DELTA DENTAL®

Delta Dental EPO™
Summary of Dental Plan Benefits
For Group# 7000-0001, 0099
Detroit Public Schools Community District

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.

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services - Please refer to the Member Copayment Schedule for a list of Covered Services and Copayments. When more than one treatment option is available, the least expensive treatment is the one covered. Copayments will be reviewed annually for adjustment. Procedure codes are subject to change to reflect current American Dental Association (ADA) procedure codes. Any changes to the Member Copayment Schedule will be effective any January 1.

You must receive dental care from a Delta Dental EPO Dentist in order to receive Benefits. If you receive services from a Non-EPO Dentist, you will be responsible for paying for those services, unless that dental care is Emergency Dental Treatment. If you require Emergency Dental Treatment and your EPO Dentist is not available, you may obtain treatment from any Dentist. You are responsible for paying for the Emergency Dental Treatment. Delta Dental will reimburse you up to the Maximum Payment for Emergency Dental Treatment.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar 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 calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Limited orthodontic treatment for primary teeth, comprehensive orthodontic treatment for adult teeth, and adjustment of a removable orthodontic retainer are Covered Services.

Maximum Payment – $125 per Member total per Benefit Year for Emergency Dental Treatment from a Non-EPO Dentist. There is no annual or lifetime maximum on treatment received from an EPO Dentist.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered upon determination action by the Detroit Public Schools Community District.

Eligible People – All regular employees and para-professional employees qualified under Detroit Public Schools Community District who choose the EPO plan (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). (Note: Certain bargaining units have "employee only" dental coverage while others have full family).

Also eligible are your Spouse and your Children to the end of the month in 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.

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 only 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 last day of the month in which your employment is terminated.

Delta Dental EPO Plan 2
MEMBER COPAYMENT SCHEDULE

CDT-2024*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Periodic oral evaluation – established patient	$0
D0140	Limited oral evaluation – problem focused	$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0
D0150	Comprehensive oral evaluation – new or established patient	$0
D0160	Detailed and extensive oral evaluation – problem focused, by report	$0
D0180	Comprehensive periodontal evaluation – new or established patient	$0
D0190	Screening of a patient	$0

RADIOGRAPHS

D0210	Intraoral – comprehensive series of radiographic images	$0
D0220	Intraoral, periapical first radiographic image	$0
D0230	Intraoral, periapical each additional radiographic image	$0
D0240	Intraoral – occlusal radiographic image	$0
D0270	Bitewing – single radiographic image	$0
D0272	Bitewing – two radiographic images	$0
D0273	Bitewing – three radiographic images	$0
D0274	Bitewing – four radiographic images	$0
D0277	Vertical bitewings – 7 to 8 radiographic images	$0
D0330	Panoramic radiographic image	$0

TESTS & LABORATORY

D0460	Pulp vitality tests	$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

D1110	Prophylaxis – adult	$0
D1120	Prophylaxis – child	$0

FLUORIDE TREATMENT

D1206	Topical fluoride varnish	$0
D1208	Topical application of fluoride – excluding fluoride	$0

OTHER PREVENTIVE SERVICES

D1351	Sealant - per tooth	$0
D1353	Sealant repair - per tooth	$0

SPACE MAINTAINERS

D1510	Space maintainer -fixed, unilateral – per quadrant	$0
D1516	Space maintainer – fixed – bilateral, maxillary	$0
D1517	Space maintainer – fixed – bilateral, mandibular	$0
D1520	Space maintainer – removable, unilateral – per quadrant	$0
D1526	Space maintainer – removable, unilateral – per quadrant	$0
D1527	Space maintainer – removable – bilateral, mandibular	$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0
D1557	Removal of fixed bilateral space maintainer - maxillary	$0
D1558	Removal of fixed bilateral space maintainer - mandibular	$0
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	Amalgam – one surface, primary or permanent	$0
D2150	Amalgam – two surfaces, primary or permanent	$0
D2160	Amalgam – three surfaces, primary or permanent	$0
D2161	Amalgam – four or more surfaces, primary or permanent	$0

