

4 A REASON TO SMILE

Kaiser Permanente wants to be the one you count on for all of your health care needs. That's why we've partnered with Delta Dental to offer you quality dental coverage in addition to your health coverage. This exclusive program features low annual deductibles, low copayments and lets you choose from a nationwide pool of over 100,000 dentists.



Dental Assistance Insurance Plan

Additional coverage worth smiling about.

A healthy body includes a healthy mouth. That's why at Kaiser Permanente, we're pleased to offer you an optional Dental Assistance Insurance Plan through a partnership with Delta Dental, the nation's largest and most experienced dental benefits provider. This attractive plan offers you a low annual deductible, low rates and low copayments—plus you get to choose from Delta's nationwide pool of more than 100,000 dentists, or any licensed dentist of your choice. Which is enough to put a smile on anyone's face.

To enroll, drop or change your Dental Assistance Insurance Plan coverage, just review the changes outlined below, then complete the enrollment form on the following page. It's that simple.

A plan that gives you freedom of choice.

The Dental Assistance Insurance Plan is a group dental insurance plan underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan (KFHP), and administered by Delta Dental of California (Delta Dental). When you enroll, you're free to see any licensed dentist you choose, or pick one from Delta's nationwide pool.

We've enhanced our Table of Allowances for 2005 in an effort to lower your out-of-pocket expense for dentist visits. To determine the dollar amount that KPIC will cover, simply refer to the Table Of Allowances on the following pages. There you'll find a list of the covered services and the specific dollar amount that KPIC will pay for each one.

If you see a Delta dentist, you will be responsible for the portion of the fee not covered by the allowance at the time of the visit. For non-Delta dentists, you will have to pay the entire bill, then submit a claim to Delta Dental so that KPIC can reimburse you for covered services.

Do I have to pay a deductible?

You only have to pay the first \$25 of the Table Of Allowance expenses to meet your per person calendar year deductible, up to a maximum of \$75 for your family. But there's no deductible to meet for diagnostic or preventive services, like cleanings and X-rays.

Is there an annual maximum?

Yes. KPIC will pay up to a maximum of \$1,000 of dental services for each covered enrollee per calendar year.

Can I visit any dentist I want?

Absolutely. Any licensed dentist is covered. This is one of the main advantages of the KPIC Dental Insurance Plan.

Approximately how much should I expect to pay for each dental visit?

The amount you should expect to pay for each dental visit will vary depending on how much your dentist charges. Since you receive the Table of Allowances in advance, you'll know exactly how much of your treatment will be covered.

For a complete listing of the covered dental services and how much KPIC's dental plan will pay, please consult the Table of Allowances.

Procedure code	Procedure description	Column 1 Your Dentist Charges Fill in your dentist's fees here	Column 2 KPIC pays Listed in the Table of Allowances	You pay Subtract Column 2 from Column 1
1110	Adult cleaning		\$35.00	
0274	X-rays		\$24.00	
3330	Root canal on molar		\$281.00 \$306 allowance less \$25 deductible	
2790	Gold crown		\$183.00	

Is there a waiting period?

Some of the covered dental services listed in the Table of Allowances are subject to a waiting period. This is the period of time that you and your covered dependents are required to have been continuously covered under KPIC's group dental insurance plan before a specific dental service will be a covered benefit. Consult the Table of Allowances in this brochure for the specific dental services that are subject to a waiting period.

Who is eligible?

Individuals and their eligible dependents covered by KFHP. If you would like to enroll in the Dental Assistance Insurance Plan, you must elect to enroll on your Health Plan application. If you elect to enroll, all members of your family who are covered under KFHP must also enroll in KPIC's Dental Assistance Insurance Plan. In other words, you cannot choose to enroll some members of your family and not others.

2005 Monthly Rates

Enrollee only	\$22.00
Enrollee and spouse	\$42.00
Enrollee and child	\$37.00
Enrollee and children	\$57.00
Enrollee, spouse, and child(ren)	\$66.00

When you enroll in this plan, **you are enrolling for a period of one year.** If you discontinue coverage before that year is up, re-enrollment will be available two years from your initial enrollment date.

For example, if your dental coverage starts in January 2005, and you decide to drop coverage in October 2005, you must wait until January 2007 to sign up again.

