

# Delta Dental PPO<sup>SM</sup> – Easy, Friendly, Accessible

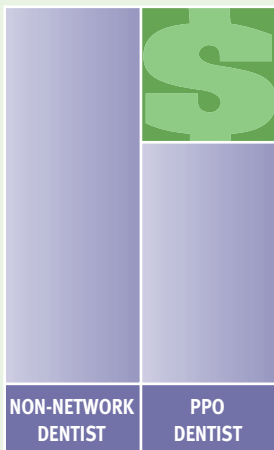


We'll do whatever it takes and then some.

Greatest potential savings when you visit a Delta Dental PPO dentist

## OUT-OF-POCKET COSTS

SAVE LESS    SAVE MORE



AMOUNT YOU SAVE  
AMOUNT YOU PAY

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO\* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at [www.deltadentalins.com](http://www.deltadentalins.com) to search our dentist directory by location or specialty.
- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources too for tips and information that can help keep your smile healthy.

\* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.



WE KEEP YOU SMILING®

**Plan Benefit Highlights for: PEACH OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA RETIREES  
and RETIRED PEACE OFFICERS ASSOCIATION OF CALIFORNIA**

**Group No: 7314-0184**

**Effective Date: 1/1/2011**

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 19 or to age 23 if dependent is full-time student	
<b>Deductibles</b>	\$50 per person / \$150 per family each plan year	
Deductibles waived for D & P?	Yes	
<b>Maximums</b>	\$1,000 per person each plan year	
D & P counts toward maximum?	No	
<b>Waiting Period(s)</b>	Basic Services None	Major Services None

The **Delta Dental PPO<sup>SM</sup> Table of Allowance plan** provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Delta Dental will pay the share specified on your table of allowance; you are responsible for the share of the dentist's fee not covered by the allowance.

<b>Sample Benefits and Covered Services*</b>	<b>Table Allowance**</b> (Amount Delta Dental Will Pay)
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b>	D0120 Periodic oral exam – established patient: \$22 D0272 Bitewings (two films): \$22 D1110 Prophylaxis (cleaning): \$47
<b>Basic Services</b>	D2150 Amalgam fillings, two surfaces – primary or permanent: \$77 D2160 Amalgam fillings, three surfaces – primary or permanent: \$93
<b>Endodontics</b>	D3310 Root canal, (anterior – excluding final restoration): \$325
<b>Periodontics</b>	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$92
<b>Oral Surgery</b>	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$65
<b>Major Services</b>	D2750 Crown; porcelain fused to high noble metal: \$474 D5110 Complete denture – maxillary: \$637

\* Limitations or waiting periods may apply for some benefits; some services may be excluded.

\*\* Allowances specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of allowances and for any limitations and exclusions on these benefits.

Delta Dental of California  
100 First St.  
San Francisco, CA 94105

**Customer Service**  
800-765-6003

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in italic type on this list has been added by Delta Dental for clarification.

