



**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.
- Porcelain and resin facings on crowns are Covered Services 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-2023*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Oral examination, periodic	\$0
D0140	Oral examination, limited, problem focused (emergency)	\$0
D0145	Oral evaluation for patients under age 3 and counseling with primary caregiver	\$0
D0150	Oral examination, comprehensive evaluation	\$0
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$0
D0180	Oral examination, comprehensive periodontal evaluation	\$0
D0190	Screening of a patient	\$0

RADIOGRAPHS

D0210	Intraoral, comprehensive series (includes bitewings)	\$0
D0220	Intraoral, periapical first film	\$0
D0230	Intraoral, periapical each add'l film	\$0
D0240	Intraoral, occlusal	\$0
D0270	Bitewing, 1 film	\$0
D0272	Bitewing, 2 films	\$0
D0273	Bitewing, 3 films	\$0
D0274	Bitewing, 4 films	\$0
D0277	Bitewing, vertical, 7 to 8 films	\$0
D0330	Panoramic film	\$0

TESTS & LABORATORY

D0460	Pulp vitality	\$0
D0486	Accession of brush biopsy sample, microscopic exam, prep and written report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0

FLUORIDE TREATMENT

D1206	Topical fluoride varnish - child	\$0
D1208	Topical application of fluoride	\$0

OTHER PREVENTIVE SERVICES

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

SPACE MAINTAINERS

D1510	Fixed, unilateral - per quadrant	\$0
D1516	Fixed, bilateral - maxillary	\$0
D1517	Fixed, bilateral - mandibular	\$0
D1520	Removable, unilateral - per quadrant	\$0
D1526	Removable, bilateral - maxillary	\$0
D1527	Removable, bilateral - mandibular	\$0
D1551	Recement or rebond bilateral - maxillary	\$0
D1552	Recement or rebond bilateral - mandibular	\$0
D1553	Recement or rebond - unilateral - per quadrant	\$0
D1556	Removal, fixed unilateral - per quadrant	\$0
D1557	Removal, fixed bilateral - maxillary	\$0
D1558	Removal, fixed bilateral - mandibular	\$0
D1575	Distal shoe - fixed, unilateral - per quadrant	\$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	1 surface	\$0
D2150	2 surfaces	\$0
D2160	3 surfaces	\$0
D2161	4 or more surfaces	\$0

RESIN RESTORATIONS

D2330	1 surface, anterior	\$0
D2331	2 surfaces, anterior	\$0
D2332	3 surfaces, anterior	\$0
D2335	Involving incisal angle or 4 or more surfaces, anterior	\$0
D2390	Crown, anterior	\$0
D2391	1 surface, posterior	\$23
D2392	2 surfaces, posterior	\$34
D2393	3 surfaces, posterior	\$43

D2394	4 or more surfaces, posterior	\$50
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ONLAY RESTORATIONS

D2542	Onlay, metallic, 2 surfaces	\$79
D2543	Onlay, metallic, 3 surfaces	\$99
D2544	Onlay, metallic, 4 or more surfaces	\$119

CROWNS - SINGLE RESTORATION ONLY

D2710	Resin (indirect)	\$39
D2740	Porcelain/ceramic	\$49
D2750	Porcelain fused to high noble metal	\$73
D2751	Porcelain fused to predominantly base metal	\$51
D2752	Porcelain fused to noble metal	\$54
D2753	Porcelain fused to titanium and titanium alloys	\$73
D2780	3/4 cast high noble metal	\$68
D2781	3/4 cast predominantly base metal	\$47
D2782	3/4 cast noble metal	\$49
D2783	3/4 porcelain/ceramic	\$49
D2790	Full cast high noble metal	\$68
D2791	Full cast predominantly base metal	\$47
D2792	Full cast noble metal	\$49
D2794	Titanium	\$49

OTHER RESTORATIVE SERVICES

D2910	Recement onlay or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Crown - prefabricated stainless steel, primary	\$0
D2931	Crown - prefabricated stainless steel, permanent	\$0
D2932	Crown - prefabricated resin	\$0
D2940	Sedative filling	\$0
D2950	Crown buildup (substructure) including any pins	\$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 construct new crown under existing partial denture framework	\$11

ENDODONTICS

PULPOTOMY

D3220	Therapeutic pulpotomy	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0

ROOT CANAL THERAPY

D3310	Anterior (excludes final restoration)	\$0
D3320	Premolar (excludes final restoration)	\$0
D3330	Molar tooth (excludes final restoration)	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
D3333	Internal root repair of perforation defects	\$0
D3346	Retreatment, anterior	\$0
D3347	Retreatment, premolar	\$0
D3348	Retreatment, molar	\$0

APEXIFICATION/RECALCIFICATION

PROCEDURES

D3351	Initial visit	\$0
D3352	Interim medication replacement	\$0
D3353	Final visit	\$0

