

Exclusive Panel Option (EPO), a feature of the Delta Dental PPOSM CU Health Plan

MAXIMUM BENEFIT		
Plan Year		\$2,000 per person
Orthodontic Lifetime		\$4,000 per person (See copayment schedule for additional details.)
CALENDAR-YEAR DEDUCTIBLE		No deductible
PPO*	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES		
Copayment (see attached schedule of copayment listing)	Oral Evaluation	Limited to 2 evaluations in a plan year
	Bitewing X-rays	Limited to 1 set in a plan year
	Full-mouth X-rays or Panoramic	Limited to 1 in a 60-month period
	Routine Cleaning	Limited to 2 cleanings in a plan year
	Fluoride Treatments	Limited to 1 treatment in a plan year, under age 16
	Space Maintainers	For posterior primary teeth, under age 14
	Sealants	1 per tooth in 36 months, under age 15, on unrestored molars
BASIC SERVICES		
Copayment (see attached schedule of copayment listing)	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
	Resin, Composite	Benefits on the same surface limited to 1 in 12 months
	Oral Surgery (Extractions)	
	General Anesthesia	Benefit with covered oral surgery only
	Surgical Periodontal (gums)	Benefit once every 36 months
	Root Canal Therapy	
MAJOR SERVICES		
Copayment (see attached schedule of copayment listing)	Crowns	Benefit 1 in 60 months on same tooth (not a benefit under age 12)
	Dentures, Partials, Bridges	Benefit 1 in 60 months (not a benefit under age 16)
	Bridge/Denture Repair	
	Denture Rebase/Reline	Benefit 6 months after initial insertion, then benefit 1 in 36 months
ORTHODONTICS		
Copayment (see attached schedule of copayment listing)	Complete Orthodontic Evaluation (orthodontic benefits provided for all covered persons)	
	Active Orthodontic Treatment (orthodontic benefits provided for all covered persons)	

No benefits are payable if services are rendered by a Delta Dental Premier provider or by a non-participating provider. There is no benefit outside of Colorado. To find a provider, go to deltadentalco.com or call customer service at 1-877-356-7728 (1-877-FlossCU).

*The PPO benefit is based on the PPO Schedule of Allowance.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.

**Delta Dental of Colorado
EXCLUSIVE PANEL OPTION (EPO)**

**Schedule EPO 6A
List of Patient Co-Payments**

* See Special Provisions on Last Page

<u>Proc Code</u>	<u>Procedure Code Definition</u>	<u>Patient Co-Pay</u>
<u>DIAGNOSTIC CODES</u>		
D0120	Periodic oral evaluation - established patient	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00
D0210	Intraoral - complete series of radiographic images	\$0.00
D0220	Intraoral - periapical-first radiographic image	\$0.00
D0230	Intraoral - periapical-each additional radiographic image	\$0.00
D0240	Intraoral - occlusal radiographic image	\$0.00
D0270	Bitewing - single radiographic image	\$0.00
D0272	Bitewings - two radiographic images	\$0.00
D0273	Bitewings - three radiographic images	\$0.00
D0274	Bitewings - four radiographic images	\$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0460	Pulp vitality tests	\$0.00
<u>PREVENTIVE CODES</u>		
D1110	Prophylaxis - adult	\$0.00
D1120	Prophylaxis - child	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride	\$0.00
D1351	Sealant - per tooth	\$0.00
D1353	Sealant repair - per tooth	\$0.00
D1510	Space maintainer - fixed-unilateral	\$0.00
D1515	Space maintainer - fixed-bilateral	\$0.00
D1520	Space maintainer - removable-unilateral	\$0.00
D1525	Space maintainer - removable-bilateral	\$0.00
<u>BASIC SERVICES (Restorative Codes)</u>		
D2140	Amalgam - one surface, primary or permanent	\$32.00
D2150	Amalgam - two surfaces, primary or permanent	\$35.00
D2160	Amalgam - three surfaces, primary or permanent	\$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$45.00
D2330	Resin-based composite - one surface, anterior	\$35.00
D2331	Resin-based composite - two surfaces, anterior	\$45.00
D2332	Resin-based composite - three surfaces, anterior	\$45.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60.00