A2011

Code	Procedure	Allowance
<b>D0100-D0999 DIAGNOSTIC</b>		
Clinical oral evaluations		
D0120	Periodic oral evaluation – established patient . . . . .	\$22
D0140	Limited oral evaluation – problem focused . . . . .	\$31
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver . . . . .	\$24
D0150	Comprehensive oral evaluation – new or established patient, by report . . . . .	\$30
D0160	Detailed and extensive oral evaluation, problem focused . . . . .	\$43
D0170	Reevaluation limited problem focused (established patient; not post-operative visit) . . . . .	\$31
D0180	Comprehensive periodontal evaluation – new or established patient . . . . .	\$31
Radiographs/diagnostic imaging (including interpretation)		
D0210	Intraoral – complete series (including bitewings) . . . . .	\$57
D0220	Intraoral – periapical first film . . . . .	\$14
D0230	Intraoral– periapical each additional film . . . . .	\$7
D0240	Intraoral – occlusal film . . . . .	\$16
D0250	Extraoral – first film . . . . .	\$20
D0260	Extraoral – each additional film . . . . .	\$17
D0270	Bitewing – single film . . . . .	\$14
D0272	Bitewings – two films . . . . .	\$22
D0273	Bitewings – three films . . . . .	\$26
D0274	Bitewings – four films . . . . .	\$31
D0277	Vertical bitewings – 7 to 8 films . . . . .	\$56
D0290	Posterior – anterior or lateral skull and facial bone survey film . . . . .	\$23
D0330	Panoramic film . . . . .	\$52
D0340	Cephalometric film . . . . .	\$42
Tests and examinations		
D0470	Diagnostic casts . . . . .	\$47
Oral pathology laboratory		
D0472	Accession of tissue, gross examination, preparation and transmission of written report . . . . .	\$62
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report . . . . .	\$100
D0474	Accession of tissue, gross and microscopic examination, assessment of surgical margins for presence of disease, preparation and transmission of written report . . . . .	\$134
<b>D1000-D1999 PREVENTIVE</b>		
Dental prophylaxis		
D1110	Prophylaxis – adult . . . . .	\$47
D1120	Prophylaxis – child through age 13 . . . . .	\$36
Topical fluoride treatment		
D1203	Topical application of fluoride (prophylaxis not included) – child through age 13 . . . . .	\$13
D1204	Topical application of fluoride (prophylaxis not included) – adult . . . . .	\$13
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients . . . . .	\$14
Other preventive services		
D1351	Sealant - per tooth . . . . .	\$27
Space maintenance (passive appliances) ( <i>including all adjustments within six months following installation</i> ).		
D1510	Space maintainer – fixed – unilateral . . . . .	\$140
D1515	Space maintainer – fixed – bilateral . . . . .	\$201
D1520	Space maintainer – removable – unilateral . . . . .	\$150
D1525	Space maintainer – removable – bilateral . . . . .	\$209
D1555	Removal of fixed space maintainer . . . . .	\$25

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in italic type on this list has been added by Delta Dental for clarification.

A2011

Code	Procedure	Allowance
<b>D2000-D2999 RESTORATIVE</b>		
Amalgam restorations (including polishing)		
D2140	Amalgam – one surface, primary or permanent . . . . .	\$63
D2150	Amalgam – two surfaces, primary or permanent . . . . .	\$77
D2160	Amalgam – three surfaces, primary or permanent . . . . .	\$93
D2161	Amalgam – four or more surfaces, primary or permanent . . . . .	\$101
Resin-based composite restorations – direct		
D2330	Resin-based composite – one surface, anterior . . . . .	\$73
D2331	Resin-based composite – two surfaces, anterior . . . . .	\$78
D2332	Resin-based composite – three surfaces, anterior . . . . .	\$80
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior) . . . . .	\$104
D2390	Resin-based composite crown, anterior . . . . .	\$148
D2391	Resin-based composite – one surface, posterior . . . . .	\$75
D2392	Resin-based composite – two surfaces, posterior . . . . .	\$98
D2393	Resin-based composite – three surfaces, posterior . . . . .	\$118
D2394	Resin-based composite – four or more surfaces, posterior . . . . .	\$128
Inlay/onlay restorations		
D2510	Inlay – metallic – one surface . . . . .	\$310
D2520	Inlay – metallic – two surfaces . . . . .	\$362
D2530	Inlay – metallic – three or more surfaces . . . . .	\$399
D2542	Onlay – metallic – two surfaces . . . . .	\$511
D2543	Onlay – metallic – three surfaces . . . . .	\$511
D2544	Onlay – metallic – four or more surfaces . . . . .	\$524
D2650	Inlay – resin-based composite– one surface . . . . .	\$110
D2651	Inlay – resin-based composite– two surfaces . . . . .	\$250
D2652	Inlay – resin-based composite– three or more surfaces . . . . .	\$356
Crowns – single restoration only		
D2710	Crown - resin-based composite (indirect) . . . . .	\$175
D2712	Crown - 3/4 resin-based composite (indirect) . . . . .	\$261
D2720	Crown – resin with high noble metal . . . . .	\$395
D2721	Crown – resin with predominantly base metal . . . . .	\$359
D2722	Crown – resin with noble metal . . . . .	\$374
D2740	Crown – porcelain/ceramic substrate . . . . .	\$508
D2750	Crown – porcelain fused to high noble metal . . . . .	\$474
D2751	Crown – porcelain fused to predominantly base metal . . . . .	\$404
D2752	Crown – porcelain fused to noble metal . . . . .	\$452
D2780	Crown – ¾ cast high noble metal . . . . .	\$506
D2781	Crown – ¾ cast predominantly base metal . . . . .	\$530
D2782	Crown – ¾ cast noble metal . . . . .	\$510
D2790	Crown – full cast high noble metal . . . . .	\$481
D2791	Crown – full cast predominantly base metal . . . . .	\$459
D2792	Crown – full cast noble metal . . . . .	\$455
D2794	Crown – titanium . . . . .	\$437
Other restorative services		
D2910	Recement inlay, onlay, or partial coverage restoration . . . . .	\$45
D2915	Recement cast or prefabricated post and core . . . . .	\$36
D2920	Recement crown . . . . .	\$43
D2930	Prefabricated stainless steel crown – primary tooth . . . . .	\$99
D2931	Prefabricated stainless steel crown – permanent tooth . . . . .	\$97
D2932	Prefabricated resin crown . . . . .	\$108
D2933	Prefabricated stainless steel crown with resin window . . . . .	\$128

