

Peoples Health 2011

Delta Dental Plan – Schedule of Benefits

Choices 65 (HMO), Choices Plus (HMO-POS), Choices Select (HMO-POS)
and PH Group Medicare (HMO-POS)

LIST OF COVERED DENTAL SERVICES

		<i>Network Dentist (Peoples Health Network)</i>		<i>Delta Dental PPO, Delta Dental Premier and Non-Delta Dental Dentists</i>	
<i>CDT Code</i>	<i>Procedure Description</i>	<i>Delta Dental Pays</i>	<i>Member Pays (Copayment)</i>	<i>Delta Dental Pays</i>	<i>Member Pays (Copayment)</i>
Diagnostic & Preventive Benefits					
D0120	Periodic Oral Exam ⁽²⁾	\$21.00	\$0	\$21.00	Balance due to the dentists*
D0140	Limited Oral Exam ⁽¹⁾	\$30.00	\$0	\$30.00	Balance due to the dentists*
D0150	Comprehensive Oral Evaluation ⁽¹⁾	\$35.00	\$0	\$35.00	Balance due to the dentists*
D0330	X-ray, panoramic film ⁽¹⁾	\$55.00	\$0	\$55.00	Balance due to the dentists*
D0210	Intraoral-Complete Series ⁽¹⁾	\$57.00	\$0	\$57.00	Balance due to the dentists*
D0220	X-ray, Intraoral-Periapical ⁽¹⁾	\$10.00	\$0	\$10.00	Balance due to the dentists*
D0230	X-rays, Intraoral-Periapical ⁽¹⁾	\$6.00	\$0	\$6.00	Balance due to the dentists*
D0240	X-rays, Intraoral-Occlusal Film ⁽¹⁾	\$14.00	\$0	\$14.00	Balance due to the dentists*
D0270	X-rays, Bitewing-Single Film ⁽¹⁾	\$12.00	\$0	\$12.00	Balance due to the dentists*
D0272	X-rays, Bitewing-Two Films ⁽¹⁾	\$17.00	\$0	\$17.00	Balance due to the dentists*
D0274	Bitewing-Four Films ⁽¹⁾	\$25.00	\$0	\$25.00	Balance due to the dentists*
D1110	Prophylaxis-Adult ⁽²⁾	\$44.00	\$0	\$44.00	Balance due to the dentists*
D9110	Palliative Treatment	\$35.00	\$0	\$35.00	Balance due to the dentists*
Basic Benefits					
D2140	Amalgam-One surface	\$41.00	\$11.00	\$41.00	Balance due to the dentists*
D2150	Amalgam-Two surfaces	\$54.00	\$14.00	\$54.00	Balance due to the dentists*
D2160	Amalgam-Three surfaces	\$67.00	\$17.00	\$67.00	Balance due to the dentists*
D2161	Amalgam-Four or more surfaces	\$78.00	\$20.00	\$78.00	Balance due to the dentists*
D2330	Resin-One surface, anterior	\$56.00	\$14.00	\$56.00	Balance due to the dentists*
D2331	Resin-Two surfaces, anterior	\$75.00	\$19.00	\$75.00	Balance due to the dentists*
D2332	Resin-Three surfaces, anterior	\$94.00	\$24.00	\$94.00	Balance due to the dentists*
D2335	Resin-Four or more surfaces, anterior	\$105.00	\$27.00	\$105.00	Balance due to the dentists*
D2391	Resin-One surface, posterior	\$64.00	\$15.00	\$64.00	Balance due to the dentists*
D2392	Resin-Two surfaces, posterior	\$92.00	\$23.00	\$92.00	Balance due to the dentists*
D2393	Resin-Three surfaces, posterior	\$112.00	\$28.00	\$112.00	Balance due to the dentists*
D2394	Resin-Four or more surfaces, posterior	\$140.00	\$35.00	\$140.00	Balance due to the dentists*
D7140	Extraction, erupted tooth or exposed root	\$60.00	\$15.00	\$60.00	Balance due to the dentists*
Major Benefits					
D4341	Perio Scaling, Root Planing, per quadrant ⁽¹⁾	\$67.00	\$53.00	\$67.00	Balance due to the dentists*
D4342	Perio Scaling, Root Planing-1 to 3 teeth ⁽¹⁾	\$70.00	\$30.00	\$70.00	Balance due to the dentists*
D4355	Full Mouth Debridement ⁽¹⁾	\$48.00	\$32.00	\$48.00	Balance due to the dentists*
D4910	Periodontal Prophylaxis ⁽²⁾	\$38.00	\$32.00	\$38.00	Balance due to the dentists*

		Network Dentist (Peoples Health Network)		Delta Dental PPO, Delta Dental Premier and Non-Delta Dental Dentists	
CDT Code	Procedure Description	Delta Dental Pays	Member Pays (Copayment)	Delta Dental Pays	Member Pays (Copayment)
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D5110	Complete denture – maxillary ⁽³⁾	\$618.00	\$206.00	\$618.00	Balance due to the dentists*
D5120	Complete denture – mandibular ⁽³⁾	\$618.00	\$206.00	\$618.00	Balance due to the dentists*
D5130	Immediate denture – maxillary ⁽³⁾	\$641.25	\$213.75	\$641.25	Balance due to the dentists*
D5140	Immediate denture – mandibular ⁽³⁾	\$641.25	\$213.75	\$641.25	Balance due to the dentists*
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ⁽³⁾	\$653.25	\$217.75	\$653.25	Balance due to the dentists*
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ⁽³⁾	\$653.25	\$217.75	\$653.25	Balance due to the dentists*
D5410	Adjust Complete Dentures- Maxillary	\$20.00	\$20.00	\$20.00	Balance due to the dentists*
D5411	Adjust Complete Denture- Mandibular	\$20.00	\$20.00	\$20.00	Balance due to the dentists*
D5421	Adjust Partial Denture-Maxillary	\$20.00	\$20.00	\$20.00	Balance due to the dentists*
D5422	Adjust Partial Denture-Mandibular	\$20.00	\$20.00	\$20.00	Balance due to the dentists*
D5510	Repair Broken Complete Denture Base	\$39.00	\$39.00	\$39.00	Balance due to the dentists*
D5520	Replace Missing or Broken Teeth- each	\$31.00	\$31.00	\$31.00	Balance due to the dentists*
D5610	Repair Resin Denture Base	\$45.00	\$45.00	\$45.00	Balance due to the dentists*
D5640	Replace Broken Teeth-per tooth	\$30.00	\$30.00	\$30.00	Balance due to the dentists*

(1) Limited to once in any Calendar Year.

(2) Limited to twice in any Calendar Year.

(3) Limited to once every 5 years.

* Delta Dental PPOSM dentists (who are not a Peoples Health Network) may balance bill up to the PPO Dentist's Fee for that service.

* Delta Dental Premier[®] dentists may balance bill up to the Premier Dentist's Contracted Fee for that service.

* Non-Delta Dental dentists may balance bill up to the dentist's submitted fee.

Effective Date - January 1, 2011

Group Number – LA05117

\$50 deductible per enrollee per calendar year

Deductible does not apply to Diagnostic and Preventative services.

\$1,250 maximum per enrollee each calendar year

**For eligibility, claims or customer services, please contact
Delta Dental Insurance Company at 1-866-999-4095.**

Mail claims to: Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809
www.deltadentalins.com/peopleshealth