Please Note: Once you enroll for dental coverage, your Kaiser Permanente monthly statement will include both your dental premium and your medical premium. For your convenience, Kaiser Permanente will submit your name and Social Security number (and those of your covered family members) to Delta Dental. Enrollment and disenrollment must be administered through Kaiser Permanente.

How to enroll

Complete the KPIC Group Dental Enrollment form, and return it to the address listed on the back of the form.

Special advantages from Delta dentists

KPIC's administrator for this dental insurance plan is Delta Dental of California. Although you may choose any dentist, you get special advantages when you go to one of the more than 22,000 Delta dentists in California.

Advantages of visiting a Delta dentist include:

- **No need to fill out claim forms**—Delta dentists have agreed to handle your claims paperwork for you.

- **No need to wait for reimbursement**—You pay only your portion of the bill. KPIC will pay Delta dentists directly the portion for which KPIC is responsible. If you go to a non-Delta dentist, you are responsible for the entire bill and you will receive reimbursement from KPIC after submitting your claim to Delta Dental. Claim forms for non-Delta dentists may be obtained by calling Delta Dental at **1-800-835-2244**.

How to make an appointment

Simply make an appointment with the dentist of your choice, give the dental office your Social Security number, and let them know you are covered under Delta Dental Group **#9872** for Northern California or Delta Dental Group **#9711** for Southern California.

Who to contact if you have questions

- If you are not enrolled and have questions, please call Delta Dental at **1-800-933-9312**, Monday to Friday between 8:15 a.m. and 4:30 p.m. P.S.T.
- If you are already enrolled in KPIC's dental insurance plan and have questions about your dental benefits, please call Delta Dental at **1-800-835-2244**, Monday to Friday between 8:15 a.m. and 4:30 p.m. P.S.T. In Northern California your Delta Dental Group Number is **#9872**. In Southern California your Delta Dental Group Number is **#9711**.

Benefits, Limitations and Exclusions

I. Diagnostic and Preventive Benefits

Diagnostic: Oral examinations

X-rays

Study models (diagnostic casts)

Biopsy/tissue examinations

Emergency pain-relieving treatment

Specialist consultations

Preventive: Prophylaxis treatments (cleanings)

Fluoride treatments

Space maintainers

Limitations on Diagnostic and Preventive Benefits

- An oral examination shall not be covered more than twice in any calendar year while the patient is an eligible person under any KPIC dental insurance plan.

- b) For prophylaxis treatments (cleanings), please see limitations under *General Limitations*.
- c) Full mouth X-rays are covered only after five (5) years have elapsed following any prior provision of full mouth X-rays under any KPIC dental insurance plan. Bitewing X-rays are covered on request by the dentist, but not more than once every six (6) months for children under 18, and once in a calendar year for adults, while the patient is an eligible person under any KPIC dental insurance plan.

II. Basic Benefits

- Oral surgery: Extractions and certain other surgical procedures, including pre- and postoperative care
- Restorative: Amalgam (silver), synthetic porcelain and plastic restorations (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay)
- Endodontic: Treatment of the tooth pulp (root canal treatments)
- Periodontic: Treatment of gums and bones supporting the teeth
- Sealants: Protective coating for molar teeth

Limitations on Basic Benefits

For periodontal procedures which include prophylaxis (cleanings), please see limitations under *General Limitations*.

Sealants are available for first molars for eligible persons under age 9 and for second molars for eligible persons under age 14. The benefit includes the application of sealants only to permanent first and second molars with no caries (decay), with no restorations and with the occlusal (chewing) surface intact. The sealants benefit does not include the repair or replacement of a sealant on any tooth within three years of its application.

III. Crowns, Jackets, Inlays, Onlays, and Cast Restoration Benefits

Crowns, jackets, inlays, onlays, and cast restorations will be covered when teeth cannot be restored with amalgam, synthetic porcelain, or plastic restorations.

Limitations on Crowns, Jackets, Inlays, Onlays, and Cast Restoration Benefits

Crowns, jackets, inlays, onlays, and cast restorations will be replaced only after five years have elapsed following any prior provision under any KPIC dental insurance plan.

IV. Prosthodontic Benefits

Procedures for construction or repair of fixed bridges, partial, or complete dentures.

