



Delta Dental EPO™
Summary of Dental Plan Benefits
For Group #8240-0001, 0003, 0093, 0099
Continental Services

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 all teeth, including posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards and occlusal adjustments are not Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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 – Enrollees who are eligible for Benefits are covered on the first day of the month following 30 days of full-time employment for newly hired employees.

Eligible People – All full-time non-union employees working at least 35 hours per week and full-time union employees working at least 30 hours per week who choose the EPO Option dental plan: Continental Services (0001), Cuyahoga (0003) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees: Cuyahoga (0093), Continental Services (0099).

Also eligible are your Spouse and your Children to the end of the calendar year 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.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

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 32

MEMBER COPAYMENT SCHEDULE

Only listed codes below are covered under your plan
(No orthodontic coverage)

CDT-2026*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Periodic oral valuation – established patient	\$0
D0140	Limited oral evaluation – problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation – new or established patient	\$0
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$0
D0180	Comprehensive periodontal evaluation – new or established patient	\$0
D0190	Screening of a patient	\$0

When any exam is performed by a specialist, there is a \$12 copayment.

RADIOGRAPHS

D0210	Intraoral – comprehensive series of radiographic images	\$0
D0220	Intraoral – periapical first radiographic image	\$0
D0230	Intraoral – periapical each additional radiographic image	\$0
D0240	Intraoral – occlusal radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographical images	\$0
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0

TESTS & LABORATORY

D0460	Pulp vitality tests	\$0
D0999	Unspecified diagnostic procedure – by report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

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

FLUORIDE TREATMENT

D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$0

OTHER PREVENTIVE SERVICES

D1351	Sealant – per tooth	\$0
D1353	Sealant repair – per tooth	\$0
D1354	Application of caries arresting medicament – per tooth	\$0

SPACE MAINTAINERS

D1510	Space maintainer – fixed, unilateral – per quadrant	\$0
D1516	Space maintainer – fixed – bilateral, maxillary	\$0
D1517	Space maintainer – fixed – bilateral, mandibular	\$0
D1520	Space maintainer – removable, unilateral – per quadrant	\$0
D1526	Space maintainer – removable – bilateral, maxillary	\$0
D1527	Space maintainer – removable – bilateral, mandibular	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0
D1553	Re-cement or re-bond unilateral	\$0

	space maintainer – per quadrant	
D1556	Removal of fixed, unilateral space maintainer – per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	\$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	Amalgam – one surface, primary or permanent	\$31
D2150	Amalgam – two surfaces, primary or permanent	\$38
D2160	Amalgam – three surfaces, primary or permanent	\$46
D2161	Amalgam – four or more surfaces, primary or permanent	\$56

RESIN RESTORATIONS

D2330	Resin-based composite – one surface, anterior	\$39
D2331	Resin-based composite – two surfaces, anterior	\$48
D2332	Resin-based composite – three surfaces, anterior	\$57
D2335	Resin-based composite – four or more surfaces (anterior)	\$72
D2390	Resin-based composite crown, anterior	\$60
D2391	Resin-based composite – one surface, posterior	\$45
D2392	Resin-based composite – two surfaces, posterior	\$59
D2393	Resin-based composite – three surfaces, posterior	\$72
D2394	Resin-based composite – four or more surfaces, posterior	\$88

INLAY/ONLAY RESTORATIONS

D2510	Inlay – metallic – one surface	\$252
D2520	Inlay – metallic – two surfaces	\$265
D2530	Inlay – metallic – three or more surfaces	\$279
D2542	Onlay – metallic – two surfaces	\$292
D2543	Onlay – metallic – three surfaces	\$302
D2544	Onlay – metallic – four or more surfaces	\$313
D2610	Inlay – porcelain/ceramic – one surface	\$256
D2620	Inlay – porcelain/ceramic – two surfaces	\$268
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$281
D2642	Onlay – porcelain/ceramic – two surfaces	\$311
D2643	Onlay – porcelain/ceramic – three surfaces	\$321
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$332
D2650	Inlay – resin-based composite – one surface	\$220
D2651	Inlay – resin-based composite – two surfaces	\$232
D2652	Inlay – resin-based composite – three or more surfaces	\$245
D2662	Onlay – resin-based composite – two surfaces	\$257
D2663	Onlay – resin-based composite – three surfaces	\$267
D2664	Onlay – resin-based composite – four or more surfaces	\$277