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in *italic type* on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth . . . . .	\$137
D2950	Core buildup, including any pins . . . . .	\$85
D2951	Pin Retention – per tooth, in addition to restoration . . . . .	\$26
D2952	Post and core in addition to crown, indirectly fabricated . . . . .	\$131
D2954	Prefabricated post and core in addition to crown . . . . .	\$120
D2960	Labial veneer (resin laminate) – chairside . . . . .	\$208
D2961	Labial veneer (resin laminate) – laboratory . . . . .	\$306
D2962	Labial veneer (porcelain laminate) – laboratory . . . . .	\$453
D2980	Crown repair, by report . . . . .	\$120
 <b>D3000-D3999 ENDODONTICS</b>		
Pulpotomy		
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament . . . . .	\$62
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) . . . . .	\$62
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) . . . . .	\$56
Procedures D3310 through D3450 include all test x-rays taken as part of the complete root canal		
Endodontic therapy (including treatment plan, clinical procedures, and follow-up care).		
D3310	Anterior (excluding final restoration) . . . . .	\$325
D3320	Bicuspid (excluding final restoration) . . . . .	\$380
D3330	Molar (excluding final restoration) . . . . .	\$511
D3346	Retreatment of previous root canal therapy – anterior . . . . .	\$365
D3347	Retreatment of previous root canal therapy – bicuspid . . . . .	\$430
D3348	Retreatment of previous root canal therapy – molar . . . . .	\$578
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) . . . . .	\$107
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) . . . . .	\$86
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) . . . . .	\$232
Apicoectomy/periradicular services		
D3410	Apicoectomy/periradicular surgery – anterior . . . . .	\$427
D3421	Apicoectomy/periradicular surgery – bicuspid (first root) . . . . .	\$455
D3425	Apicoectomy/periradicular surgery – molar (first root) . . . . .	\$521
D3426	Apicoectomy/periradicular surgery (each additional root) . . . . .	\$140
D3430	Retrograde filling – per root . . . . .	\$107
D3450	Root amputation – per root . . . . .	\$261
Other endodontic services		
D3920	Hemisection (including any root removal), not including root canal therapy . . . . .	\$161
 <b>D4000-D4999 PERIODONTICS</b>		
Surgical services (including usual postoperative services).		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per . . . . .	\$233
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per . . . . .	\$101
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$238
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$180
D4245	Apically positioned flap . . . . .	\$241
D4249	Clinical crown lengthening – hard tissue . . . . .	\$214