APICECTOMY/PERIRADICULAR SERVICES

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

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant	\$0
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth per quadrant	\$0
D4240	Gingival flap procedure, includes root planing - 4 or more teeth per quadrant	\$0
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$0
D4249	Clinical crown lengthening	\$0
D4260	Osseous surgery - 4 or more teeth per quadrant	\$0
D4261	Osseous surgery - 1 to 3 teeth per quadrant	\$0
D4263	Bone replacement graft - retained natural tooth - first site	\$0
D4264	Bone replacement graft - retained natural tooth - each add'l site in quadrant	\$0
D4270	Pedicle soft tissue graft procedure	\$0
D4277	Free soft tissue graft, first tooth	\$0
D4278	Free soft tissue graft, each add'l tooth	\$0

NON-SURGICAL SERVICES

D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	\$0
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant	\$0
D4346	Scaling in the presence of inflammation	\$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	Denture - complete, maxillary	\$137
D5120	Denture - complete, mandibular	\$137
D5130	Denture - immediate, maxillary	\$147
D5140	Denture - immediate, mandibular	\$147

PARTIAL DENTURES

D5211	Maxillary, resin base	\$189
D5212	Mandibular, resin base	\$189
D5213	Maxillary, cast metal framework with resin denture base	\$231
D5214	Mandibular, cast metal framework with resin denture base	\$231
D5221	Maxillary, immediate, resin base	\$202
D5222	Mandibular, immediate, resin base	\$202
D5223	Maxillary, immediate, cast metal framework with resin denture base	\$247
D5224	Mandibular, immediate, cast metal framework with resin denture base	\$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, one-piece	\$137