Limitations on Prosthodontic Benefits

Prosthodontic treatment is subject to a six-month waiting period. See Table of Allowances for further reference.

- a) Prosthodontic appliances, including but not limited to fixed bridges and partial or complete dentures, will be replaced only after five (5) years have elapsed following any prior provision of such appliances under any KPIC dental insurance plan, except when KPIC determines that there is such extensive loss of remaining teeth or change in supporting tissues that the existing appliance cannot be made satisfactory. Replacement will be made of a prosthodontic appliance not provided under a KPIC dental insurance plan if it is unsatisfactory and cannot be made satisfactory.
- b) KPIC will pay the listed allowance toward the dentist's fee for a standard cast chrome or acrylic partial denture or a standard complete denture. (A "standard" complete or partial denture is defined as a removable prosthetic appliance provided to replace missing natural, permanent teeth and which is constructed using accepted and conventional procedures and materials.)
- c) Implants (materials implanted into or on bone or soft tissue), or the removal of implants, are not benefits under this insurance plan. However, if implants are provided in connection with a covered prosthetic appliance, KPIC will allow the cost of a standard complete or partial denture toward the cost of implants and the prosthetic appliances. If KPIC makes an allowance toward the cost of such procedures, KPIC will not pay for any replacement placed within five years thereafter.

V. General Limitations—Prophylaxis Treatments and Optional Services

- a) Benefits under this plan shall include only the first two prophylaxis treatments or single procedures which include prophylaxis, or a combination thereof, provided to a patient in any calendar year while he or she is an eligible person under any KPIC dental insurance plan.
- b) If an eligible person selects a more expensive plan of treatment than is customarily provided, or specialized techniques rather than standard procedures, KPIC will pay the listed allowance for the lesser procedure, and the patient is responsible for the remainder of the dentist's fee (examples: a crown where a silver filling would restore the tooth or a precision denture where a standard denture would suffice).

VI. Services Not Covered (Exclusions)

- a) Services for injuries or conditions which are compensable under workers' compensation or employers' liability laws; services which are provided to the eligible person by any federal or state government agency or are provided without cost to the eligible person by any municipality, county, or other political subdivision, except as may be required under state law.
- b) Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- c) Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.
- d) Prosthodontic services or any single procedure started prior to the date the person became eligible for such services under the contract.
- e) Prescribed or applied therapeutic drugs, premedication, or analgesia.
- f) Experimental procedures.
- g) All hospital costs and any additional fees charged by the dentist for hospital treatment.
- h) Charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgery services.
- i) Extraoral grafts (grafting of tissues from outside the mouth to oral tissues) or implants (materials implanted into or on bone or soft tissue) or the removal of implants, except as provided under *Limitations on Prosthodontic Benefits*.
- j) Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves, and other tissues.
- k) Orthodontic services.
- l) Procedures not shown in the Table of Allowances.

Underwritten by



KPIC Table of Allowances

DELTA DENTAL PLAN OF CALIFORNIA

Totally Voluntary Program B2002

The procedure codes and nomenclature in this table are from Current Dental Terminology, CDT-4, (c) the American Dental Association.

Code	Procedure	KPIC pays
D0100-D0999 DIAGNOSTIC		

Clinical oral evaluations

D0120	Periodic oral evaluation	\$15.00
D0140	Limited oral evaluation - problem focused	21.00
D0150	Comprehensive oral evaluation - new or established patient	21.00
D0160	Detailed and extensive oral evaluation, problem focused	21.00
D0170	Reevaluation limited problem focused (established patient; not postoperative visit)	21.00
D0180	Comprehensive periodontal evaluation - new or established patient	21.00

Radiographs/diagnostic imaging (including interpretation)

D0210	Intraoral - complete series including bitewings	\$45.00
D0220	Intraoral periapical - first film	12.00
D0230	Intraoral periapical - each additional film	5.00
D0240	Intraoral - occlusal film	12.00
D0250	Extraoral - first film	19.00
D0260	Extraoral - each additional film	16.00
D0270	Bitewing - single film	11.00
D0272	Bitewings - two films	17.00
D0274	Bitewings - four films	24.00
D0277	Vertical bitewings - 7 to 8 films	45.00
D0290	Posterior - anterior or lateral skull and facial bone survey film	19.00
D0330	Panoramic film	37.00
D0340	Cephalometric film	33.00

