

**MUS Schedule of Maximum Benefits - Premium Plan  
Effective July 1, 2007**

Procedure Code	Description	Maximum Allowance
D0120	Periodic oral evaluation - established patient	\$36
D0140	Limited oral evaluation - problem focused	\$52
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$36
D0150	Comprehensive oral evaluation - new or established patient	\$58
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$124
D0180	Comprehensive periodontal evaluation - new or established patient	\$64
D0210	Intraoral - complete series (including bitewings)	\$98
D0220	Intraoral - periapical first film	\$23
D0230	Intraoral - periapical each additional film	\$18
D0240	Intraoral - occlusal film	\$22
D0250	Extraoral - first film	\$52
D0260	Extraoral - each additional film	\$40
D0272	Bitewings - two films	\$33
D0273	Bitewings - three films	\$40
D0274	Bitewings - four films	\$47
D0277	Vertical bitewings - 7 to 8 films	\$65
D0330	Panoramic film	\$81
D0340	Cephalometric film	\$78
D0350	Oral/facial photographic images	\$29
D0470	Diagnostic casts	\$81
D1110	Prophylaxis - adult	\$74
D1120	Prophylaxis - child	\$52
D1203	Topical application of fluoride (prophylaxis not included) - child	\$24
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant - per tooth	\$40
D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346
D1520	Space maintainer - removable - unilateral	\$350
D1525	Space maintainer - removable - bilateral	\$479
D1550	Re-cementation of space maintainer	\$56
D1555	Removal of fixed space maintainer	\$56
D2140	Amalgam - one surface, primary or permanent	\$93
D2150	Amalgam - two surfaces, primary or permanent	\$118
D2160	Amalgam - three surfaces, primary or permanent	\$147
D2161	Amalgam - four or more surfaces, primary or permanent	\$176
D2330	Resin-based composite - one surface, anterior	\$98

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Procedure Code	Description	Maximum Allowance
D2331	Resin-based composite - two surfaces, anterior	\$125
D2332	Resin-based composite - three surfaces, anterior	\$156
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$190
D2391	Resin-based composite - one surface, posterior	\$116
D2392	Resin-based composite - two surfaces, posterior	\$148
D2393	Resin-based composite - three surfaces, posterior	\$184
D2394	Resin-based composite - four or more surfaces, posterior	\$220
D2510	Inlay - metallic - one surface	\$292
D2520	Inlay - metallic - two surfaces	\$335
D2530	Inlay - metallic - three or more surfaces	\$380
D2542	Onlay - metallic-two surfaces	\$371
D2543	Onlay - metallic-three surfaces	\$375
D2544	Onlay - metallic-four or more surfaces	\$440
D2610	Inlay - porcelain/ceramic - one surface	\$292
D2620	Inlay - porcelain/ceramic - two surfaces	\$335
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$380
D2642	Onlay - porcelain/ceramic - two surfaces	\$371
D2643	Onlay - porcelain/ceramic - three surfaces	\$375
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$440
D2650	Inlay - resin-based composite - one surface	\$292
D2651	Inlay - resin-based composite - two surfaces	\$335
D2652	Inlay - resin-based composite - three or more surfaces	\$380
D2662	Onlay - resin-based composite - two surfaces	\$371
D2663	Onlay - resin-based composite - three surfaces	\$375
D2664	Onlay - - resin-based composite - four or more surfaces	\$440
D2740	Crown - porcelain/ceramic substrate	\$453
D2750	Crown - porcelain fused to high noble metal	\$423
D2751	Crown - porcelain fused to predominantly base metal	\$410
D2752	Crown - porcelain fused to noble metal	\$414
D2780	Crown - 3/4 cast high noble metal	\$406
D2781	Crown - 3/4 cast predominantly base metal	\$363
D2782	Crown - 3/4 cast noble metal	\$365
D2783	Crown - 3/4 porcelain/ceramic	\$410
D2790	Crown - full cast high noble metal	\$410
D2791	Crown - full cast predominantly base metal	\$402
D2792	Crown - full cast noble metal	\$406
D2794	Crown - titanium	\$410
D2910	Recement inlay, onlay, or partial coverage restoration	\$60
D2915	Recement cast or prefabricated post and core	\$60
D2920	Recement crown	\$61
D2930	Prefabricated stainless steel crown - primary tooth	\$148
D2931	Prefabricated stainless steel crown - permanent tooth	\$222