RESIN RESTORATIONS

D2330	Resin-based composite – one surface, anterior	$0
D2331	Resin-based composite – two surfaces, anterior	$0
D2332	Resin-based composite – three surfaces - anterior	$0
D2335	Resin-based composite – four or more surfaces (anterior)	$0
D2390	Resin-based composite crown, anterior	$0
D2391	Resin-based composite – one surface, posterior	$23
D2392	Resin-based composite – two surfaces, posterior	$34
D2393	Resin-based composite – three surfaces, posterior	$43
D2394	Resin-based composite – four or more surfaces, posterior	$50

ONLAY RESTORATIONS

D2542	Onlay – metallic – two surfaces	$79
D2543	Onlay – metallic – three surfaces	$99
D2544	Onlay – metallic – four or more surfaces	$119

CROWNS - SINGLE RESTORATION ONLY

D2710	Crown – resin-based composite (indirect)	$39
D2740	Crown – porcelain/ceramic	$49
D2750	Crown – porcelain fused to high noble metal	$73
D2751	Crown – porcelain fused to predominantly base metal	$51
D2752	Crown – porcelain fused to noble metal	$54
D2753	Crown – porcelain fused to titanium and titanium alloys	$73
D2780	Crown – ¾ cast high noble metal	$68
D2781	Crown – ¾ cast predominantly base metal	$47
D2782	Crown – ¾ cast noble metal	$49
D2783	Crown – ¾ porcelain/ceramic	$49
D2790	Crown – full cast high noble metal	$68
D2791	Crown – full cast predominantly base metal	$47
D2792	Crown – full cast noble metal	$49
D2794	Crown – titanium and titanium alloys	$49

OTHER RESTORATIVE SERVICES

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0
D2920	Re-cement or re-bond crown	$0
D2930	Prefabricated stainless steel crown – primary tooth	$0
D2931	Prefabricated stainless steel crown – permanent tooth	$0
D2932	Prefabricated resin crown	$0
D2940	Protective restoration	$0
D2950	Core buildup, including any pins when required	$0
D2951	Pin retention - per tooth, in addition to restoration	$0
D2952	Post and core in addition to crown, indirectly fabricated	$23
D2954	Prefabricated post and core in addition to crown	$0
D2971	Additional procedures to customize a crown to fit under as existing partial denture framework	$11
D2976	Band stabilization – per tooth	$0
D2991	Application of hydroxyapatite regeneration medicament – per tooth	$18

ENDODONTICS

PULPOTOMY

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	$0
D3221	Pulpal debridement, primary and permanent teeth	$0

ROOT CANAL THERAPY

D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$0
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$0
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$0
D3333	Internal root repair of perforation defects	$0
D3346	Retreatment of previous root canal therapy – anterior	$0
D3347	Retreatment of previous root canal therapy – premolar	$0
D3348	Retreatment of previous root canal therapy – molar	$0

APEXIFICATION/RECALCIFICATION PROCEDURES

D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$0
D3352	Apexification/recalcification – interim medication replacement	$0
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair or perforations, root resorption, etc.)	$0

APICOECTOMY/PERIRADICULAR SERVICES

D3410	Apicoectomy – anterior	$0
D3421	Apicoectomy – premolar (first root)	$0
D3425	Apicoectomy – molar (first root)	$0
D3426	Apicoectomy (each additional root)	$0
D3430	Retrograde filling - per root	$0
D3450	Root amputation – per root	$0
D3920	Hemisection (including any root removal), not including root canal therapy	$0

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth spaces per quadrant	$0
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4241	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4249	Clinical crown lengthening – hard tissue	$0
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$0
D4263	Bone replacement graft – retained natural tooth – first site	$0
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$0
D4270	Pedicle soft tissue graft procedure	$0
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant,	$0

	or edentulous tooth in quadrant	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	$0

NON-SURGICAL SERVICES

D4341	Periodontal scaling and root planing – four or more teeth per quadrant	$0
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	$0
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$0
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	$0
D4910	Periodontal maintenance	$0

PROSTHODONTICS (Removable)[1]

COMPLETE DENTURES

D5110	Complete denture – maxillary	$137
D5120	Complete denture – mandibular	$137
D5130	Immediate denture – maxillary	$147
D5140	Immediate denture – mandibular	$147