Tests and examinations

D0470	Diagnostic casts	\$44.00
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Oral pathology laboratory

D0472	Accession of tissue, gross exam, preparation and transmission of written report	\$59.00
D0473	Accession of tissue, gross & microscopic exam, preparation and transmission of written report	59.00
D0474	Accession of tissue, gross & micro exam, assessment of surgical margins for presence of disease, preparation and transmission of written report	59.00

D1000-D1999 PREVENTIVE

Dental prophylaxis

D1110	Prophylaxis - adult	\$36.00
D1120	Prophylaxis - child through age 13	28.00

Topical fluoride treatment

D1201	Topical application of fluoride (including prophylaxis) - child through age 13	\$32.00
D1203	Topical application of fluoride (prophy not included) - child through age 13	11.00

Code	Procedure	KPIC pays
D1204	Topical application of fluoride (prophy not included) - adult	\$9.00
D1205	Topical application of fluoride (including prophylaxis) - adult	38.00

Other preventive services

D1351	Sealant - per tooth	\$20.00
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Space maintenance (*passive appliances – including all adjustments within six months following installation*)

D1510	Space maintainer - fixed - unilateral	\$115.00
D1515	Space maintainer - fixed - bilateral	191.00
D1520	Space maintainer - removable - unilateral	143.00
D1525	Space maintainer - removable - bilateral	187.00

D2000-D2999 RESTORATIVE

(Procedures subject to a six-month waiting period.)

Amalgam restorations (including polishing)

D2140	Amalgam - one surface, primary or permanent	\$35.00
D2150	Amalgam - two surfaces, primary or permanent	43.00
D2160	Amalgam - three surfaces, primary or permanent	52.00
D2161	Amalgam - four or more surfaces, primary or permanent	58.00

Resin-based composite restorations (direct)

D2330	Resin-based composite - one surface, anterior	\$46.00
D2331	Resin-based composite - two surfaces, anterior	46.00
D2332	Resin-based composite - three surfaces, anterior	46.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	68.00
D2390	Resin-based composite crown, anterior	114.00
D2391	Resin-based composite - one surface, posterior	47.00
D2392	Resin-based composite - two surfaces, posterior	64.00
D2393	Resin-based composite - three surfaces, posterior	80.00
D2394	Resin-based composite - four or more surfaces, posterior	80.00

Inlay/onlay restorations

D2510	Inlay - metallic - one surface	\$99.00
D2520	Inlay - metallic - two surfaces	133.00
D2530	Inlay - metallic - three or more surfaces	150.00
D2542	Onlay - metallic - two surfaces	191.00
D2543	Onlay - metallic - three surfaces	191.00
D2544	Onlay - metallic - four or more surfaces	191.00
D2650	Inlay - resin-based composite - one surface	34.00
D2651	Inlay - resin-based composite - two surfaces	50.00
D2652	Inlay - resin-based composite - three or more surfaces	63.00

Crowns - single restoration only

D2710	Crown - resin (indirect)	\$80.00
D2720	Crown - resin with high noble metal	182.00
D2721	Crown - resin with predominantly base metal	163.00
D2722	Crown - resin with noble metal	177.00
D2740	Crown - porcelain/ceramic substrate	192.00
D2750	Crown - porcelain fused to high noble metal	182.00
D2751	Crown - porcelain fused to predominantly base metal	163.00
D2752	Crown - porcelain fused to noble metal	177.00
D2780	Crown - 3/4 cast high noble metal	186.00
D2781	Crown - 3/4 cast predominantly base metal	186.00

Code	Procedure	KPIC pays
D2782	Crown - 3/4 cast noble metal	\$186.00
D2790	Crown - full cast high noble metal	183.00
D2791	Crown - full cast predominantly base metal	170.00
D2792	Crown - full cast noble metal	178.00

Other restorative services

D2910	Recement inlay	\$27.00
D2920	Recement crown	27.00
D2930	Prefabricated stainless steel crown - primary tooth	65.00
D2931	Prefabricated stainless steel crown - permanent tooth	74.00
D2932	Prefabricated resin crown	80.00
D2933	Prefabricated stainless steel crown with resin window	90.00
D2950	Core buildup, including any pins	43.00
D2951	Pin retention - per tooth, in addition to restoration	20.00
D2952	Cast post and core in addition to crown	92.00
D2954	Prefabricated post and core in addition to crown	75.00
D2960	Labial veneer (resin laminate) - chairside	116.00
D2961	Labial veneer (resin laminate) - laboratory	128.00
D2962	Labial veneer (porcelain laminate) - laboratory	161.00
D2980	Crown repair, by report	25.00

D3000-D3999 ENDODONTICS

(Procedures subject to a six-month waiting period.)