CROWNS – SINGLE RESTORATION ONLY

D2710	Crown – resin-based composite (indirect)	\$229
D2720	Crown – resin with noble metal	\$317
D2721	Crown – resin with predominantly	\$279

	base metal	
D2722	Crown – resin with noble metal	\$298
D2740	Crown – porcelain/ceramic	\$345
D2750	Crown – porcelain fused to high noble metal	\$327
D2751	Crown – porcelain fused to predominantly base metal	\$289
D2752	Crown – porcelain fused to noble metal	\$308
D2753	Crown – porcelain fused to titanium and titanium alloys	\$327
D2780	Crown – ¾ cast high noble metal	\$303
D2781	Crown – ¾ cast predominantly base metal	\$268
D2782	Crown – ¾ cast noble metal	\$284
D2783	Crown – ¾ porcelain/ceramic	\$337
D2790	Crown – full cast high noble metal	\$322
D2791	Crown – full cast predominantly base metal	\$284
D2792	Crown – full cast noble metal	\$303
D2794	Crown – titanium and titanium alloys	\$322

OTHER RESTORATIVE SERVICES

D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	\$30
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$30
D2920	Re-cement or re-bond crown	\$30
D2930	Prefabricated stainless steel crown – primary tooth	\$83
D2931	Prefabricated stainless steel crown – permanent tooth	\$83
D2932	Prefabricated resin crown	\$95
D2933	Prefabricated stainless steel crown with resin window	\$111
D2940	Placement of interim direct restoration	\$33
D2950	Core buildup, including any pins when required	\$83
D2951	Pin retention – per tooth, in addition to restoration	\$15
D2952	Post and core in addition to crown, indirectly fabricated	\$111
D2954	Prefabricated post and core in addition to crown	\$99
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$65
D2976	Band stabilization – per tooth	\$20
D2980	Crown repair necessitated by restorative material failure	\$70
D2981	Inlay repair necessitated by restorative material failure	\$70
D2982	Onlay repair necessitated by restorative material failure	\$70

ENDODONTICS

PULP CAPPING

D3110	Pulp cap- direct (excluding final restoration)	\$79
D3120	Pulp cap- indirect (excluding final restoration)	\$56

PULPOTOMY

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$48
D3221	Pulpal debridement, primary and permanent teeth	\$46

ROOT CANAL THERAPY

D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$201
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$239
D3330	Endodontic therapy, molar tooth	\$295

Delta Dental EPO Plan 32 continued

	(excluding final restoration)	
D3346	Retreatment of previous root canal therapy - anterior	\$220
D3347	Retreatment of previous root canal therapy - premolar	\$268
D3348	Retreatment of previous root canal therapy - molar	\$326

PERIAPICAL SERVICES

D3410	Apicoectomy - anterior	\$173
D3421	Apicoectomy - premolar (first root)	\$186
D3425	Apicoectomy - molar (first root)	\$207
D3426	Apicoectomy (each additional root)	\$74
D3430	Retrograde filling - per root	\$49

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth-bounded spaces per quadrant	\$117
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth-bounded spaces per quadrant	\$82
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth-bounded spaces per quadrant	\$159
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth-bounded spaces per quadrant	\$111
D4245	Apically positioned flap	\$185
D4249	Clinical crown lengthening - hard tissue	\$141
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth-bounded spaces per quadrant	\$233
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth-bounded spaces per quadrant	\$148

