

Newport News Public Schools

Summary Schedule of Services

Delta Dental PPO EPO Plan

Services	In-Network	Out-of-Network	
	PPO Providers	Premier Providers	All Other Providers
Diagnostic & Preventive Oral Exams & Teeth Cleanings Fluoride Applications X-rays – Bitewings & Full-Mouth Space Maintainers Sealants Consultations/Evaluations for Deep Sedation or General Anesthesia	Refer to Fixed Copay Schedule	Not Covered* <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> *No services are covered except for emergency services </div>	Not Covered*
Basic Routine Restorative – Amalgam, Composite, Stainless Steel Crowns Oral Surgery Denture Repair & Recementation Endodontics Periodontics	Refer to Fixed Copay Schedule		
Major Crown Coverage Prosthetic Coverage	Refer to Fixed Copay Schedule		
Orthodontics -Adults and dependent children	50% PPO Allowance		
Deductible Per patient per calendar year/ maximum per family unit Per patient lifetime deductible for orthodontic treatment	None None		
Maximum Benefit Per patient per calendar year <i>(All Services except Orthodontics)</i> Lifetime maximum for orthodontic treatment	No Maximum \$2,500		

Refer to the Description of Benefits and Copayments for further details.

DELTA DENTAL PPO EPO PLAN – EPO 201

DESCRIPTION OF BENEFITS AND COPAYMENTS (FIXED DOLLAR COPAYMENT)

<u>CODES</u>		<u>COPAYMENT</u>
I. DIAGNOSTIC		
D0120	Periodic oral evaluation-established patient.....	No Cost
D0140	Limited oral evaluation—problem focused.....	No Cost
D0150	Comprehensive oral evaluation – new or established patient.....	No Cost
D0210	Intraoral – complete series of radiographic images.....	No Cost
D0220	Intraoral – periapical first radiographic image.....	No Cost
D0230	Intraoral – periapical each additional radiographic image.....	No Cost
D0240	Intraoral – occlusal radiographic image.....	No Cost
D0270	Bitewing – single radiographic image.....	No Cost
D0272	Bitewings – two radiographic images.....	No Cost
D0273	Bitewings – three radiographic images.....	No Cost
D0274	Bitewings – four radiographic images.....	No Cost
D0330	Panoramic radiographic image.....	No Cost
D0460	Pulp vitality tests.....	No Cost
II. PREVENTIVE		
D1110	Prophylaxis <i>cleaning</i> – adult.....	No Cost
D1120	Prophylaxis <i>cleaning</i> – child.....	No Cost
D1206	Topical application of fluoride varnish.....	No Cost
D1208	Topical application of fluoride excluding varnish.....	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant – per tooth.....	\$11.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth.....	\$11.00
D1510	Space maintainer – fixed – unilateral.....	\$64.00
D1515	Space maintainer – fixed – bilateral.....	\$107.00
D1520	Space maintainer – removable – unilateral.....	\$86.00
D1525	Space maintainer – removable – bilateral.....	\$107.00
D1550	Re-cement or re-bond space maintainer.....	\$19.00
D1575	Distal shoe space maintainer – fixed – unilateral.....	\$64.00
III. RESTORATIVE (Fillings)		
<i>Includes indirect pulp capping, bases, liners and acid etch procedures</i>		
D2140	Amalgam – one surface, primary or permanent.....	No Cost
D2150	Amalgam – two surfaces, primary or permanent.....	No Cost
D2160	Amalgam – three surfaces, primary or permanent.....	No Cost
D2161	Amalgam – four or more surfaces, primary or permanent.....	No Cost
D2330	Resin-based composite – one surface, anterior.....	\$21.00
D2331	Resin-based composite – two surfaces, anterior.....	\$29.00
D2332	Resin-based composite – three surfaces, anterior.....	\$35.00
D2940	Protective restoration.....	\$20.00
D2951	Pin retention – per tooth, in addition to restoration.....	\$14.00
IV. ENDODONTICS		
D3110	Pulp cap – direct (excluding final restoration).....	No Cost
D3120	Pulp cap – indirect (excluding final restoration).....	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament.....	\$37.00
D3310	Root canal – endodontic therapy, anterior tooth (excluding final restoration).....	\$150.00
D3320	Root canal – endodontic therapy, bicuspid tooth (excluding final restoration).....	\$209.00
D3330	Root canal – endodontic therapy, molar (excluding final restoration).....	\$262.00
D3346	Retreatment of previous root canal therapy – anterior.....	\$150.00
D3347	Retreatment of previous root canal therapy – bicuspid.....	\$209.00

D3348	Retreatment of previous root canal therapy – molar.....	\$262.00
D3410	Apicoectomy – anterior.....	\$126.00
D3421	Apicoectomy – bicuspid (first root)	\$126.00
D3425	Apicoectomy – molar (first root).....	\$126.00
D3426	Apicoectomy (each additional root).....	\$43.00
D3430	Retrograde filling – per root.....	\$54.00
D3450	Root amputation – per root.....	\$79.00

V. PERIODONTICS

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$150.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$150.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces, per quadrant.....	\$166.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces, per quadrant.....	\$166.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$187.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$187.00
D4270	Pedicle soft tissue graft procedure.....	\$203.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft.....	\$230.00
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.....	\$115.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant.....	\$48.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant.....	\$48.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation – 1 per 6 month period.....	No Cost
D4910	Periodontal maintenance.....	No Cost

