

## Delta Dental EPO

### Denver Employees Retirement Plan (DERP) #00000011356 - EPO

<b>MAXIMUM BENEFIT - Calendar Year Maximum</b>		Unlimited – See copayment schedule for additional details.
Orthodontic Lifetime		Unlimited – See copayment schedule for additional details.
<b>CALENDAR YEAR DEDUCTIBLE</b>		No Deductible
<b>PPO DENTIST</b>	<b>COVERED SERVICES*</b>	<b>BENEFIT INFORMATION (subject to Delta Dental guidelines)</b>
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>		
Co-payment (see attached schedule of Co-payment listings)	Oral Exams (all exam types including consultation) & Cleanings	Twice in a calendar year.
	X-Rays	Bitewings: Once in a calendar year / Full Mouth: Once in a 60-month period.
	Fluoride	Twice in a calendar year, through age 15
	Space Maintainers	For posterior primary teeth for children through age 13
	Sealants	Once per tooth in 36 months on unrestored molars in children through age 14
<b>BASIC SERVICES</b>		
Co-payment (see attached schedule of Co-payment listings)	Fillings (Amalgam, Resin & Composite)	Benefits on the same surface limited to 1 in 12 months
	Oral Surgery (Extractions)	Please see benefit booklet for details
	General Anesthesia	Benefit with covered Oral Surgery only
	Surgical Periodontics (gum)	Benefit once every 36 months
	Root Canal Therapy	Please see benefit booklet for details
<b>MAJOR SERVICES</b>		
Co-payment (see attached schedule of Co-payment listings)	Crowns	Benefit 1 in 60-months on same tooth. Not a benefit for children under age 12.
	Dentures, Partials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16.
	Bridge/Denture Repair	Please see benefit booklet for details
	Denture Rebase/Reline	Benefit 6 month after initial insertion and once in 36 months.
<b>ORTHODONTICS (Adult and Child)</b>		
Co-payment (see attached schedule of Co-payment listings)	Complete Orthodontic Evaluation	
	Active Orthodontic Treatment	

The EPO benefits are based on the PPO Schedule of Allowance less any co-pays. Only services listed in the copayment schedule are covered. You must see a PPO dentist for services as there is no benefit outside of the PPO network.

Open Enrollment applies. Members may add coverage once per year.

Find a PPO Dentist: [deltadentalco.com](http://deltadentalco.com) or call (800)610-0201.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

# Exclusive Panel Option: Copay

A feature of Delta Dental PPO™



## HOW DOES AN EPO PLAN WORK?

EPO Plan = PPO Provider Network

With the Delta Dental Exclusive Panel Option (EPO) copay plan, you must see a PPO provider in order to receive benefits.\* If you receive treatment from a non-PPO provider, you will be responsible for all fees charged.

Advantages of the Delta Dental EPO Copay Plan:

- **SAVINGS:** With this EPO Copay plan, payments are based on a copayment schedule. Dentists submit codes to identify the services performed, and those codes determine which copayment applies. You are responsible for your copayment at the time of service. A list of codes along with the corresponding copayments can be found in the benefit booklets posted on your employer's website or that you received in the mail. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- **NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 80 million Americans, and offering the largest dental network with approximately **2,200 participating providers across Colorado and 114,000 nationwide**. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

\*If your plan covers orthodontia, please note that if you are in the middle of orthodontic treatment and your provider is not in the Delta Dental PPO network, your treatment will not be covered under the EPO copay plan.

## LOOKING FOR A PPO PROVIDER?



Visit our website at [deltadentalco.com](http://deltadentalco.com) and use our Find a Dentist search tool. Make sure to limit your search to PPO providers.



Download our free mobile app for iPhone or Android and tap on Find a Dentist.



Contact customer service via email at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or toll-free at 1-800-610-0201.

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**2023 Schedule EPO 1B  
List of Patient Copayments**

