



Delta Dental Limited PPO Plan

**Metropolitan Government of
Nashville and Davidson County**

Group #8800

Delta Dental of Tennessee

Certificate of Coverage

Benefit Summary Page

Group Name: Metropolitan Government of Nashville and Davidson County

Group Number: 8800

Date of Original Issue: January 1, 2003

Annual Deductible:

There is no annual deductible for this plan.

Benefit Copayments:

See the Schedule of Benefits for specific copayment amounts.

Annual Maximum:

There is no annual maximum for this plan.

Lifetime Maximum:

There is no lifetime maximum for this plan.

Special Benefit Notations:

Special Enrollment Notations:

Employees hired after the Effective Date are eligible on the first day of the month following completion of 30 days of continuous employment of 20 hours per week.

Dependent coverage is available under this plan.

Under this plan, services must be performed by a Delta Dental PPO Participating Dentist.



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Delta Dental Limited PPO Plan

Certificate of Coverage

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Introduction

This Certificate of Coverage (COC) is a guide to your dental plan. It is not the contract between Delta Dental of Tennessee (DDTN) and your group nor any member of the plan. Should there be any conflict between the COC and the contract, the contract will prevail.

I. Eligibility and Enrollment of Subscribers and Dependents

Subscribers who have enrolled in this dental plan through their employer or other group sponsoring this plan may also enroll their dependents.

Dependents are defined as a lawful husband or wife or child(ren) from birth to their 24th birthday. "Child" includes a natural child, step-child, adopted child, foster child or child in the subscriber's legal custody. The child must be dependent on the subscriber for at least 50% of their support and maintenance and must not be married. A child 24 years of age or older may continue to be eligible provided they continue to meet the support, maintenance and marriage requirements. In addition, the child must not be able to support themselves because of mental incapacity or physical handicap. Such disabling condition will have begun before age 24. Proof of these facts must be given

to DDTN or group within 31 days if requested. Proof will not be required more than once a year.

Dependents in military service are not eligible.

Dependents must enroll along with the subscriber or as soon as they become dependents. If dependents do not enroll at this time, they must wait until the next open enrollment period to enroll. Dependents may not be enrolled without the enrollment of the subscriber, but the subscriber may drop dependent coverage and maintain their coverage.

A subscriber or dependent who drops their coverage but who still meets all requirements of the plan, may re-enroll during the first open enrollment period and in the event of a life status change.

Coverage for any subscriber or dependent terminates when they are no longer eligible for benefits as a member of the group. Specific state and federal laws or group policies may allow an extension of membership for a limited time. You should speak to the administrator of your group to see if an extension is available and for how long the benefits could be extended.

DDTN will not pay for any services received by a patient who is not eligible at the time of treatment. Coverage for subscribers and dependents is only effective after DDTN receives the premium for the period to be covered. If DDTN does not receive the premium when it is due, we may stop paying claims until payment is received. If premiums have not been received within 30 days after the due date, DDTN may cancel the contract with the group. DDTN does not bill individuals for premiums.

II. Choosing a Dentist

DDTN does not directly provide dental services and therefore is not liable for a dentist's refusal to provide services. It has contracted with "Participating Dentists". These dentists are independent contractors who have agreed to accept certain fees for the service they provide to you. Dentists that have not contracted with Delta Dental are referred to as "Non-Participating Dentists". The fact that a dentist has or has not chosen to participate with DDTN should not be viewed as a statement about their qualifications.

IMPORTANT: Under this plan, you must choose a dentist who participates in the Delta Dental PPO. You will not receive benefits if you choose a Non-Participating Delta Dental PPO dentist. Therefore, you should always ask your dentist if he participates in the Delta Dental PPO verify with DDTN that your dentist is a Delta Dental PPO dentist before receiving any dental services.

DDTN is not responsible for any injuries or damages suffered due to the actions of any dentist. DDTN shares in the public concern over the spread of infectious disease, but it cannot require a dentist to be tested for them. Information about the need for clinical precautions as recommended by recognized health authorities is provided to dentists. If you have questions about your dentist's health status or use of recommended clinical precautions, you should discuss them with your dentist.