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in *italic type* on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$644
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$388
D4263	Bone replacement graft – first site in quadrant . . . . .	\$170
D4264	Bone replacement graft – each additional site in quadrant . . . . .	\$124
D4266	Guided tissue regeneration – resorbable barrier, per site . . . . .	\$238
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal) . . . . .	\$252
D4270	Pedicle soft tissue graft procedure . . . . .	\$362
D4271	Free soft tissue graft procedure (including donor site surgery) . . . . .	\$394
D4273	Subepithelial connective tissue graft procedures, per tooth . . . . .	\$440
Non-surgical periodontal service		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant . . . . .	\$92
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant . . . . .	\$64
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis . . . . .	\$44
Other periodontal services		
D4910	Periodontal maintenance (following active therapy) . . . . .	\$68
D4920	Unscheduled dressing change (by someone other than treating dentist) . . . . .	\$47
<b>D5000-D5999 PROSTHODONTICS, REMOVABLE</b>		
Procedures relating to dentures, partial dentures and relines include adjustments for a six month period		
Complete dentures (including routine post-delivery care).		
D5110	Complete denture – maxillary . . . . .	\$637
D5120	Complete denture – mandibular . . . . .	\$644
D5130	Immediate denture – maxillary . . . . .	\$636
D5140	Immediate denture – mandibular . . . . .	\$633
Partial dentures (including routine post-delivery care)		
D5211	Maxillary partial denture – resin base (including conventional clasps, rests and teeth) . . . . .	\$495
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth) . . . . .	\$514
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including conventional clasps, rests and teeth) . . . . .	\$815
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including conventional clasps, rests and teeth) . . . . .	\$794
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) . . . . .	\$525
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) . . . . .	\$537
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth) . . . . .	\$299
Adjustments to dentures		
D5410	Adjust complete denture – maxillary . . . . .	\$33
D5411	Adjust complete denture – mandibular . . . . .	\$34
D5421	Adjust partial denture – maxillary . . . . .	\$34
D5422	Adjust partial denture – mandibular . . . . .	\$34
Repairs to complete dentures		
D5510	Repair broken complete denture base . . . . .	\$79
D5520	Replace missing or broken teeth – complete denture (each tooth) . . . . .	\$64
Repairs to partial dentures		
D5610	Repair resin denture base . . . . .	\$76
D5620	Repair cast framework . . . . .	\$119
D5630	Repair or replace broken clasp . . . . .	\$93
D5640	Replace broken teeth – per tooth . . . . .	\$69
D5650	Add tooth to existing partial denture . . . . .	\$79

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in *italic type* on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
D5660	Add clasp to existing partial denture . . . . .	\$91
Denture rebase procedures		
D5710	Rebase complete maxillary denture . . . . .	\$226
D5711	Rebase complete mandibular denture . . . . .	\$231
D5720	Rebase maxillary partial denture . . . . .	\$225
D5721	Rebase mandibular partial denture . . . . .	\$225
Denture reline procedures		
D5730	Reline complete maxillary denture (chairside) . . . . .	\$123
D5731	Reline complete mandibular denture (chairside) . . . . .	\$119
D5740	Reline maxillary partial denture (chairside) . . . . .	\$113
D5741	Reline mandibular partial denture (chairside) . . . . .	\$113
D5750	Reline complete maxillary denture (laboratory) . . . . .	\$185
D5751	Reline complete mandibular denture (laboratory) . . . . .	\$185
D5760	Reline maxillary partial denture (laboratory) . . . . .	\$180
D5761	Reline mandibular partial denture (laboratory) . . . . .	\$178
Interim prosthesis		
D5820	Interim partial denture (maxillary) . . . . .	\$230
D5821	Interim partial denture (mandibular) . . . . .	\$233
Other removable prosthetic services		
D5850	Tissue conditioning, maxillary . . . . .	\$67
D5851	Tissue conditioning, mandibular . . . . .	\$67
<b>D6000-D6199 IMPLANTS</b>		
Surgical services		
D6010	Surgical placement of implant body: endosteal implant . . . . .	\$1,000
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant . . . . .	\$1,000
D6040	Surgical placement: eposteal implant . . . . .	\$1,000
D6050	Surgical placement: transosteal implant . . . . .	\$1,000
D6100	Implant removal, by report . . . . .	\$228
Implant/abutment supported removable dentures		
D6053	Implant/abutment supported removable denture for completely edentulous arch . . . . .	\$880
D6054	Implant/abutment supported removable denture for partially edentulous arch . . . . .	\$628
Supporting structures		
D6055	Dental implant supported connecting bar . . . . .	\$920
D6056	Prefabricated abutment -- includes placement . . . . .	\$252
D6057	Custom abutment -- includes placement . . . . .	\$344
Single crowns, abutment supported		
D6058	Abutment supported porcelain/ceramic crown . . . . .	\$589
D6059	Abutment supported porcelain fused to metal crown (high noble metal) . . . . .	\$669
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal) . . . . .	\$599
D6061	Abutment supported porcelain fused to metal crown (noble metal) . . . . .	\$630
D6062	Abutment supported cast metal crown (high noble metal) . . . . .	\$629
D6063	Abutment supported cast metal crown (predominantly base metal) . . . . .	\$568
D6064	Abutment supported cast metal crown (noble metal) . . . . .	\$644
D6094	Abutment supported crown -- (titanium) . . . . .	\$564
Single crowns, implant supported		
D6065	Implant supported porcelain/ceramic crown . . . . .	\$693
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) . . . . .	\$667