NON-SURGICAL SERVICES

D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$72
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$45
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$0
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$51
D4910	Periodontal maintenance	\$46

PROSTHODONTICS (Removable)¹ COMPLETE DENTURES

D5110	Complete denture - maxillary	\$120
D5120	Complete denture - mandibular	\$120
D5130	Immediate denture - maxillary	\$432
D5140	Immediate denture - mandibular	\$432

PARTIAL DENTURES

D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$332
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$332
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$445
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$445
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$365
D5222	Immediate mandibular partial denture - resin base (including	\$365

	retentive/clasping materials, rests, and teeth)	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$490
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$490
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$452
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$452
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	\$496
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	\$496
D5282	Removable unilateral partial denture - one-piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$223
D5283	Removable unilateral partial denture - one-piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$223
D5284	Removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	\$223
D5286	Removable unilateral, one-piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	\$223

ADJUSTMENT TO DENTURES

D5410	Adjust complete denture - maxillary	\$25
D5411	Adjust complete denture - mandibular	\$25
D5421	Adjust partial denture - maxillary	\$25
D5422	Adjust partial denture - mandibular	\$25

REPAIRS TO COMPLETE DENTURES

D5511	Repair broken complete denture base, mandibular	\$58
D5512	Repair broken complete denture base, maxillary	\$58
D5520	Replace missing or broken teeth - complete denture - per tooth	\$48

REPAIRS TO PARTIAL DENTURES

D5611	Repair resin partial denture base, mandibular	\$58
D5612	Repair resin partial denture base, maxillary	\$58
D5621	Repair cast partial framework, mandibular	\$83
D5622	Repair cast partial framework, maxillary	\$83
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$83
D5640	Replace missing or broken teeth - partial denture - per tooth	\$48
D5650	Add tooth to existing partial denture - per tooth	\$61
D5660	Add clasp to existing partial denture - per tooth	\$83
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$249
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$249

DENTURE REBASE PROCEDURES

D5710	Rebase complete maxillary denture	\$159
D5711	Rebase complete mandibular denture	\$159
D5720	Rebase maxillary partial denture	\$162
D5721	Replace mandibular partial denture	\$162
D5725	Rebase hybrid prosthesis	\$1546

DENTURE RELINE PROCEDURES

D5730	Reline complete maxillary denture (direct)	\$99
D5731	Reline complete mandibular partial denture (direct)	\$99
D5740	Reline maxillary partial denture (direct)	\$93
D5741	Reline mandibular partial denture (direct)	\$93
D5750	Reline complete maxillary denture (indirect)	\$130
D5751	Reline complete mandibular denture (indirect)	\$130
D5760	Reline maxillary partial denture (indirect)	\$130
D5761	Reline mandibular partial denture (indirect)	\$130
D5765	Soft liner for complete or partial removeable denture - indirect	\$130

OTHER REMOVABLE PROSTHETIC SERVICES

D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$148
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$148
D5850	Tissue conditioning, maxillary	\$64
D5851	Tissue conditioning, mandibular	\$64
D5863	Overdenture - complete maxillary	\$159
D5864	Overdenture - partial maxillary	\$159
D5865	Overdenture - complete mandibular	\$159
D5866	Overdenture - partial mandibular	\$159

PROSTHODONTICS (Fixed)

BRIDGE PONTICS (Per Unit)

D6210	Pontic - cast high noble metal	\$300
D6211	Pontic - cast predominantly base metal	\$286
D6212	Pontic - cast noble metal	\$292
D6240	Pontic - porcelain fused to high noble metal	\$313
D6241	Pontic - porcelain fused to predominantly base metal	\$292
D6242	Pontic - porcelain fused to noble metal	\$302
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$313
D6245	Pontic - porcelain/ceramic	\$411
D6250	Pontic - resin with high noble metal	\$288
D6251	Pontic - resin with predominantly base metal	\$274
D6252	Pontic - resin with noble metal	\$280