Pulpotomy

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$38.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	38.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	38.00

Procedures D3310 through D3450 include all test X-rays taken as part of the complete root canal procedure.

Endodontic therapy (including treatment plan, clinical procedures, and follow-up care)

D3310	Anterior (excluding final restoration)	\$193.00
D3320	Bicuspid (excluding final restoration)	227.00
D3330	Molar (excluding final restoration)	306.00
D3346	Retreatment of previous root canal therapy - anterior	193.00
D3347	Retreatment of previous root canal therapy - bicuspid	227.00
D3348	Retreatment of previous root canal therapy - molar	306.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	56.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	56.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	56.00

Apicoectomy/periradicular services

D3410	Apicoectomy/periradicular surgery - anterior	\$240.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	257.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	294.00

Code	Procedure	KPIC pays
D3426	Apicoectomy/periradicular surgery (each additional root)	\$50.00
D3430	Retrograde filling - per root	57.00
D3450	Root amputation - per root	166.00

Other endodontic services

D3920	Hemisection (including any root removal), not including root canal therapy	\$121.00
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D4000-D4999 PERIODONTICS

(Procedures subject to a six-month waiting period.)

Surgical services (including usual postoperative services)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$128.00
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	77.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	159.00
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	95.00
D4245	Apically positioned flap	159.00
D4249	Clinical crown lengthening - hard tissue	96.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	342.00
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	205.00
D4263	Bone replacement graft - first site in quadrant	62.00
D4264	Bone replacement graft - each additional site in quadrant	47.00
D4266	Guided tissue regeneration - resorbable barrier, per site	135.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	135.00
D4270	Pedicle soft tissue graft procedure	192.00
D4271	Free soft tissue graft procedure (including donor site surgery)	208.00
D4273	Subepithelial connective tissue graft procedures	233.00

Nonsurgical periodontal service

D4341	Periodontal scaling and root planing, per quadrant - four or more contiguous teeth or bounded teeth spaces, per quadrant	\$59.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	35.00
D4355	Full mouth debridement to enable comprehensive evaluation, and diagnosis	36.00

Other periodontal services

D4910	Periodontal maintenance (<i>following active therapy</i>)	\$41.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	36.00

Code	Procedure	KPIC pays
D5000-D5999	PROSTHODONTICS, REMOVABLE	

Procedures subject to a twelve-month waiting period. Procedures relating to dentures, partial dentures and relines include adjustments for a six-month period following installation. Such procedures do not include specialized techniques involving precision dentures, personalization, or characterizations.

Complete dentures (including routine post-delivery care)		
D5110	Complete denture - maxillary	\$240.00
D5120	Complete denture - mandibular	241.00
D5130	Immediate denture - maxillary	240.00
D5140	Immediate denture - mandibular	241.00

Partial dentures (including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including conventional clasps, rests, and teeth)	\$203.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	212.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including conventional clasps, rests, and teeth)	287.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including conventional clasps, rests, and teeth)	287.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	120.00

Adjustments to dentures		
D5410	Adjust complete denture - maxillary	\$13.00
D5411	Adjust complete denture - mandibular	13.00
D5421	Adjust partial denture - maxillary	14.00
D5422	Adjust partial denture - mandibular	14.00

Repairs to complete dentures		
D5510	Repair broken complete denture base	\$31.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	25.00

Repairs to partial dentures		
D5610	Repair resin denture base	\$30.00
D5620	Repair cast framework	25.00
D5630	Repair or replace broken clasp	36.00
D5640	Replace broken teeth - per tooth	27.00
D5650	Add tooth to existing partial denture	31.00
D5660	Add clasp to existing partial denture	37.00