III. General Provisions

- A. Participating dentists will file your claim with DDTN. To be considered for benefits, a claim must be filed within 15 months of the date of service.
- B. If a subscriber or covered dependent is more than 35 miles from any Delta Preferred Option Participating Provider and requires emergency dental services, the subscriber or covered dependent may seek services from any dentist. DDTN will pay for such emergency services based on the Delta Preferred Option Schedule of Benefits. DDTN will pay lesser of the Maximum Plan Allowance or the fees the dentist charges for the service less the member's copayment.
- C. You may get an estimate of the cost of certain dental procedures before they are done. This estimate is referred to as a predetermination. You may have your dentist send DDTN a claim form detailing the projected treatment and DDTN will give an estimate of the benefits to be paid. A predetermination is not a guarantee of payment. Actual benefit payments will be based upon procedures completed and will be subject to continued eligibility along with plan limitations and maximums.
- D. If you or your covered dependent receive an injury requiring dental treatment because of the action or fault of another person, and if DDTN is

unaware of other coverage, DDTN may pay benefits but would assume the subscriber's or covered dependent's rights to recover from the other person. The subscriber and covered dependent would be required to help DDTN in making such a recovery. This dental plan does not replace any workers' compensation coverage.

- E. If a subscriber or covered dependent has two dental coverages, DDTN will coordinate benefits with the other coverage. The following rules will be used to determine which coverage should be primary.
 - 1. The program covering the patient as an employee is primary over a program covering the patient as a dependent.
 - 2. Where the patient is a dependent child, primary dental coverage will be determined by the date of birth of the parents. The coverage of the parent whose date of birth occurs earlier in the calendar year will be primary. For a dependent child of legally separated or divorced parents, the coverage of the parent with legal custody, or the coverage of the custodial parent's spouse (i.e. stepparent) will be primary.
 - 3. If there is a court decree stating that one parent has financial responsibility for a child's dental care expenses, any dependent coverage of that parent will be primary to any other dependent coverage.
- F. After a claim is processed, an Explanation of Benefits (EOB) will be sent to the subscriber. If any payment for services was denied, the EOB will give the reason why. If the subscriber disagrees with the denial he or she must submit a request in writing asking that the claim be reviewed. Such request should include the reason why the subscriber believes the claim was wrongly denied. The request must be received by DDTN within 180 days of the subscriber's receipt of the EOB. DDTN will make a review and may ask for more documents if needed. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after DDTN receives the request for review.

If the subscriber does not agree with the first level review decision, he or she may refer the

request for review to the Professional Relations Advisory Committee of DDTN. This second level review request must be in writing and received by DDTN within a reasonable time after the subscriber receives the first level review decision. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after DDTN receives the request for second level review.

If the subscriber does not agree with the second level review decision, he or she may file civil action in court.

IV. Benefits

Not every dental procedure is a benefit of your dental plan nor are they paid at the same level of co-payment. The Schedule of Benefits in this COC reflects the procedures that DDTN will cover as well as certain limitations and exclusions for these covered benefits. These services will be covered when a Delta Preferred Option dentist or an employee of a Delta Preferred Option dentist who is licensed to perform the service provides them. These services must be necessary and must be provided in accordance with generally accepted dental practice standards. Some allowable procedures are subject to copayments as described on the Benefit Summary Page and the Schedule of Benefits.

In addition to the limitations and exclusions shown in the Schedule of Benefits section, DDTN does not pay for the following:

General Limitations and Exclusions

- A. Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- B. Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- C. Cosmetic surgery or procedures for purely cosmetic reasons.
- D. Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate, or upper and lower jaw malformations. This does not exclude those services provided under Orthodontic benefits, if covered.
- E. Treatment to restore tooth structure lost from wear.
- F. Treatment to rebuild or maintain

chewing surfaces due to teeth out of alignment or occlusion or treatment to stabilize the teeth. For example: equilibration, periodontal splinting and double abutments on bridges.