\*See Special Provisions on Last Page

<b>Proc Code</b>	<b>Procedure Code Definition</b>	<b>Patient Co-Pay</b>
<b>DIAGNOSTIC CODES</b>		
D0120	Periodic oral evaluation	\$10.00
D0140	Limited oral evaluation - problem focused	\$10.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$10.00
D0150	Comprehensive oral evaluation - new or established patient	\$10.00
D0160	Detailed and extensive oral evaluation-problem focused, by report	\$10.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$10.00
D0210	Intraoral-complete series (including bitewings)	\$0.00
D0220	Intraoral-periapical-first film	\$0.00
D0230	Intraoral-periapical-each additional film	\$0.00
D0240	Intraoral-occlusal film	\$0.00
D0270	Bitewing-single film	\$0.00
D0272	Bitewings-two films	\$0.00
D0273	Bitewings-three films	\$0.00
D0274	Bitewings-four films	\$0.00
D0277	Vertical bitewings-7 to 8 films	\$0.00
D0330	Panoramic film	\$0.00
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	\$0.00
D0373	Intraoral tomosynthesis - bitewing - radiographic image	\$0.00
D0374	Intraoral tomosynthesis - periapical radiographic image	\$0.00
D0460	Pulp vitality tests	\$0.00
<b>PREVENTIVE CODES</b>		
D1110	Prophylaxis-adult	\$0.00
D1120	Prophylaxis-child	\$0.00
D1206	Topical Fluoride Varnish - therapeutic application for moderate to high caries risk patients	\$0.00
D1208	Topical application of Fluoride - excluding varnish	\$0.00
D1351	Sealant-per tooth	\$0.00
D1352	Preventive Resin restoration in moderate to high caries risk patient - permanent tooth	\$0.00
D1353	Sealant Repair - Per tooth	\$0.00
D1510	Space maintainer-fixed-unilateral	\$0.00
D1516	Space maintainer-fixed-bilateral, maxillary	\$0.00
D1517	Space maintainer-fixed-bilateral, mandibular	\$0.00
D1520	Space maintainer-removable-unilateral	\$0.00
D1526	Space maintainer - removable, bilateral, maxillary	\$0.00
D1527	Space maintainer - removable, bilateral, mandibular	\$0.00
<b>BASIC SERVICES (Restorative Codes)</b>		
D2140	Amalgam-one surface, primary or permanent	\$21.00
D2150	Amalgam-two surfaces, primary or permanent	\$28.00
D2160	Amalgam-three surfaces, primary or permanent	\$33.00
D2161	Amalgam-four or more surfaces, primary or permanent	\$40.00
D2330	Resin-based composite-one surface, anterior	\$24.00
D2331	Resin-based composite-two surfaces, anterior	\$32.00
D2332	Resin-based composite-three surfaces, anterior	\$38.00
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)	\$46.00
D2391	Resin-based composite-one surface, posterior	\$29.00
D2392	Resin-based composite-two surfaces, posterior	\$44.00
D2393	Resin-based composite-three surfaces, posterior	\$62.00
D2394	Resin-based composite-four or more surfaces, posterior	\$73.00
D2520	Inlay-metallic-two surfaces	\$193.00
D2530	Inlay-metallic-three or more surfaces	\$223.00
D2543	Onlay-metallic-three surfaces	\$233.00
D2544	Onlay-metallic-four or more surfaces	\$237.00
D2710	Crown-resin-based composite (indirect)	\$161.00
D2740	Crown-porcelain/ceramic substrate	\$295.00
D2750	Crown-porcelain fused to high noble metal	\$284.00
D2751	Crown-porcelain fused to predominantly base metal	\$245.00
D2752	Crown-porcelain fused to noble metal	\$275.00

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D2780	Crown-3/4 cast high noble metal	\$273.00
D2781	Crown-3/4 cast predominantly base metal	\$238.00
D2782	Crown-3/4 cast noble metal	\$268.00
D2790	Crown-full cast high noble metal	\$287.00
D2791	Crown-full cast predominantly base metal	\$244.00
D2792	Crown-full cast noble metal	\$280.00
D2910	Recement inlay, onlay or partial coverage restoration	\$13.00
D2920	Recement crown	\$15.00
D2930	Prefabricated stainless steel crown-primary tooth	\$45.00
D2931	Prefabricated stainless steel crown-permanent tooth	\$49.00
D2932	Prefabricated resin crown	\$48.00
D2933	Prefabricated stainless steel crown with resin window	\$61.00
D2940	Sedative filling	\$16.00
D2950	Core buildup, including any pins	\$43.00
D2951	Pin retention-per tooth, in addition to restoration	\$10.00
D2952	Cast post and core in addition to crown	\$59.00
D2953	Each additional cast post - same tooth	\$0.00
D2954	Prefabricated post and core in addition to crown	\$51.00
D2957	Each additional prefabricated post - same tooth	\$0.00
D2961	Labial veneer (resin laminate)-laboratory	\$139.00
D2962	Labial veneer (porcelain laminate)-laboratory	\$147.00
<b>BASIC SERVICES (Endodontic Codes)</b>		
D3110	Pulp cap-direct (excluding final restoration)	\$10.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$26.00
D3310	Anterior (excluding final restoration)	\$110.00
D3320	Bicuspid (excluding final restoration)	\$129.00
D3330	Molar (excluding final restoration)	\$172.00
D3346	Retreatment of previous root canal therapy-anterior	\$191.00
D3347	Retreatment of previous root canal therapy-bicuspid	\$225.00
D3348	Retreatment of previous root canal therapy-molar	\$297.00
D3410	Apicoectomy/periradicular surgery-anterior	\$114.00
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	\$126.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$150.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$41.00
D3430	Retrograde filling-per root	\$34.00
D3450	Root amputation - per root	\$80.00
<b>BASIC SERVICES (Periodontic Codes)</b>		
D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	\$70.00
D4211	Gingivectomy or gingivoplasty-one to three contiguous teeth or bounded teeth spaces per quadrant	\$26.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$26.00
D4240	Gingival flap procedure, including root planing-four or more contiguous teeth or bounded teeth spaces per quadrant	\$112.00
D4241	Gingival flap procedure, including root planing-one to three contiguous teeth or bounded teeth spaces per quadrant	\$67.00
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or bounded teeth spaces per quadrant	\$284.00
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or bounded teeth spaces per quadrant	\$170.00
D4263	Bone replacement graft-first site in quadrant	\$71.00
D4264	Bone replacement graft-each additional site in quadrant	\$47.00
D4277	Free soft tissue graft (including recipient and donor site) first tooth, implant or edentulous tooth position	\$124.00
D4278	Free soft tissue graft (including recipient and donor site) each additional contiguous tooth, implant or edentulous tooth position	\$62.00
D4341	Periodontal scaling and root planing-four or more teeth per quadrant	\$39.00
D4342	Periodontal scaling and root planing-one to three teeth, per quadrant	\$23.00
D4910	Periodontal maintenance	\$24.00
<b>MAJOR SERVICES (Prosthodontic Codes - Removable)</b>		
D5110	Complete denture, maxillary	\$349.00
D5120	Complete denture, mandibular	\$349.00
D5130	Immediate denture, maxillary	\$377.00
D5140	Immediate denture, mandibular	\$377.00
D5211	Maxillary partial denture-resin base (including retentive/clasping materials, rests and teeth)	\$243.00
D5212	Mandibular partial denture-resin base (including retentive/clasping materials, rests and teeth)	\$243.00
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$364.00