**Delta Dental of Colorado
EXCLUSIVE PANEL OPTION (EPO)**

**Schedule EPO 6A
List of Patient Co-Payments**

* See Special Provisions on Last Page

<u>Proc Code</u>	<u>Procedure Code Definition</u>	<u>Patient Co-Pay</u>
D2391	Resin-based composite - one surface, posterior	\$51.00
D2392	Resin-based composite - two surfaces, posterior	\$68.00
D2393	Resin-based composite - three surfaces, posterior	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior	\$97.00
D2520	Inlay - metallic-two surfaces	\$267.00
D2530	Inlay - metallic-three or more surfaces	\$301.00
D2543	Onlay - metallic-three surfaces	\$350.00
D2544	Onlay - metallic-four or more surfaces	\$369.00
D2710	Crown - resin-based composite (indirect)	\$160.00
D2740	Crown - porcelain/ceramic substrate	\$398.00
D2750	Crown - porcelain fused to high noble metal	\$383.00
D2751	Crown - porcelain fused to predominantly base metal	\$334.00
D2752	Crown - porcelain fused to noble metal	\$370.00
D2780	Crown - 3/4 cast high noble metal	\$364.00
D2781	Crown - 3/4 cast predominantly base metal	\$310.00
D2782	Crown - 3/4 cast noble metal	\$337.00
D2790	Crown - full cast high noble metal	\$383.00
D2791	Crown - full cast predominantly base metal	\$320.00
D2792	Crown - full cast noble metal	\$366.00
D2910	Recement inlay, onlay or partial coverage restoration	\$22.00
D2920	Recement crown	\$27.00
D2930	Prefabricated stainless steel crown - primary tooth	\$81.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$87.00
D2932	Prefabricated resin crown	\$87.00
D2933	Prefabricated stainless steel crown with resin window	\$108.00
D2940	Protective restoration	\$28.00
D2950	Core buildup, including any pins when required	\$75.00
D2951	Pin retention - per tooth, in addition to restoration	\$17.00
D2952	Post and core in addition to crown, indirectly fabricated	\$109.00
D2953	Each additional indirectly fabricated post - same tooth	\$16.00
D2954	Prefabricated post and core in addition to crown	\$89.00
D2957	Each additional prefabricated post - same tooth	\$13.00
D2961	Labial veneer (resin laminate) - laboratory	\$225.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$289.00
<u>BASIC SERVICES (Endodontic Codes)</u>		
D3110	Pulp cap - direct (excluding final restoration)	\$17.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$49.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$223.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$258.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$324.00
D3346	Retreatment of previous root canal therapy - anterior	\$262.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$307.00

**Delta Dental of Colorado
EXCLUSIVE PANEL OPTION (EPO)**

**Schedule EPO 6A
List of Patient Co-Payments**

* See Special Provisions on Last Page

<u>Proc Code</u>	<u>Procedure Code Definition</u>	<u>Patient Co-Pay</u>
D3348	Retreatment of previous root canal therapy - molar	\$373.00
D3410	Apicoectomy - anterior	\$211.00
D3421	Apicoectomy - bicuspid (first root)	\$238.00
D3425	Apicoectomy - molar (first root)	\$284.00
D3426	Apicoectomy (each additional root)	\$72.00
D3430	Retrograde filling - per root	\$61.00
D3450	Root amputation - per root	\$111.00
<u>BASIC SERVICES (Periodontic Codes)</u>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$117.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$39.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$39.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$156.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$132.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$334.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$289.00
D4263	Bone replacement graft - first site in quadrant	\$120.00
D4264	Bone replacement graft - each additional site in quadrant	\$60.00
D4277	Free Soft Tissue Graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$234.00
D4278	Free Soft Tissue Graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$117.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$70.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$50.00
D4910	Periodontal maintenance	\$40.00
<u>MAJOR SERVICES (Prosthodontic Codes - Removable)</u>		
D5110	Complete denture, maxillary	\$555.00
D5120	Complete denture, mandibular	\$555.00
D5130	Immediate denture, maxillary	\$569.00
D5140	Immediate denture, mandibular	\$569.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$374.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$374.00