- G. Treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation and extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- H. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- I. Services by a dentist beyond the scope of his or her license.
- J. Dental services for which the patient incurs no charge.
- K. Dental services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed.
- L. DDTN will apply the limitations and exclusions of this benefit plan based upon the member's complete and prior history as reflected in DDTN's records

In the event a member transfers from one dentist to another during the course of treatment, payment by DDTN will be limited to the amount that would have been paid had only one dentist rendered the service.

V. Schedule of Benefits

In addition to the limitations and exclusions listed in the Schedule of Benefits, the **General Limitations and Exclusions** found in Section IV of this Certificate of Coverage also apply.

A. Limitations and Exclusions On Diagnostic And Preventive Benefits

- a) One oral exams and cleaning, to include periodontal maintenance procedures, in any 6-month period.
- b) Full mouth x-rays are covered once within 3 years, unless special need is shown.
- c) One set of bite-wing x-rays in a 12 month period.
- d) Topical application of fluoride for members up to 19 years of age.
- e) Adult prophylaxis for members under 14 years of age are not allowed.
- f) Space maintainers for members more than

14 years of age are not allowed.

B. Limitations and Exclusions On Basic Benefits

- a) General Anesthesia & I.V. Sedation is a benefit only when administered by a properly licensed dentist in a dental office in conjunction with covered surgery procedures or when necessary due to concurrent medical conditions.
- b) Restorative benefits are allowed once per surface in a 24 month period, regardless of the number or combinations of procedures requested or performed.
- c) A sealant is a benefit only on the unrestored, decay free chewing surface of the maxillary (upper) and mandibular (lower) permanent first and second molars. Sealants are only a benefit on members under 16 years of age. Only one benefit will be allowed for each tooth within a lifetime.
- d) The replacement, by the same dentist or dental office, of amalgam or composite restorations within 24 months is not a benefit.
- e) The replacement of a stainless steel crown on a primary tooth by the same dentist or dental office within a 24 month period of the initial placement is not a benefit.
- f) The replacement of a stainless steel crown on a permanent tooth by the same dentist or dental office within a 60 month period of the initial placement is not a benefit.

C. Limitations and Exclusions On Major Benefits

- a) Cast Restorations – Crowns and onlays are benefits for the treatment of visible decay and fractures of hard tooth structure when teeth are so badly damaged that they cannot be restored with amalgam or composite restorations.
- b) Complete or Partial Denture Rebase and Reline are benefits once in three years
- c) Oral Surgery includes pre- and post operative care).
- d) Replacement of crowns or cast restorations received in the previous five years is not a benefit. Payment for cast restorations shall include charges for preparations of tooth and gingiva, crown build-up, impression, temporary restoration and any re-cementation by the same

- e) dentist within a 12 month period.
- e) A cast restoration on a tooth that can be restored with an amalgam or composite restoration is not a benefit.
- f) Procedures for purely cosmetic reasons are not benefits.
- g) Porcelain, gold or veneer crowns for children under 12 years of age are not a benefit.
- h) Replacement of any fixed bridges or partial or complete dentures that the member received in the previous five years is not a benefit.
- i) Payment for a complete or partial denture shall include charges for any necessary adjustment within a six month period. Payment for a reline or rebase of a partial or complete denture is limited to once in a three year period and includes all adjustments required for six months after delivery.
- j) Payment for standard dentures is limited to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
- k) Payment for fixed bridges or cast partials for children under 16 years of age is not a benefit.
- l) A posterior bridge where a partial denture is constructed in the same arch is not a covered benefit.
- m) Temporary partial dentures are a benefit only when upper anterior teeth are missing.
- n) Payment for root canal treatment includes charges for x-rays and temporary restorations. Root canal treatment is limited to once in a 24 month period by the same dentist or dental office.
- o) Payment for periodontal surgery shall include charges for three months post operative care and any surgical re-entry for a three year period. Root planing, curettage and osseous surgery are not a benefit for members under 14 years of age.

D. Limitations and Exclusions On Orthodontic Benefits

As shown on the Benefit Summary Page, DDTN will pay benefits for procedures using appliances to treat poor alignment of teeth and/or jaws. Such poor alignment must significantly interfere with function to be a benefit.