Denture rebase procedures		
D5710	Rebase complete maxillary denture	\$94.00
D5711	Rebase complete mandibular denture	93.00
D5720	Rebase maxillary partial denture	89.00
D5721	Rebase mandibular partial denture	91.00

Denture reline procedures		
D5730	Reline complete maxillary denture (chairside)	\$46.00
D5731	Reline complete mandibular denture (chairside)	45.00
D5740	Reline maxillary partial denture (chairside)	45.00
D5741	Reline mandibular partial denture (chairside)	47.00
D5750	Reline complete maxillary denture (laboratory)	70.00
D5751	Reline complete mandibular denture (laboratory)	70.00

Code	Procedure	KPIC pays
D5760	Reline maxillary partial denture (laboratory)	\$71.00
D5761	Reline mandibular partial denture (laboratory)	71.00

Interim prosthesis		
D5820	Interim partial denture (maxillary)	\$85.00
D5821	Interim partial denture (mandibular)	85.00

Other removable prosthetic services		
D5850	Tissue conditioning, maxillary	\$25.00
D5851	Tissue conditioning, mandibular	24.00

D6200-D6999 PROSTHODONTICS, FIXED		
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(Procedures subject to a six-month waiting period. Each abutment and each pontic constitutes a unit in a fixed partial denture.)

Partial denture pontics		
D6210	Pontic - cast high noble metal	\$171.00
D6211	Pontic - cast predominantly base metal	138.00
D6212	Pontic - cast noble metal	168.00
D6240	Pontic - porcelain fused to high noble metal	176.00
D6241	Pontic - porcelain fused to predominantly base metal	155.00
D6242	Pontic - porcelain fused to noble metal	170.00
D6250	Pontic - resin with high noble metal	176.00
D6251	Pontic - resin with predominantly base metal	155.00
D6252	Pontic - resin with noble metal	170.00

Fixed partial denture retainers - inlays/onlays		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$88.00
D6602	Inlay - cast high noble metal, two surfaces	121.00
D6603	Inlay - cast high noble metal, three or more surfaces	135.00
D6604	Inlay - cast predominantly base metal, two surfaces	121.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	135.00
D6606	Inlay - cast noble metal, two surfaces	121.00
D6607	Inlay - cast noble metal, three or more surfaces	135.00
D6610	Onlay - cast high noble metal, two surfaces	288.00
D6611	Onlay - cast high noble metal, three or more surfaces	288.00
D6612	Onlay - cast predominantly base metal, two surfaces	288.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	288.00
D6614	Onlay - cast noble metal, two surfaces	288.00
D6615	Onlay - cast noble metal, three or more surfaces	288.00

Fixed partial denture retainers - crowns		
D6720	Crown - resin with high noble metal	\$181.00
D6721	Crown - resin with predominantly base metal	161.00
D6722	Crown - resin with noble metal	175.00
D6750	Crown - porcelain fused to high noble metal	181.00
D6751	Crown - porcelain fused to predominantly base metal	161.00
D6752	Crown - porcelain fused to noble metal	175.00
D6780	Crown - 3/4 cast high noble metal	181.00
D6781	Crown - 3/4 cast predominantly base metal	181.00
D6782	Crown - 3/4 cast noble metal	181.00
D6790	Crown - full cast high noble metal	180.00
D6791	Crown - full cast predominantly base metal	159.00
D6792	Crown - full cast noble metal	175.00

Code	Procedure	KPIC pays
Other fixed partial denture services		
D6930	Recement fixed partial denture	\$33.00
D6940	Stress breaker	38.00
D6970	Cast post and core in addition to fixed partial denture retainer	56.00
D6971	Cast post as part of fixed partial denture retainer	56.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	44.00
D6973	Core buildup for retainer, including any pins	35.00
D6980	Fixed partial denture repair, by report	50.00

D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY

(Procedures subject to a six-month waiting period.)

Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

D7111	Coronal remnants - deciduous tooth	\$20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	39.00

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	\$74.00
D7220	Removal of impacted tooth - soft tissue	90.00
D7230	Removal of impacted tooth - partially bony	117.00
D7240	Removal of impacted tooth - completely bony, with unusual surgical complications	134.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	78.00

Other surgical procedures

D7260	Oroantral fistula closure	\$225.00
D7261	Primary closure of a sinus perforation	225.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	132.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	98.00
D7280	Surgical access of an unerupted tooth	176.00
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	106.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	136.00
D7286	Biopsy of oral tissue - soft (all others)	108.00

Alveoloplasty - surgical preparation of ridge for dentures

D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$59.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	96.00

Vestibuloplasty

D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$82.00
D7350	Vestibuloplasty - ridge extension (including soft tissue graft, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	218.00

Code	Procedure	KPIC pays
Surgical excision of soft tissue lesions		
D7411	Excision of benign lesion greater than 1.25 cm	\$240.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	100.00

Surgical excision of intraosseous lesions

D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$110.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	160.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	131.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	273.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	128.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	220.00

Excision of bone tissue

D7471	Removal of lateral exostosis (maxilla or mandible)	\$162.00
D7472	Removal of torus palatinus	162.00
D7473	Removal of torus mandibularis	162.00
D7485	Surgical reduction of osseous tuberosity	162.00
D7490	Radical resection of mandible with bone graft	1,000.00

Surgical incision

D7510	Incision and drainage of abscess - intraoral soft tissue	\$48.00
D7520	Incision and drainage of abscess - extraoral soft tissue	70.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	59.00
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	60.00
D7550	Partial osteotomy/sequestrectomy for removal of nonvital bone	85.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	237.00

Treatment of fractures - simple

D7610	Maxilla - open reduction (teeth immobilized, if present)	\$470.00
D7620	Maxilla - closed reduction (teeth immobilized, if present)	377.00
D7630	Mandible - open reduction (teeth immobilized, if present)	929.00
D7640	Mandible - closed reduction (teeth immobilized, if present)	890.00
D7650	Malar and/or zygomatic arch - open reduction	600.00
D7660	Malar and/or zygomatic arch - closed reduction	200.00
D7670	Alveolus - closed reduction, may include stabilization of teeth	190.00
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	1,000.00

Code	Procedure	KPIC pays
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Treatment of fractures - compound

D7710	Maxilla - open reduction	\$38.00
D7720	Maxilla - closed reduction	23.00
D7730	Mandible - open reduction	1,000.00
D7740	Mandible - closed reduction	748.00
D7750	Malar and/or zygomatic arch - open reduction	800.00
D7760	Malar and/or zygomatic arch - closed reduction	200.00
D7770	Alveolus - open reduction stabilization of teeth	300.00
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	1,000.00

Reduction of dislocation and management of other temporomandibular joint dysfunctions

D7810	Open reduction of dislocation	\$800.00
D7820	Closed reduction of dislocation	61.00
D7830	Manipulation under anesthesia	172.00

Repair of traumatic wounds

D7910	Suture of recent small wounds up to 5 cm	\$200.00
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Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure).

D7911	Complicated suture - up to 5 cm	\$400.00
D7912	Complicated suture - greater than 5 cm	600.00

Other repair procedures

D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$115.00
D7970	Excision of hyperplastic tissue - per arch	88.00
D7971	Excision of pericoronal gingival	43.00
D7972	Surgical reduction of fibrous tuberosity	43.00
D7980	Sialolithotomy	233.00
D7981	Excision of salivary gland, by report	1,000.00
D7982	Sialodochoplasty	50.00
D7983	Closure of salivary fistula	20.00

D9000-D9999 ADJUNCTIVE GENERAL SERVICES**Unclassified treatment**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$41.00
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Anesthesia

D9220	Deep sedation/general anesthesia - first 30 minutes	\$100.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	36.00

Professional consultation

D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$43.00
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Professional visits

D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$24.00
D9440	Office visit - after regularly scheduled hours	49.00

Code	Procedure	KPIC pays
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Drugs

D9610	Therapeutic drug injection, by report	\$6.00
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Miscellaneous services

D9930	Treatment of complications (postsurgical) - unusual circumstances, by report	\$19.00
D9951	Occlusal adjustment - limited	32.00

Note: This Appendix represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date this contract or amendment was issued. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this appendix, Delta's administration of benefits, limitations and exclusions under this contract will at all times be based on the then-current version of CDT whether or not a revised Appendix B is provided. Notes in italic type have been added by Delta Dental for clarification.