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D2932	Prefabricated resin crown	\$221
D2933	Prefabricated stainless steel crown with resin window	\$222
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$222
D2940	Sedative filling	\$70
D2950	Core buildup, including any pins	\$95
D2951	Pin retention - per tooth, in addition to restoration	\$38
D2952	Post and core in addition to crown, indirectly fabricated	\$159
D2954	Prefabricated post and core in addition to crown	\$127
D2960	Labial veneer (resin laminate) - chairside	\$622
D2961	Labial veneer (resin laminate) - laboratory	\$353
D2962	Labial veneer (porcelain laminate) - laboratory	\$452
D2971	Additional procedures to construct new crown under existing partial denture framework	By Report
D2980	Crown repair, by report	\$41
D3110	Pulp cap - direct (excluding final restoration)	\$43
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$105
D3310	Root canal - Anterior (excluding final restoration)	\$489
D3320	Root canal - Bicuspid (excluding final restoration)	\$566
D3330	Root canal - Molar (excluding final restoration)	\$695
D3346	Retreatment of previous root canal therapy - anterior	\$592
D3347	Retreatment of previous root canal therapy - bicuspid	\$674
D3348	Retreatment of previous root canal therapy - molar	\$814
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$202
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations,	\$128
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$360
D3410	Apicoectomy/periradicular surgery - anterior	\$435
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$480
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$520
D3426	Apicoectomy/periradicular surgery (each additional root)	\$190
D3430	Retrograde filling - per root	\$116
D3450	Root amputation - per root	\$256
D3920	Hemisection (including any root removal), not including root canal therapy	\$240
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$358

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Procedure Code	Description	Maximum Allowance
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$400
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$300
D4249	Clinical crown lengthening - hard tissue	\$455
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$672
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$511
D4270	Pedicle soft tissue graft procedure	\$407
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Periodontal maintenance	\$84
D5110	Complete denture - maxillary	\$608
D5120	Complete denture - mandibular	\$608
D5130	Immediate denture - maxillary	\$666
D5140	Immediate denture - mandibular	\$666
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$445
D5410	Adjust complete denture - maxillary	\$32
D5411	Adjust complete denture - mandibular	\$32
D5421	Adjust partial denture - maxillary	\$33

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Procedure Code	Description	Maximum Allowance
D5422	Adjust partial denture - mandibular	\$33
D5510	Repair broken complete denture base	\$86
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76
D5610	Repair resin denture base	\$89
D5620	Repair cast framework	\$160
D5630	Repair or replace broken clasp	\$160
D5640	Replace broken teeth - per tooth	\$76
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$160
D5710	Rebase complete maxillary denture	\$320
D5711	Rebase complete mandibular denture	\$320
D5720	Rebase maxillary partial denture	\$314
D5721	Rebase mandibular partial denture	\$314
D5730	Reline complete maxillary denture (chairside)	\$200
D5731	Reline complete mandibular denture (chairside)	\$200
D5740	Reline maxillary partial denture (chairside)	\$200
D5741	Reline mandibular partial denture (chairside)	\$200
D5750	Reline complete maxillary denture (laboratory)	\$274
D5751	Reline complete mandibular denture (laboratory)	\$274
D5760	Reline maxillary partial denture (laboratory)	\$263
D5761	Reline mandibular partial denture (laboratory)	\$263
D5820	Interim partial denture (maxillary)	\$216
D5821	Interim partial denture (mandibular)	\$216
D5850	Tissue conditioning, maxillary	\$51
D5851	Tissue conditioning, mandibular	\$51
D5860	Overdenture - complete, by report	\$580
D5861	Overdenture - partial, by report	\$580
D6010	Surgical placement of implant body: endosteal implant	\$848
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$850
D6040	Surgical placement: eposteal implant	\$1,500
D6050	Surgical placement: transosteal implant	\$1,500
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$750
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$800
D6055	Dental implant supported connecting bar	\$819
D6056	Prefabricated abutment - includes placement	\$186
D6057	Custom abutment - includes placement	\$229
D6058	Abutment supported porcelain/ceramic crown	\$543
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$513

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Procedure Code	Description	Maximum Allowance
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$483
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$495
D6062	Abutment supported cast metal crown (high noble metal)	\$500
D6063	Abutment supported cast metal crown (predominantly base metal)	\$482
D6064	Abutment supported cast metal crown (noble metal)	\$490
D6065	Implant supported porcelain/ceramic crown	\$575
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$563
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$538
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$550
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$541
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$502
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$525
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$550
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$495
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$532
D6075	Implant supported retainer for ceramic FPD	\$550
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$538
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$521
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$1,395
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$1,214
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$79
D6090	Repair implant supported prosthesis, by report	\$253
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	By Report
D6092	Recent implant/abutment supported crown	\$38
D6093	Recent implant/abutment supported fixed partial denture	\$52