- a) DDTN shall make regular payments for orthodontic benefits.
- b) If orthodontic treatment began prior to enrolling in this plan, DDTN will begin benefits with the first payment due the dentist after the subscriber or covered dependent becomes eligible.
- c) Benefits end with the next payment due the dentist after loss of eligibility or immediately if treatment stops.
- d) Benefits are not paid to repair or replace any orthodontic appliance received.
- e) Orthodontic benefits are not paid for extractions or other surgical procedures. However, these additional services may be covered under Diagnostic and Preventive or Basic Benefits.

Covered Services and Copayments

The following is a list of covered procedures and their corresponding copayments, if any. You are responsible for paying the copayment listed for the service performed. Your dentist may collect the copayment at the time the service is performed. Services not listed are not covered benefits.

**Delta Dental Limited PPO Plan
Schedule of Benefits
Covered Services and Copayments**

Diagnostic & Preventive Benefits

D 0120	Periodic oral evaluation	No Cost
D 0140	Limited oral evaluation-problem focused	No Cost
D 0145	Oral evaluation for a patient under three	No Cost
D 0150	Comprehensive oral evaluation	No Cost
D 0160	Detailed and extensive oral evaluation	No Cost
D 0170	Re-evaluation- limited, problem focused	No Cost
D 0180	Comprehensive periodontal evaluation	No Cost
D 0210	Intraoral radiographs - complete series	No Cost
D 0220	Intraoral- periapical first film	No Cost
D 0230	Intraoral- periapical each additional film	No Cost
D 0240	Intraoral- occlusal film	No Cost
D 0270	Bitewing- single film	No Cost
D 0272	Bitewings- two films	No Cost
D 0273	Bitewings- three films	No Cost
D 0274	Bitewings- four films	No Cost
D 0330	Panoramic film	No Cost
D 0460	Pulp vitality tests	No Cost
D 1110	Prophylaxis [(cleaning)]	No Cost
D 1120	Prophylaxis [(cleaning)]	No Cost
D 1203	Topical application of fluoride (prophylaxis not included) child (to age 19)	No Cost
D 1206	Topical fluoride varnish for moderate to high caries risk patients	No Cost
D 1330	Oral hygiene instructions	No Cost
D 1510	Space maintainer-- fixed--unilateral	\$65.00
D 1515	Space maintainer-- fixed--bilateral	\$90.00
D 1520	Space maintainer-- removable-- unilateral	\$100.00
D 1525	Space maintainer-- removable-- bilateral	\$105.00
D 1550	Recementation of space maintainer	\$20.00
D 4910	Periodontal maintenance procedures (following active therapy)	\$35.00

Basic Benefits

D 1351	Sealant, per tooth -through age 15	\$5.00
D 2140	Amalgam - one surface, primary or permanent	No Cost
D 2150	Amalgam - two surfaces, primary or permanent	No Cost
D 2160	Amalgam - three surfaces, primary or permanent	No Cost
D 2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D 2330	Resin-based composite - one surface, anterior	No Cost
D 2331	Resin-based composite - two surfaces, anterior	No Cost
D 2332	Resin-based composite- three surfaces, anterior	No Cost
D 2335	Resin-based composite- four or more surfaces or involving incisal angle (anterior)	\$65.00
D 2390	Resin-based composite crown, anterior	\$100.00
D 2391	Resin-based composite – one surface, posterior	\$20.00
D 2392	Resin-based composite – two surfaces, posterior	\$30.00
D 2393	Resin-based composite – three surfaces, posterior	\$40.00
D 2394	Resin-based composite – four or more surfaces, posterior	\$45.00
D 2910	Recement inlay	\$15.00
D 2920	Recement crown	\$15.00
D 2930	Prefabricated stainless steel crown -primary tooth	\$60.00
D 2931	Prefabricated stainless steel crown -permanent tooth	\$90.00
D 2932	Prefabricated resin crown [primary anterior teeth only]	\$100.00
D 2933	Prefabricated stainless steel crown with resin window- primary tooth	\$120.00
D 2940	Sedative filling	No Cost
D 7140	Extraction	No Cost

