

Florida, Georgia and Texas Sample Procedure Description <sup>1</sup>	Sample Patient Copayments	
	Procedure Code <sup>2</sup>	Plan 15B
<b>Diagnostic Services</b>		
Intraoral – complete series (including bitewings)	D0210	\$0
Office visit	D9430	\$5
<b>Preventive Services</b>		
Prophylaxis (cleaning) – adult	D1110	\$5
Prophylaxis (cleaning) – child	D1120	\$5
Sealants – per tooth	D1351	\$15
<b>Restorative Services</b>		
Amalgam – one surface, primary or permanent	D2140	\$8
Resin-based composite – one surface, anterior	D2330	\$22
Resin-based composite – one surface, posterior	D2391	\$65
Crown – porcelain fused to high noble metal	D2750	\$395
Crown – full cast high noble metal	D2790	\$395
Crown – full cast noble metal	D2792	\$335
Post and core in addition to crown, indirectly fabricated – includes canal preparation	D2952	\$110
<b>Endodontics</b>		
Root canal – endodontic therapy – anterior tooth (excluding final restoration)	D3310	\$125
Root canal – endodontic therapy – molar (excluding final restoration)	D3330	\$365
<b>Periodontics – endodontic therapy –</b>		
Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	D4260	\$385
Periodontal scaling and root planing – four or more teeth per quadrant	D4341	\$60
<b>Prosthodontics (Removable)</b>		
Complete denture – maxillary	D5110	\$365
Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	D5211	\$325
Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213	\$395
Reline complete maxillary denture (laboratory)	D5750	\$95
<b>Oral and Maxillofacial Surgery</b>		
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	\$14
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	D7210	\$55
Removal of impacted tooth – completely bony	D7240	\$120
<b>Orthodontics</b>		
Comprehensive orthodontic treatment of the transitional dentition – <i>child or adolescent to age 19</i>	D8070	\$1,900
Comprehensive orthodontic treatment of the adult dentition – <i>adults, including dependent adult children covered from age 19</i>	D8090	\$2,100
<b>Deductible/Annual Lifetime Maximums</b>		None
<b>Available Rate Tier Options</b>		2, 3 or 4 tier

<sup>1</sup> Subject to Limitations and Exclusions.

<sup>2</sup> (2009) Current Dental Terminology codes under copyright by American Dental Association (ADA).

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