Payment Percentage/Amount Table” below for the percentage or amount of remaining balance of covered charges, if any, paid by the Plan.**

<b>CO-PAYMENT PERCENTAGE/AMOUNT TABLE</b> (Services Provided by Non-participating Dentists)	
Type of Covered Dental Service	Delta Dental Pays
<b>Level 1 and Level 2 Services</b>	<b>60%*</b>
<b>Level 3 and Level 4 Services</b>	<b>30%*</b>
<b>Level 5 Services</b>	<b>\$35 Per Month</b>
* Percentage of remaining balance of covered charges payable by Delta Dental Plan of Oklahoma after Enrollee has paid his/her Plan Benefit Year Deductible, if applicable, and appropriate “Enrollee Co-Pay” amounts indicated in the “Description of Covered Services and Enrollee Co-payments” table in this Summary.	