D 9110	Palliative (emergency) treatment of dental pain - minor procedure	\$30.00
D 9215	Local anesthesia	No Cost
D 9220	Deep sedation/general anesthesia - first 30 minutes	\$105.00
D 9221	Deep sedation/general anesthesia - each additional 15 minutes	\$50.00
D 9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15.00
D 9241	IV conscious sedation/analgesia first 30 minutes	\$105.00
D 9242	IV conscious sedation/analgesia each additional 15 minutes	\$30.00
D 9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$40.00
D 9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$15.00
D 9940	Occlusal guard, by report	\$115.00
D 9951	Occlusal adjustment - limited	\$25.00
D 9952	Occlusal adjustment - complete	\$55.00

Major Benefits

D 2510	Inlay- metallic- one surface	\$240.00
D 2520	Inlay- metallic- two surfaces	\$245.00
D 2530	Inlay- metallic- three or more surfaces	\$255.00
D 2542	Onlay- metallic- two surfaces	\$270.00
D 2543	Onlay- metallic- three surfaces	\$275.00
D 2544	Onlay- metallic - four or more surfaces	\$280.00
D 2740	Crown - porcelain /ceramic substrate	\$290.00
D 2750	Crown - porcelain fused to high noble	\$350.00
D 2751	Crown- porcelain fused to predominantly base metal	\$290.00
D 2752	Crown- porcelain fused to noble metal	\$350.00
D 2780	Crown- ¾ cast high noble metal	\$300.00
D 2781	Crown- ¾ cast predominantly base metal	\$300.00
D 2782	Crown- ¾ cast noble metal	\$300.00
D 2790	Crown- full cast high noble metal	\$330.00
D 2791	Crown-- full cast predominantly base metal	\$290.00
D 2792	Crown-- full cast noble metal	\$290.00
D 2950	Core buildup, including any pins	\$65.00
D 2951	Pin retention - per tooth, in addition to restoration	\$10.00
D 2952	Cast post and core in addition to crown	\$125.00
D 2953	Each additional cast post - same tooth	No Cost
D 2954	Prefabricated post and core in addition to crown	\$125.00
D 2970	Temporary crown(fractured tooth)	\$55.00
D 3110	Pulp cap - direct (excluding final restoration)	No Cost
D 3120	Pulp cap - indirect (excluding final restoration)	No Cost
D 3220	Therapeutic pulpotomy (excluding final restoration)- removal of pulp coronal to dentinocemental junction and application of medication	No Cost
D 3221	Pulpal debridement, primary and permanent teeth	\$10.00
D 3230	Pulpal therapy(resorbable filling)- anterior,primary tooth (excluding final restoration)	\$10.00
D 3240	Pulpal therapy(resorbable filling) - posterior, primary tooth (excluding final restoration)	\$10.00
D 3310	Root canal - anterior (excluding final restoration)	\$100.00
D 3320	Root canal - bicuspid (excluding final restoration)	\$175.00
D 3330	Root canal - molar (excluding final restoration)	\$250.00
D 3346	Retreatment of previous root canal therapy- anterior	\$290.00