PARTIAL DENTURES

D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	$189
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	$189
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	$231
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	$231
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	$202
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	$202
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	$247
D5224	Immediate mandibular partial denture – cast metal framework with partial denture bases (including retentive/clasping materials	$247
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	$309
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	$309
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests, and teeth)	$330
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests, and teeth)	$330
D5282	Removable unilateral partial denture – one-piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	$137
D5283	Removable unilateral partial denture – one-piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	$137
D5284	Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	$137
D5286	Removable unilateral partial denture - one-piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	$137

ADJUSTMENT TO DENTURES

D5410	Adjust complete denture - maxillary	$0
D5411	Adjust complete denture - mandibular	$0
D5421	Adjust partial denture - maxillary	$0
D5422	Adjust partial denture - mandibular	$0

REPAIRS TO COMPLETE DENTURES

D5511	Repair broken complete denture base, mandibular	$11
D5512	Repair broken complete denture base, maxillary	$11
D5520	Replace missing or broken teeth – complete denture (each tooth)	$8

REPAIRS TO PARTIAL DENTURES

D5611	Repair resin partial denture base, mandibular	$11
D5612	Repair resin partial denture base, maxillary	$11
D5621	Repair cast partial framework, mandibular	$16
D5622	Repair cast partial framework, maxillary	$16
D5630	Repair or replace broken retentive/clasping materials – per tooth	$15
D5640	Replace broken tooth – per tooth	$8
D5650	Add tooth to existing partial denture	$42
D5660	Add clasp to existing partial denture (per tooth)	$53

DENTURE REBASE PROCEDURES

D5710	Rebase complete maxillary denture	$33
D5711	Rebase complete mandibular denture	$33
D5720	Rebase maxillary partial denture	$32
D5721	Rebase mandibular partial denture	$32
D5725	Rebase hybrid prosthesis	$896

DENTURE RELINE PROCEDURES

D5730	Reline complete maxillary denture (direct)	$0
D5731	Reline complete mandibular denture (indirect)	$0
D5740	Reline maxillary partial denture (direct)	$0
D5741	Reline mandibular partial denture (direct)	$0
D5750	Reline complete maxillary denture (indirect)	$25
D5751	Reline complete mandibular denture (indirect)	$25
D5760	Reline maxillary partial denture (indirect)	$24
D5761	Reline mandibular partial denture (indirect)	$24
D5765	Soft liner for complete or partial removeable denture – indirect	$24

OTHER REMOVABLE PROSTHETIC SERVICES

D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	$89
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	$89
D5850	Tissue conditioning, maxillary	$0
D5851	Tissue conditioning, mandibular	$0

PROSTHODONTICS (Fixed)

BRIDGE PONTICS (Per Unit)

D6210	Pontic – cast high noble metal	$145
D6211	Pontic – cast predominantly base metal	$95
D6212	Pontic – cast noble metal	$120
D6240	Pontic – porcelain fused to high noble metal	$155
D6241	Pontic – porcelain fused to predominantly base metal	$105
D6242	Pontic – porcelain fused to noble metal	$130
D6243	Porcelain fused to titanium and titanium alloys	$155
D6245	Porcelain/ceramic	$225

FIXED BRIDGE RETAINERS – INLAYS/ONLAYS

D6545	Retainer - cast metal for resin bonded fixed prosthesis	$32
D6600	Retainer inlay – porcelain/ceramic, two surfaces	$161
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	$181
D6602	Retainer inlay – cast high noble metal, two surfaces	$141
D6603	Retainer inlay – cast high noble metal, three or more surfaces	$161
D6604	Retainer inlay – case predominantly base metal, two surfaces	$101
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	$121
D6606	Retainer inlay – cast noble metal, two surfaces	$121
D6607	Retainer inlay – cast noble metal, three or more surfaces	$141
D6608	Retainer onlay – porcelain/ceramic, two surfaces	$155
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	$161
D6610	Retainer onlay - cast high noble metal, two surfaces	$135
D6611	Retainer onlay – cast high noble metal, three or more surfaces	$141
D6612	Retainer onlay – cast predominantly base metal, two surfaces	$95
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	$101
D6614	Retainer onlay – cast noble metal, two surfaces	$115
D6615	Retainer onlay – cast noble metal, three or more surfaces	$121