VI. ORAL AND MAXILLOFACIAL SURGERY

Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$48.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	\$57.00
D7220	Removal of impacted tooth – soft tissue.....	\$64.00
D7230	Removal of impacted tooth – partially bony.....	\$94.00
D7240	Removal of impacted tooth – completely bony.....	\$112.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	\$64.00
D7286	Incisional biopsy of oral tissue – soft – <i>does not include pathology laboratory procedures</i>	\$54.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.....	\$64.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.....	\$64.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.....	\$86.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.....	\$86.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$118.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure.....	\$95.00
D7970	Excision of hyperplastic tissue – per arch.....	\$150.00

VII. CROWN AND BRIDGE

D2710	Crown – resin-based composite (indirect).....	\$128.00
D2740	Crown – porcelain/ceramic substrate.....	\$263.00
D2750	Crown – porcelain fused to high noble metal.....	\$241.00
D2751	Crown – porcelain fused to predominately base metal.....	\$241.00
D2752	Crown – porcelain fused to noble metal.....	\$241.00
D2781	Crown – ¾ cast predominately base metal.....	\$241.00
D2790	Crown – full cast high noble metal.....	\$241.00
D2792	Crown – full cast noble metal.....	\$241.00

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20.00
D2920	Re-cement or re-bond crown	\$20.00
D2930	Prefabricated stainless steel crown – primary tooth	\$43.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$54.00
D2950	Core buildup, including any pins when required	\$68.00
D2952	Post and core in addition to crown, indirectly fabricated	\$86.00
D2954	Prefabricated post and core in addition to crown – <i>base metal post; includes canal preparation</i>	\$75.00

VIII. PROSTHODONTICS, (removable)

D5110	Complete denture – maxillary	\$321.00
D5120	Complete denture – mandibular	\$321.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth).....	\$203.00
D5410	Adjust complete denture – maxillary.....	\$18.00
D5411	Adjust complete denture – mandibular	\$18.00
D5421	Adjust partial denture – maxillary	\$18.00
D5422	Adjust partial denture – mandibular.....	\$18.00
D5510	Repair broken complete denture base	\$43.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$43.00
D5610	Repair resin denture base	\$43.00
D5620	Repair cast framework.....	\$43.00
D5630	Repair or replace broken clasp – per tooth.....	\$43.00
D5640	Replace broken teeth – per tooth	\$32.00
D5650	Add tooth to existing partial denture	\$32.00
D5660	Add clasp to existing partial denture – per tooth.....	\$32.00
D5710	Rebase complete maxillary denture	\$161.00
D5711	Rebase complete mandibular denture.....	\$161.00
D5720	Rebase maxillary partial denture	\$161.00
D5721	Rebase mandibular partial denture	\$161.00
D5730	Reline complete maxillary denture (chairside).....	\$80.00
D5731	Reline complete mandibular denture (chairside)	\$80.00
D5740	Reline maxillary partial denture (chairside).....	\$80.00
D5741	Reline mandibular partial denture (chairside).....	\$80.00
D5750	Reline complete maxillary denture (laboratory)	\$128.00
D5751	Reline complete mandibular denture (laboratory).....	\$128.00
D5760	Reline maxillary partial denture (laboratory)	\$128.00
D5761	Reline mandibular partial denture (laboratory)	\$128.00
D5850	Tissue conditioning, maxillary.....	\$35.00
D5851	Tissue conditioning, mandibular.....	\$35.00

IX. MAXILLOFACIAL PROSTHETICS – NOT COVERED (D5900-D5999)

X. IMPLANT SERVICES – NOT COVERED (D6000-D6199)

XI. PROSTHODONTICS, fixed

Each retainer and each pontic constitutes a unit in fixed partial denture [bridge]

D6210	Pontic – cast high noble metal.....	\$241.00
D6211	Pontic – cast predominantly base metal	\$241.00
D6212	Pontic – cast noble metal	\$241.00
D6240	Pontic – porcelain fused to high noble metal.....	\$241.00
D6241	Pontic – porcelain fused to predominantly base metal	\$241.00
D6242	Pontic – porcelain fused to noble metal.....	\$241.00
D6750	Crown – porcelain fused to high noble metal.....	\$241.00
D6751	Crown – porcelain fused to predominantly base metal	\$241.00
D6752	Crown – porcelain fused to noble metal	\$241.00

D6780	Crown – ¾ cast high noble metal	\$241.00
D6790	Crown – full cast high noble metal.....	\$241.00
D6791	Crown – full cast predominantly base metal	\$241.00
D6792	Crown – full cast noble metal	\$241.00
D6930	Re-cement or re-bond fixed partial denture	\$27.00
D6940	Stress breaker	\$64.00

XII. ORTHODONTICS

Orthodontics are covered at 50% of the PPO allowance with a lifetime maximum of \$2,500 for adults and dependent children.

XIII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$21.00
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9310	Consultation – diagnostic services provided by a dentist or physician other than requesting dentist or physician	\$27.00
D9311	Consultation with a medical health care professional	No Cost
D9440	Office visit – after regularly scheduled hours.....	\$21.00
D9910	Application of desensitizing medicament.....	No Cost
D9951	Occlusal adjustment – limited	No Cost
D9952	Occlusal adjustment – complete	\$98.00
D9986	Missed appointment – <i>without 24 hour notice – per ½ hour of appointment time</i>	\$21.00
D9987	Canceled appointment – <i>without 24 hour notice – per ½ hour of appointment time</i>	\$21.00
D9991	Dental case management – addressing appointment compliance barriers	No Cost
D9992	Dental case management – care coordination	No Cost
D9993	Dental case management – motivational interviewing	No Cost
D9994	Dental case management – patient education to improve oral health literacy	No Cost

Note: The limitations and exclusions are the standard limitations and exclusions for the Delta Dental PPO EPO Plan.