**Delta Dental Limited PPO Plan
Schedule of Benefits
Covered Services and Copayments**

D 3347	Retreatment of previous root canal therapy- bicuspid	\$335.00	D 5281	Removable unilateral partial denture one piece cast metal (including clasps and teeth)	\$235.00
D 3348	Retreatment of previous root canal therapy- molar	\$375.00	D 5410	Adjust complete denture-- maxillary	\$30.00
D 3351	Apexification/recalcification- initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$60.00	D 5411	Adjust complete denture-- mandibular	\$30.00
D 3410	Apicoectomy/periradicular surgery - anterior	\$195.00	D 5421	Adjust partial denture-- maxillary	\$30.00
D 3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$235.00	D 5422	Adjust partial denture-- mandibular	\$30.00
D 3425	Apicoectomy/periradicular surgery - molar (first root)	\$250.00	D 5510	Repair broken complete denture base	\$60.00
D 3426	Apicoectomy/periradicular surgery (each additional root)	\$115.00	D 5520	Replace missing or broken teeth - complete denture (each tooth)	\$45.00
D 3430	Retrograde filling - per root	\$75.00	D 5610	Repair resin denture base	\$55.00
D 3920	Hemisection (including any root removal), not including root canal therapy	\$90.00	D 5620	Repair cast framework	\$75.00
D 4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$215.00	D 5630	Repair or replace broken clasp	\$80.00
D 4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$75.00	D 5640	Replace broken teeth - per tooth	\$50.00
D 4240	Gingival flap procedures, including root planing four or more contiguous teeth or bounded teeth spaces per quadrant	\$265.00	D 5650	Add tooth to existing partial denture	\$60.00
D 4241	Gingival flap procedures, including root planing, one to three teeth, per quadrant	\$155.00	D 5660	Add clasp to existing partial denture	\$70.00
D 4245	Apically positioned flap	\$265.00	D 5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$205.00
D 4249	Clinical crown lengthening - hard tissue	\$265.00	D 5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$205.00
D 4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$325.00	D 5710	Rebase complete maxillary denture	\$175.00
D 4261	Osseous surgery (including flap entry and closure) -one to three teeth, per quadrant	\$180.00	D 5711	Rebase complete mandibular denture	\$175.00
D 4263	Bone replacement graft - first site in quadrant	\$125.00	D 5720	Rebase maxillary partial denture	\$175.00
D 4264	Bone replacement graft - each additional site in quadrant	\$75.00	D 5721	Rebase mandibular partial denture	\$175.00
D 4266	Guided tissue regeneration - resorbable barrier, per site	\$190.00	D 5730	Reline complete maxillary denture (chairside)	\$105.00
D 4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$190.00	D 5731	Reline complete mandibular denture (chairside)	\$105.00
D 4270	Pedicle soft tissue graft procedure	\$220.00	D 5740	Reline maxillary partial denture (chairside)	\$105.00
D 4271	Free soft tissue graft procedure (including donor site surgery)	\$220.00	D 5741	Reline mandibular partial denture (chairside)	\$105.00
D 4273	Subepithelial connective tissue graft procedure	\$345.00	D 5750	Reline complete maxillary denture (laboratory)	\$135.00
D 4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$110.00	D 5751	Reline complete mandibular denture (laboratory)	\$135.00
D 4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$45.00	D 5760	Reline maxillary partial denture (laboratory)	\$155.00
D 4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$30.00	D 5761	Reline mandibular partial denture (laboratory)	\$155.00
D 4355	Full mouth debridement to enable comprehensive		D 5820	Interim partial denture (maxillary) - Anterior only	\$240.00
D 5110	Complete denture - maxillary	\$405.00	D 5821	Interim partial denture (mandibular) - Anterior only	\$240.00
D 5120	Complete denture - mandibular	\$405.00	D 6058	Abutment supported porcelain/ceramic crown	\$480.00
D 5130	Immediate denture - maxillary	\$395.00	D 6059	Abutment supported porcelain fused to metal crown (high noble crown)	\$415.00
D 5140	Immediate denture - mandibular	\$395.00	D 6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$435.00
D 5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$300.00	D 6061	Abutment supported porcelain fused to metal crown (noble metal)	\$480.00
D 5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$300.00	D 6062	Abutment supported cast metal crown (high noble metal)	\$480.00
D 5213	Maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$405.00	D 6063	Abutment supported cast metal crown (predominantly base metal)	\$440.00
D 5214	Mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$405.00	D 6064	Abutment supported cast metal crown (noble metal)	\$470.00
			D 6065	Implant supported porcelain/ceramic crown	\$510.00
			D 6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$500.00
			D 6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$500.00
			D 6068	Abutment supported retainer for porcelain/ceramic FPD	\$500.00
			D 6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$470.00
			D 6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$440.00
			D 6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$480.00
			D 6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$530.00
			D 6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$500.00