BRIDGE RETAINERS – CROWNS

D6740	Retainer crown – porcelain/ceramic	$134
D6750	Retainer crown – porcelain fused to high noble metal	$124
D6751	Retainer crown – porcelain fused to predominantly base metal	$100
D6752	Retainer crown – porcelain fused to noble metal	$105
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	$124
D6780	Retainer crown – ¾ cast high noble metal	$114
D6781	Retainer crown – ¾ cast predominantly base metal	$90
D6782	Retainer crown – ¾ cast noble metal	$95
D6783	Retainer crown – ¾ porcelain/ceramic	$113
D6784	Retainer crown – ¾ titanium and titanium alloys	$114
D6790	Retainer crown – full cast high noble metal	$114
D6791	Retainer crown – full cast predominantly base metal	$90
D6792	Retainer crown – full cast noble metal	$95

OTHER FIXED PROSTHETIC SERVICES

D6930	Re-cement or re-bond fixed partial denture	$0
D6940	Stress breaker	$0

ORAL SURGERY

EXTRACTIONS (Simple)

D7111	Extraction, coronal remnants - primary tooth	$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0

SURGICAL EXTRACTIONS

D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	$0
D7220	Removal of impacted tooth – soft tissue	$0
D7230	Removal of impacted tooth – partially bony	$0
D7240	Removal of impacted tooth – completely bony	$0
D7241	Removal of impacted tooth – completely bony with unusual surgical complications	$0
D7250	Removal of residual tooth roots (cutting procedure)	$0

OTHER SURGICAL PROCEDURES

D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$0
D7280	Exposure of an unerupted tooth	$0

D7284	Excisional biopsy of minor salivary glands	$0
D7286	Incisional biopsy of oral tissue - soft	$0
D7288	Brush biopsy – transepithelial sample collection	$0

ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)

D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$0
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$0
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$0
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$0

EXCISION OF BONE TISSUE

D7471	Removal of lateral exostosis (maxilla or mandible)	$0

SURGICAL INCISION

D7510	Incision and drainage of abscess – intraoral soft tissue	$0

OTHER REPAIR PROCEDURES

D7910	Suture of recent small wounds up to 5 cm	$0
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0
D7961	Buccal/labial frenectomy (frenulectomy)	$0
D7962	Lingual frenectomy (frenulectomy)	$0
D7963	Frenuloplasty	$0
D7970	Excision of hyerplastic tissue – per arch	$0
D7971	Excision of pericoronal gingiva	$0

ADJUNCTIVE GENERAL SERVICES

UNCLASSIFIED TREATMENT

D9110	Palliative treatment of dental pain – per visit	$0

ANESTHESIA

D9222	Deep sedation/general anesthesia – first 15 minutes	$0
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	$0
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	$0
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	$0

PROFESSIONAL VISITS

D9440	Office visit - after regularly scheduled hours	$0

MISCELLANEOUS SERVICES

D9610	Therapeutic parenteral drug, single administration	$0
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$0
D9944	Occlusal guard – hard appliance, full arch	$41
D9946	Occlusal guard – hard appliance, full arch	$20
D9951	Occlusal adjustment – limited	$0
D9952	Occlusal adjustment – complete	$0
D9997	Dental case management – patients with special health care needs	$0

ORTHODONTICS[2]

RECORDS (solely for orthodontic purposes)

D0340	2D cephalometric radiographic image – acquisition, measurement, and analysis	$0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$0
D0470	Diagnostic casts	$0

LIMITED ORTHODONTIC TREATMENT

D8010	Limited orthodontic treatment of the primary dentition	$1900
D8020	Limited orthodontic treatment of the transitional dentition	$1900
D8030	Limited orthodontic treatment of the adolescent dentition	$1900
D8040	Limited orthodontic treatment of adult dentition (to age 19)	$1900

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Comprehensive orthodontic treatment of the transitional dentition	$1900
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$1900
D8090	Comprehensive orthodontic treatment of the adult dentition (to age 19)	$1900

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210	Removable appliance therapy	$300
D8220	Fixed appliance therapy	$350

[1]Includes any adjustments for six months.

[2]Orthodontic Benefits include the initial examination, diagnosis, consultation, initial banding, monthly active treatment, de-banding, and the retention phase of treatment. The retention phase includes the initial construction, placement, and adjustments to retainers and office visits.

Note – The Member Copayment Schedule reflects current CDT codes and fees which are effective 1/1 and may not match the Group contract effective dates. These may be updated at a future date, as necessary. Please contact Delta Dental for the most up-to-date fees and codes.