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Procedure Code	Description	Maximum Allowance
D6094	Abutment supported crown - (titanium)	By Report
D6095	Repair implant abutment, by report	\$250
D6100	Implant removal, by report	\$250
D6194	Abutment supported retainer crown for FPD - (titanium)	By Report
D6199	Unspecified implant procedure, by report	By Report
D6205	Pontic - indirect resin based composite	\$363
D6210	Pontic - cast high noble metal	\$399
D6211	Pontic - cast predominantly base metal	\$363
D6212	Pontic - cast noble metal	\$365
D6214	Pontic - titanium	\$399
D6240	Pontic - porcelain fused to high noble metal	\$424
D6241	Pontic - porcelain fused to predominantly base metal	\$391
D6242	Pontic - porcelain fused to noble metal	\$408
D6245	Pontic - porcelain/ceramic	\$429
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$350
D6600	Inlay - porcelain/ceramic, two surfaces	\$375
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$394
D6602	Inlay - cast high noble metal, two surfaces	\$363
D6603	Inlay - cast high noble metal, three or more surfaces	\$383
D6604	Inlay - cast predominantly base metal, two surfaces	\$350
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$353
D6606	Inlay - cast noble metal, two surfaces	\$358
D6607	Inlay - cast noble metal, three or more surfaces	\$365
D6608	Onlay -porcelain/ceramic, two surfaces	\$390
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$438
D6610	Onlay - cast high noble metal, two surfaces	\$385
D6611	Onlay - cast high noble metal, three or more surfaces	\$425
D6612	Onlay - cast predominantly base metal, two surfaces	\$365
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$375
D6614	Onlay - cast noble metal, two surfaces	\$381
D6615	Onlay - cast noble metal, three or more surfaces	\$395
D6624	Inlay - titanium	\$383
D6634	Onlay - titanium	\$425
D6710	Crown - indirect resin based composite	By Report
D6750	Crown - porcelain fused to high noble metal	\$423
D6751	Crown - porcelain fused to predominantly base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6780	Crown - 3/4 cast high noble metal	\$406
D6781	Crown - 3/4 cast predominantly based metal	\$363
D6782	Crown - 3/4 cast noble metal	\$365
D6783	Crown - 3/4 porcelain/ceramic	\$410
D6790	Crown - full cast high noble metal	\$410

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D6791	Crown - full cast predominantly base metal	\$402
D6792	Crown - full cast noble metal	\$406
D6794	Crown - titanium	\$410
D6930	Recent fixed partial denture	\$54
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$138
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$116
D6973	Core build up for retainer, including any pins	\$92
D6980	Fixed partial denture repair, by report	\$131
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$305
D7280	Surgical access of an unerupted tooth	\$291
D7283	Placement of device to facilitate eruption of impacted tooth	By Report
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$260
D7286	Biopsy of oral tissue - soft	\$198
D7290	Surgical repositioning of teeth	\$219
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$131
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$79
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$375
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$225
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$800
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$1,500
D7410	Excision of benign lesion up to 1.25 cm	\$280
D7411	Excision of benign lesion greater than 1.25 cm	\$360
D7412	Excision of benign lesion, complicated	\$380
D7413	Excision of malignant lesion up to 1.25 cm	\$560
D7414	Excision of malignant lesion greater than 1.25 cm	\$616
D7415	Excision of malignant lesion, complicated	\$712

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D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$480
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$627
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$403
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$538
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$380
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$582
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$320
D7471	Removal of lateral exostosis (maxilla or mandible)	\$529
D7472	Removal of torus palatinus	\$529
D7473	Removal of torus mandibularis	\$529
D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7520	Incision and drainage of abscess - extraoral soft tissue	\$282
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$206
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$360
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$400
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$560
D7610	Maxilla - open reduction (teeth immobilized, if present)	By Report
D7620	Maxilla - closed reduction (teeth immobilized, if present)	By Report
D7630	Mandible - open reduction (teeth immobilized, if present)	By Report
D7640	Mandible - closed reduction (teeth immobilized, if present)	By Report
D7650	Malar and/or zygomatic arch - open reduction	By Report
D7660	Malar and/or zygomatic arch - closed reduction	By Report
D7670	Alveolus closed reduction may include stabilization of teeth	By Report
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	By Report
D7910	Suture of recent small wounds up to 5 cm	\$192
D7911	Complicated suture - up to 5 cm	\$360
D7912	Complicated suture - greater than 5 cm	\$580
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7970	Excision of hyperplastic tissue - per arch	\$274
D7971	Excision of pericoronal gingiva	\$120
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$69

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D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$81
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$92

Orthodontic benefits are paid at 50% of the allowable charge for authorized services subject to a \$1,500 lifetime maximum per covered individual.

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The procedures described and maximum allowances indicated on this table are subject to the terms of the contract and Delta Dental processing policies. These allowances may be further reduced due to maximums, limitations, and exclusions.

By Report - Delta Dental will determine the maximum allowance based on a narrative report submitted by the dentist.

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