**Delta Dental of Colorado
EXCLUSIVE PANEL OPTION (EPO)**

**Schedule EPO 6A
List of Patient Co-Payments**

* See Special Provisions on Last Page

Proc Code	Procedure Code Definition	Patient Co-Pay
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$546.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$546.00
D5410	Adjust complete denture, maxillary	\$22.00
D5411	Adjust complete denture, mandibular	\$22.00
D5421	Adjust partial denture, maxillary	\$22.00
D5422	Adjust partial denture, mandibular	\$22.00
D5510	Repair broken complete denture base	\$64.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$54.00
D5610	Repair resin denture base	\$52.00
D5620	Repair cast framework	\$78.00
D5630	Repair or Replace Broken Clasp - per tooth	\$78.00
D5640	Replace broken teeth - per tooth	\$54.00
D5650	Add tooth to existing partial denture	\$55.00
D5660	Add Clasp to Existing Partial Denture - per tooth	\$70.00
D5710	Rebase complete maxillary denture	\$167.00
D5711	Rebase complete mandibular denture	\$167.00
D5720	Rebase maxillary partial denture	\$160.00
D5721	Rebase mandibular partial denture	\$160.00
D5730	Reline complete maxillary denture (chairside)	\$77.00
D5731	Reline complete mandibular denture (chairside)	\$77.00
D5740	Reline maxillary partial denture (chairside)	\$83.00
D5741	Reline mandibular partial denture (chairside)	\$83.00
D5750	Reline complete maxillary denture (laboratory)	\$137.00
D5751	Reline complete mandibular denture (laboratory)	\$137.00
D5760	Reline maxillary partial denture (laboratory)	\$130.00
D5761	Reline mandibular partial denture (laboratory)	\$130.00
D5850	Tissue conditioning, maxillary	\$46.00
D5851	Tissue conditioning, mandibular	\$46.00

MAJOR SERVICES (Prosthodontic Codes - Fixed)

D6210	Pontic - cast high noble metal	\$365.00
D6211	Pontic - cast predominantly base metal	\$317.00
D6212	Pontic - cast noble metal	\$327.00
D6240	Pontic - porcelain fused to high noble metal	\$372.00
D6241	Pontic - porcelain fused to predominantly base metal	\$336.00
D6242	Pontic - porcelain fused to noble metal	\$354.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$164.00
D6750	Retainer crown - porcelain fused to high noble metal	\$376.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$337.00
D6752	Retainer crown - porcelain fused to noble metal	\$359.00
D6780	Retainer crown - 3/4 cast high noble metal	\$350.00

**Delta Dental of Colorado
EXCLUSIVE PANEL OPTION (EPO)**

**Schedule EPO 6A
List of Patient Co-Payments**

* See Special Provisions on Last Page

Proc Code	Procedure Code Definition	Patient Co-Pay
D6790	Retainer crown - full cast high noble metal	\$370.00
D6791	Retainer crown - full cast predominantly base metal	\$326.00
D6792	Retainer crown - full cast noble metal	\$362.00
D6930	Recement fixed partial denture	\$47.00
D6940	Stress breaker	\$83.00
<u>BASIC SURGERY (Oral Surgery Codes)</u>		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$39.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$75.00
D7220	Removal of impacted tooth - soft tissue	\$88.00
D7230	Removal of impacted tooth - partially bony	\$107.00
D7240	Removal of impacted tooth - completely bony	\$128.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$151.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$83.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$109.00
D7286	Biopsy of oral tissue - soft (all others)	\$64.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$63.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$88.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$128.00
D7472	Removal of torus palatinus	\$132.00
D7473	Removal of torus mandibularis	\$142.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$48.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$96.00
<u>ORTHODONTIC CODES</u>		
D8010	Limited orthodontic treatment of the primary dentition	\$668.00
D8020	Limited orthodontic treatment of the transitional dentition	\$835.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$934.00
D8040	Limited orthodontic treatment of the adult dentition	\$1,041.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$812.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$918.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,875.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,980.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,203.00
D8210	Removable appliance therapy	\$201.00
D8220	Fixed appliance therapy	\$264.00
D8660	Pre-orthodontic treatment visit	\$39.00