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in italic type on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal) . . . . .	\$636
Fixed partial denture, abutment supported		
D6068	Abutment supported retainer for porcelain/ceramic FPD . . . . .	\$664
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) . . . . .	\$664
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) . . . . .	\$802
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) . . . . .	\$661
D6072	Abutment supported retainer for cast metal FPD (high noble metal) . . . . .	\$659
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) . . . . .	\$276
D6074	Abutment supported retainer for cast metal FPD (noble metal) . . . . .	\$290
D6194	Abutment supported retainer crown for FPD -- (titanium) . . . . .	\$276
Fixed partial denture, implant supported		
D6075	Implant supported retainer for ceramic FPD . . . . .	\$656
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) . . . . .	\$732
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$597
Implant/abutment supported fixed dentures		
D6078	Implant/abutment supported fixed denture for completely edentulous arch . . . . .	\$1,000
D6079	Implant/abutment supported fixed denture for partially edentulous arch . . . . .	\$1,000
Other implant services		
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis . . . . .	\$107
D6090	Repair implant supported prosthesis, by report . . . . .	\$169
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment . . . . .	\$99
D6092	Recement implant/abutment supported crown . . . . .	\$56
D6093	Recement implant/abutment supported fixed partial denture . . . . .	\$84
D6095	Repair implant abutment, by report . . . . .	\$172
Pre-surgical services		
D6190	Radiographic/surgical implant index, by report . . . . .	B/R
<b>D6200-D6999 PROSTHODONTICS, FIXED</b>		
(Each abutment and each pontic constitutes a unit in a fixed partial denture.)		
Partial denture pontics		
D6210	Pontic – cast high noble metal . . . . .	\$413
D6211	Pontic – cast predominantly base metal . . . . .	\$347
D6212	Pontic – cast noble metal . . . . .	\$393
D6214	Pontic – titanium . . . . .	\$362
D6240	Pontic – porcelain fused to high noble metal . . . . .	\$435
D6241	Pontic – porcelain fused to predominantly base metal . . . . .	\$383
D6242	Pontic – porcelain fused to noble metal . . . . .	\$421
D6250	Pontic – resin with high noble metal . . . . .	\$396
D6251	Pontic – resin with predominantly base metal . . . . .	\$387
D6252	Pontic – resin with noble metal . . . . .	\$393
Fixed partial denture retainers – inlays/onlays		
D6545	Retainer – cast metal for resin bonded fixed prosthesis . . . . .	\$222
D6602	Inlay – cast high noble metal, two surfaces . . . . .	\$311
D6603	Inlay – cast high noble metal, three or more surfaces . . . . .	\$337
D6604	Inlay – cast predominantly base metal, two surfaces . . . . .	\$304
D6605	Inlay – cast predominantly base metal, three or more surfaces . . . . .	\$344