**Delta Dental Limited PPO Plan
Schedule of Benefits
Covered Services and Copayments**

D 6074	Abutment supported retainer for cast metal FPD (noble metal)	\$420.00	Orthodontics		
D 6075	Implant supported retainer for ceramic FPD	\$500.00	D 8020	Limited orthodontic treatment of the transitional dentition	\$1,600.00
D 6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal)	\$470.00	D 8030	Limited orthodontic treatment of the adolescent dentition	\$1,600.00
D 6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, high noble metal)	\$530.00	D 8040	Limited orthodontic treatment of the adult dentition	\$2,150.00
D 6210	Pontic- cast high noble metal	\$330.00	D 8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,600.00
D 6211	Pontic- cast predominantly base metal	\$290.00	D 8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,600.00
D 6212	Pontic - cast noble metal	\$290.00	D 8090	Comprehensive orthodontic treatment of the adult dentition	\$2,150.00
D 6240	Pontic - porcelain fused to high noble metal	\$340.00	D 8210	Removeable appliance therapy	\$250.00
D 6241	Pontic- porcelain fused to predominantly base metal	\$290.00	D 8220	Fixed appliance therapy	\$250.00
D 6242	Pontic - porcelain fused to noble metal	\$290.00	D 8660	Pre-orthodontic treatment visit and records solely for the purpose of Orthodontics-(pre-records) including: 0210 Intraoral - complete series (including bitewings) 0340 Cephalometric film 0330 Panoramic film 0322 Tomographic survey 0350 Oral/facial images (includes intra and extra oral images) 0470 Diagnostic casts	\$190.00
D 6610	Onlay- cast high noble metal, two surfaces	\$270.00	D 8670	Periodic orthodontic treatment visit (as part of contract)	Inclusive of total case fee
D 6611	Onlay -- cast high noble metal, three or more surfaces	\$280.00	D 8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300.00
D 6612	Onlay - cast predominantly base metal, two surfaces	\$270.00			
D 6613	Onlay -- cast predominantly base metal, three or more surfaces	\$280.00			
D 6614	Onlay- cast noble metal, two surfaces	\$270.00			
D 6615	Onlay- cast noble metal, three or more surfaces	\$280.00			
D 6750	Crown - porcelain fused to high noble metal	\$340.00			
D 6751	Crown- porcelain fused to predominantly base metal	\$290.00			
D 6752	Crown - porcelain fused to noble metal	\$290.00			
D 6780	Crown- 3/4 cast high noble metal	\$330.00			
D 6781	Crown - ¾ cast predominantly base metal	\$330.00			
D 6782	Crown - ¾ cast noble metal	\$330.00			
D 6790	Crown - full cast high noble metal	\$330.00			
D 6791	Crown - full cast predominantly base metal	\$290.00			
D 6792	Crown - full cast noble metal	\$290.00			
D 6930	Recement fixed partial denture	\$40.00			
D 6970	Cast post and core in addition to fixed partial denture retainer	\$125.00			
D 6971	Cast post as part of fixed partial denture retainer	\$125.00			
D 6972	Prefabricated post and core in addition to fixed partial denture retainer	\$125.00			
D 6973	Core buildup for retainer, including any pins	\$65.00			
D 6976	Additional cast post - same tooth	No Cost			
D 6977	Each additional pre-fabricated post- same tooth	No Cost			
D 7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$25.00			
D 7220	Removal of impacted tooth - soft tissue	\$25.00			
D 7230	Removal of impacted tooth - partially bony	\$60.00			
D 7240	Removal of impacted tooth - completely bony	\$75.00			
D 7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$90.00			
D 7250	Surgical removal of residual tooth roots (cutting procedure)	\$45.00			
D 7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$100.00			
D 7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$110.00			
D 7285	Biopsy of oral tissue - hard (bone, tooth)	\$125.00			
D 7286	Biopsy of oral tissue - soft (all others)	\$105.00			
D 7310	Alveoloplasty in conjunction with extractions - per quadrant	\$40.00			
D 7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$60.00			
D 7471	Removal of lateral exostosis (maxilla or mandible)	\$140.00			
D 7472	Removal of torus palatinus	\$140.00			
D 7473	Removal of torus mandibularis	\$140.00			
D 7510	Incision and drainage of abscess- intraoral soft tissue	\$45.00			
D 7960	Frenulectomy, (frenectomy or frenotomy) - separate procedure	\$75.00			

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