FIXED BRIDGE RETAINERS - INLAYS/ONLAYS

D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$87
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$87
D6549	Resin retainer - for resin bonded fixed prosthesis	\$87
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$287
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$296
D6602	Retainer inlay - cast high noble metal, two surfaces	\$279
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$292
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$252
D6605	Retainer inlay - cast predominantly base metal, three or more surface	\$265
D6606	Retainer inlay - cast noble metal, two surfaces	\$265
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$279
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$231
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$301
D6610	Retainer onlay - cast high noble metal, two surfaces	\$224
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$292
D6612	Retainer onlay - cast predominantly	\$252

	base metal, two surfaces			D7320 Alveoplasty - not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$80
D6613 Retainer onlay – cast predominantly base metal, three or more surfaces	\$265	ORAL SURGERY EXTRACTIONS (Simple)			
D6614 Retainer onlay – cast noble metal, two surfaces	\$292	D7111 Extraction, coronal remnants - primary tooth	\$29	D7321 Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$48
D6615 Retainer onlay – cast noble metal, two surfaces	\$302	D7140 Extraction, erupted tooth or exposed root (elevation and or forceps removal)	\$38	SURGICAL INCISION	
BRIDGE RETAINERS – CROWNS		SURGICAL EXTRACTIONS		D7510 Incision and drainage of abscess – intraoral soft tissue	\$49
D6720 Retainer crown – resin with high noble metal	\$317	D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$76	ADJUNCTIVE GENERAL SERVICES UNCLASSIFIED TREATMENT	
D6721 Retainer crown – resin with predominantly base metal	\$279	D7220 Removal of impacted tooth – soft tissue	\$92	D9110 Palliative treatment of dental pain – per visit	\$30
D6722 Retainer crown – resin with noble metal	\$298	D7230 Removal of impacted tooth – partially bony	\$125	PROFESSIONAL CONSULTATION	
D6740 Retainer crown – porcelain/ceramic	\$345	D7240 Removal of impacted tooth – completely bony	\$146	D9310 Consultation – diagnostic service provided by dentist or physician other than scheduling dentist or physician	\$20
D6750 Retainer crown – porcelain fused to high noble metal	\$327	D7241 Removal of impacted tooth – completely bony with unusual surgical complications	\$184	PROFESSIONAL VISITS	
D6751 Retainer crown – porcelain fused to predominantly base metal	\$289	D7250 Removal of residual roots (cutting procedure)	\$80	D9440 Office visits – after regularly scheduled hours	\$0
D6752 Retainer crown – porcelain fused to noble metal	\$308	OTHER SURGICAL PROCEDURES		MISCELLANEOUS SERVICES	
D6753 Retainer crown – porcelain fused to titanium and titanium alloys	\$327	D7284 Excisional biopsy of minor salivary glands	\$46	D9997 Dental case management – patients with special health care needs	\$0
D6780 Retainer crown – ¾ cast high noble metal	\$317	D7286 Incisional biopsy of oral tissue – soft	\$46	D9999 Unspecified adjunctive procedure, by report	\$50
D6781 Retainer crown – ¾ cast predominantly base metal	\$279	D7288 Brush biopsy – transepithelial sample collection	\$35		
D6782 Retainer crown – ¾ cast noble metal	\$298	ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)			
D6783 Retainer crown – ¼ porcelain/ceramic	\$337	D7310 Alveoplasty in conjunction with extractions – four or more teeth or tooth space, per quadrant	\$73		
D6784 Retainer crown – ¼ titanium and titanium alloys	\$317	D7311 Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$45		
D6790 Retainer crown – full cast high noble metal	\$322				
D6791 Retainer crown – full cast predominantly base metal	\$284				
D6792 Retainer crown – full cast noble metal	\$303				
OTHER FIXED PROSTHETIC SERVICES					
D6930 Re-cement or re-bond fixed partial denture	\$42				

*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.