**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in *italic* type on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
D6606	Inlay – cast noble metal, two surfaces . . . . .	\$283
D6607	Inlay – cast noble metal, three or more surfaces . . . . .	\$359
D6610	Onlay – cast high noble metal, two surfaces . . . . .	\$605
D6611	Onlay – cast high noble metal, three or more surfaces . . . . .	\$605
D6612	Onlay – cast predominantly base metal, two surfaces . . . . .	\$605
D6613	Onlay – cast predominantly base metal, three or more surfaces . . . . .	\$605
D6614	Onlay – cast noble metal, two surfaces . . . . .	\$605
D6615	Onlay – cast noble metal, three or more surfaces . . . . .	\$605
D6624	Inlay – titanium . . . . .	\$158
D6634	Onlay – titanium . . . . .	\$302
 Fixed partial denture retainers – crowns		
D6720	Crown – resin with high noble metal . . . . .	\$431
D6721	Crown – resin with predominantly base metal . . . . .	\$351
D6722	Crown – resin with noble metal . . . . .	\$417
D6750	Crown – porcelain fused to high noble metal . . . . .	\$457
D6751	Crown – porcelain fused to predominantly base metal . . . . .	\$407
D6752	Crown – porcelain fused to noble metal . . . . .	\$442
D6780	Crown – ¾ cast high noble metal . . . . .	\$480
D6781	Crown – ¾ cast predominantly base metal . . . . .	\$478
D6782	Crown – ¾ cast noble metal . . . . .	\$401
D6790	Crown – full cast high noble metal . . . . .	\$454
D6791	Crown – full cast predominantly base metal . . . . .	\$400
D6792	Crown – full cast noble metal . . . . .	\$439
D6794	Crown – titanium . . . . .	\$425
 Other fixed partial denture services		
D6930	Recement fixed partial denture . . . . .	\$58
D6940	Stress breaker . . . . .	\$85
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated . . . . .	\$118
D6972	Prefabricated post and core in addition to fixed partial denture retainer . . . . .	\$104
D6973	Core buildup for retainer, including any pins . . . . .	\$73
D6980	Fixed partial denture repair, by report . . . . .	\$150
 <b>D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY</b>		
Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, coronal remnants - deciduous tooth . . . . .	\$33
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) . . . . .	\$65
 Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth . . . . .	\$122
D7220	Removal of impacted tooth – soft tissue . . . . .	\$147
D7230	Removal of impacted tooth – partially bony . . . . .	\$191
D7240	Removal of impacted tooth – completely bony . . . . .	\$220
D7250	Surgical removal of residual tooth roots (cutting procedure) . . . . .	\$130
 Other surgical procedures		
D7260	Oroantral fistula closure . . . . .	\$296
D7261	Primary closure of a sinus perforation . . . . .	\$296
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth . . . . .	\$173
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) . . . . .	\$162
D7280	Surgical access of an unerupted tooth . . . . .	\$231
D7285	Biopsy of oral tissue – hard (bone, tooth) . . . . .	\$199
D7286	Biopsy of oral tissue - soft . . . . .	\$156