Delta Dental EPO Plan 2 continued

resin (including retentive/clasping materials, rests, and teeth) – per quadrant		D6602 Inlay, cast high noble metal, 2 surfaces	\$141	EXCISION OF BONE TISSUE	
		D6603 Inlay, cast high noble metal, 3 or more surfaces	\$161	D7471 Removal of lateral exostosis	\$0
		D6604 Inlay, cast predominantly base metal, 2 surfaces	\$101	SURGICAL INCISION	
ADJUSTMENT TO DENTURES		D6605 Inlay, cast predominantly base metal, 3 or more surfaces	\$121	D7510 Incision and drainage of abscess – intraoral soft tissue	\$0
D5410 Complete, maxillary	\$0	D6606 Inlay, cast noble metal, 2 surfaces	\$121	OTHER REPAIR PROCEDURES	
D5411 Complete, mandibular	\$0	D6607 Inlay, cast noble metal, 3 or more surfaces	\$141	D7910 Suture of recent small wounds up to 5 cm	\$0
D5421 Partial, maxillary	\$0	D6608 Onlay, porcelain/ceramic, 2 surfaces	\$155	D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization – per site	\$0
D5422 Partial, mandibular	\$0	D6609 Onlay, porcelain/ceramic, 3 or more surfaces	\$161	D7961 Buccal/labial frenectomy (frenulectomy)	\$0
REPAIRS TO COMPLETE DENTURES		D6610 Onlay, cast high noble metal, 2 surfaces	\$135	D7962 Lingual frenectomy (frenulectomy)	\$0
D5511 Repair broken complete denture base, mandibular	\$11	D6611 Onlay, cast high noble metal, 3 or more surfaces	\$141	D7963 Frenuloplasty	\$0
D5512 Repair broken complete denture base, maxillary	\$11	D6612 Onlay, cast predominantly base metal, 2 surfaces	\$95	D7970 Excision of hyperplastic tissue – per arch	\$0
D5520 Replace missing or broken teeth (each tooth)	\$8	D6613 Onlay, cast predominantly base metal, 3 or more surfaces	\$101	D7971 Excision of pericoronal gingival	\$0
REPAIRS TO PARTIAL DENTURES		D6614 Onlay, cast noble metal, 2 surfaces	\$115	ADJUNCTIVE GENERAL SERVICES	
D5611 Repair resin partial denture base, mandibular	\$11	D6615 Onlay, cast noble metal, 3 or more surfaces	\$121	UNCLASSIFIED TREATMENT	
D5612 Repair resin partial denture base, maxillary	\$11	BRIDGE RETAINERS – CROWNS		D9110 Palliative treatment of dental pain – per visit	\$0
D5621 Repair cast partial framework, mandibular	\$16	D6750 Porcelain fused to high noble metal	\$124	ANESTHESIA	
D5622 Repair cast partial framework, maxillary	\$16	D6751 Porcelain fused to base metal	\$100	D9222 Deep sedation/general anesthesia – first 15 minutes	\$0
D5630 Repair or replace broken clasp (per tooth)	\$15	D6752 Porcelain fused to noble metal	\$105	D9223 Deep sedation/general anesthesia – each subsequent 15-minute increment	\$0
D5640 Replace broken tooth (each)	\$8	D6753 Porcelain fused to titanium and titanium alloys	\$124	D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$0
D5650 Add tooth to existing partial denture	\$42	D6780 3/4 cast high noble metal	\$114	D9243 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	\$0
D5660 Add clasp to existing partial denture (per tooth)	\$53	D6781 3/4 cast base metal	\$90	PROFESSIONAL VISITS	
DENTURE REBASE PROCEDURES		D6782 3/4 cast noble metal	\$95	D9440 Office visit after regularly scheduled hours	\$0
D5710 Complete maxillary denture	\$33	D6783 3/4 porcelain/ceramic	\$113	MISCELLANEOUS SERVICES	
D5711 Complete mandibular denture	\$33	D6784 3/4 titanium and titanium alloys	\$114	D9610 Therapeutic parenteral drug, single administration	\$0
D5720 Maxillary partial denture	\$32	D6790 Full cast high noble metal	\$114	D9612 Therapeutic parenteral drugs, multiple administration	\$0
D5721 Mandibular partial denture	\$32	D6791 Full cast base metal	\$90	D9944 Occlusal guard – full arch	\$41
D5725 Rebase hybrid prosthesis	\$896	D6792 Full cast noble metal	\$95	D9946 Occlusal guard – partial arch	\$20
DENTURE RELINE PROCEDURES		OTHER FIXED PROSTHETIC SERVICES		D9951 Occlusal adjustment – limited	\$0
D5730 Complete maxillary, direct	\$0	D6930 Recement fixed partial denture	\$0	D9952 Occlusal adjustment – complete	\$0
D5731 Complete mandibular, direct	\$0	D6940 Stress breaker	\$0	D9997 Dental case management – patients with special health care needs	\$0
D5740 Maxillary partial, direct	\$0	ORAL SURGERY		ORTHODONTICS²	
D5741 Mandibular partial, direct	\$0	EXTRACTIONS (Simple)		RECORDS (solely for orthodontic purposes)	
D5750 Complete maxillary, indirect	\$25	D7111 Extraction, coronal remnants – primary tooth	\$0	D0340 Cephalometric film	\$0
D5751 Complete mandibular, indirect	\$25	D7140 Extraction, erupted tooth or exposed root	\$0	D0350 Oral/facial photographic images	\$0
D5760 Maxillary partial, indirect	\$24	SURGICAL EXTRACTIONS		D0470 Diagnostic casts	\$0
D5761 Mandibular partial, indirect	\$24	D7210 Surgical removal of erupted tooth	\$0	LIMITED ORTHODONTIC TREATMENT	
D5765 Soft liner for complete or partial removable denture – indirect	\$24	D7220 Removal of impacted tooth – soft tissue	\$0	D8010 Primary dentition	\$1900
OTHER REMOVABLE PROSTHETIC SERVICES		D7230 Removal of impacted tooth – partially bony	\$0	D8020 Transitional dentition	\$1900
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$89	D7240 Removal of impacted tooth – completely bony	\$0	D8030 Adolescent dentition	\$1900
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$89	D7241 Removal of impacted tooth – completely bony with complications	\$0	D8040 Adult dentition (to age 19)	\$1900
D5850 Tissue conditioning, maxillary	\$0	D7250 Surgical removal of residual roots	\$0	COMPREHENSIVE ORTHODONTIC TREATMENT	
D5851 Tissue conditioning, mandibular	\$0	OTHER SURGICAL PROCEDURES		D8070 Transitional dentition	\$1900
PROSTHODONTICS (Fixed)		D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$0	D8080 Adolescent dentition	\$1900
BRIDGE PONTICS (Per Unit)		D7280 Exposure of an unerupted tooth	\$0	D8090 Adult Dentition (to age 19)	\$1900
D6210 Cast high noble metal	\$145	D7286 Biopsy of oral tissue – soft	\$0	MINOR TREATMENT TO CONTROL HARMFUL HABITS	
D6211 Cast base metal	\$95	D7288 Brush biopsy	\$0	D8210 Removable appliance therapy	\$300
D6212 Cast noble metal	\$120	ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)		D8220 Fixed appliance therapy	\$350
D6240 Porcelain fused to high noble metal	\$155	D7310 In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$0		
D6241 Porcelain fused to base metal	\$105	D7311 In conjunction with extraction, 1 to 3 teeth or spaces per quadrant	\$0		
D6242 Porcelain fused to noble metal	\$130	D7320 Not in conjunction with extractions, 4 or more teeth or spaces per quadrant	\$0		
D6243 Porcelain fused to titanium and titanium alloys	\$155	D7321 Not in conjunction with extraction, 1 to 3 teeth or spaces per quadrant	\$0		
D6245 Porcelain/ceramic	\$225				
FIXED BRIDGE RETAINERS – INLAYS/ONLAYS					
D6545 Retainer – cast metal for resin bonded fixed prosthesis	\$32				
D6600 Inlay, porcelain/ceramic, 2 surfaces	\$161				
D6601 Inlay, porcelain/ceramic, 3 or more surfaces	\$181				

¹Includes any adjustments for six months.

²Orthodontic 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.