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in italic type on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
Alveoloplasty – surgical preparation of ridge for dentures		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$78
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .	\$47
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadr	\$137
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadr	\$171
Vestibuloplasty		
D7340	Vestibuloplasty – ridge extension (secondary epithelialization) . . . . .	\$156
D7350	Vestibuloplasty – ridge extension (including soft tissue graft, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) . . . . .	\$413
Surgical excision of soft tissue lesions		
D7411	Excision of benign lesion greater than 1.25 cm . . . . .	\$339
D7465	Destruction of lesion(s) by physical or chemical method, by report . . . . .	\$131
Surgical excision of intra-osseous lesions		
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm . . . . .	\$174
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm . . . . .	\$252
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm . . . . .	\$206
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm . . . . .	\$431
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm . . . . .	\$202
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm . . . . .	\$347
Excision of bone tissue		
D7471	Removal of lateral exostosis (maxilla or mandible) . . . . .	\$273
D7472	Removal of torus palatinus . . . . .	\$307
D7473	Removal of torus mandibularis . . . . .	\$294
D7485	Surgical reduction of osseous tuberosity . . . . .	\$256
D7490	Radical resection of maxilla or mandible . . . . .	\$1,000
Surgical incision		
D7510	Incision and drainage of abscess – intraoral soft tissue . . . . .	\$75
D7520	Incision and drainage of abscess – extraoral soft tissue . . . . .	\$102
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue . . . . .	\$94
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system . . . . .	\$114
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone . . . . .	\$154
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body . . . . .	\$315
Treatment of fractures – simple		
D7610	Maxilla – open reduction (teeth immobilized, if present) . . . . .	\$617
D7620	Maxilla – closed reduction (teeth immobilized, if present) . . . . .	\$713
D7630	Mandible – open reduction (teeth immobilized, if present) . . . . .	\$1,000
D7640	Mandible – closed reduction (teeth immobilized, if present) . . . . .	\$1,000
D7650	Malar and/or zygomatic arch – open reduction . . . . .	\$630
D7660	Malar and/or zygomatic arch – closed reduction . . . . .	\$210
D7670	Alveolus – closed reduction, may include stabilization of teeth . . . . .	\$299
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches . . . . .	\$1,000
Treatment of fractures – compound		
D7710	Maxilla – open reduction . . . . .	\$40
D7720	Maxilla – closed reduction . . . . .	\$37
D7730	Mandible – open reduction . . . . .	\$1,000
D7740	Mandible – closed reduction . . . . .	\$1,000
D7750	Malar and/or zygomatic arch – open reduction . . . . .	\$840
D7760	Malar and/or zygomatic arch – closed reduction . . . . .	\$210
D7770	Alveolus – open reduction stabilization of teeth . . . . .	\$315

**DELTA DENTAL OF CALIFORNIA**  
**Totally Voluntary Program Table A2011**

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT-2011©. Text in *italic* type on this list has been added by Delta Dental for clarification.

Code	Procedure	A2011 Allowance
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches . . . . .	\$1,000
Reduction of dislocation and management of other temporomandibular joint dysfunctions		
D7810	Open reduction of dislocation . . . . .	\$840
D7820	Closed reduction of dislocation . . . . .	\$111
D7830	Manipulation under anesthesia . . . . .	\$226
Repair of traumatic wounds		
D7910	Suture of recent small wounds up to 5 cm . . . . .	\$263
Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for		
D7911	Complicated suture – up to 5 cm . . . . .	\$525
D7912	Complicated suture – greater than 5 cm . . . . .	\$788
Other repair procedures		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure . . . . .	\$178
D7970	Excision of hyperplastic tissue – per arch . . . . .	\$136
D7971	Excision of pericoronal gingival . . . . .	\$79
D7972	Surgical reduction of fibrous tuberosity . . . . .	\$82
D7980	Sialolithotomy . . . . .	\$354
D7981	Excision of salivary gland, by report . . . . .	\$1,000
D7982	Sialodochoplasty . . . . .	\$95
D7983	Closure of salivary fistula . . . . .	\$37
<b>D9000-D9999 ADJUNCTIVE GENERAL SERVICES</b>		
Unclassified treatment		
D9110	Palliative (emergency) treatment of dental pain – minor procedure . . . . .	\$53
Anesthesia		
D9220	Deep sedation/general anesthesia – first 30 minutes . . . . .	\$185
D9221	Deep sedation/general anesthesia – each additional 15 minutes . . . . .	\$67
D9241	Intravenous conscious sedation/anesthesia – first 30 minutes . . . . .	\$185
D9242	Intravenous conscious sedation/anesthesia – each additional 15 minutes . . . . .	\$67
Professional consultation		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician . . . . .	\$65
Professional visits		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed . . . . .	\$30
D9440	Office visit – after regularly scheduled hours . . . . .	\$64
Drugs		
D9610	Therapeutic parenteral drug, single administration . . . . .	\$12
D9612	Therapeutic parenteral drugs, two or more administrations, different medications . . . . .	\$12
Miscellaneous services		
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report . . . . .	\$32
D9951	Occlusal adjustment – limited . . . . .	\$51