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D5214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$364.00
D5221	Immediate maxillary partial denture – resin base	\$238.00
D5222	Immediate mandibular partial denture – resin base	\$238.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases	\$331.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases	\$331.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$272.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$272.00
D5410	Adjust complete denture, maxillary	\$17.00
D5411	Adjust complete denture, mandibular	\$17.00
D5421	Adjust partial denture, maxillary	\$16.00
D5422	Adjust partial denture, mandibular	\$16.00
D5511	Repair broken complete denture base, mandibular	\$40.00
D5512	Repair broken complete denture base, maxillary	\$40.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$34.00
D5611	Repair resin partial denture base, mandibular	\$36.00
D5612	Repair resin partial denture base, maxillary	\$36.00
D5621	Repair cast partial framework, mandibular	\$47.00
D5622	Repair cast partial framework, maxillary	\$47.00
D5630	Repair or replace broken retentive clasping materials per tooth	\$48.00
D5640	Replace broken teeth-per tooth	\$33.00
D5650	Add tooth to existing partial denture	\$39.00
D5660	Add clasp to existing partial denture	\$49.00
D5710	Rebase complete maxillary denture	\$141.00
D5711	Rebase complete mandibular denture	\$141.00
D5720	Rebase maxillary partial denture	\$108.00
D5721	Rebase mandibular partial denture	\$108.00
D5730	Reline complete maxillary denture (chairside)	\$56.00
D5731	Reline complete mandibular denture (chairside)	\$56.00
D5740	Reline maxillary partial denture (chairside)	\$51.00
D5741	Reline mandibular partial denture (chairside)	\$51.00
D5750	Reline complete maxillary denture (laboratory)	\$100.00
D5751	Reline complete mandibular denture (laboratory)	\$100.00
D5760	Reline maxillary partial denture (laboratory)	\$93.00
D5761	Reline mandibular partial denture (laboratory)	\$93.00
D5765	Soft liner for complete or partial removable denture - indirect	\$93.00
D5850	Tissue conditioning, maxillary	\$26.00
D5851	Tissue conditioning, mandibular	\$26.00
<b>MAJOR SERVICES (Prosthetic Codes - Fixed)</b>		
D6210	Pontic-cast high noble metal	\$274.00
D6211	Pontic-cast predominantly base metal	\$250.00
D6212	Pontic-cast noble metal	\$255.00
D6240	Pontic-porcelain fused to high noble metal	\$276.00
D6241	Pontic-porcelain fused to predominantly base metal	\$241.00
D6242	Pontic-porcelain fused to noble metal	\$268.00
D6545	Retainer-cast metal for resin bonded fixed prosthesis	\$100.00
D6750	Crown-porcelain fused to high noble metal	\$280.00
D6751	Crown-porcelain fused to predominantly base metal	\$251.00
D6752	Crown-porcelain fused to noble metal	\$268.00
D6780	Crown-3/4 cast high noble metal	\$272.00
D6790	Crown-full cast high noble metal	\$283.00
D6791	Crown-full cast predominantly base metal	\$256.00
D6792	Crown-full cast noble metal	\$266.00
D6930	Recent fixed partial denture	\$33.00
<b>BASIC SURGERY (Oral Surgery Codes)</b>		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$22.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$43.00
D7220	Removal of impacted tooth-soft tissue	\$48.00
D7230	Removal of impacted tooth-partially bony	\$60.00
D7240	Removal of impacted tooth-completely bony	\$70.00
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$100.00

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D7250	Surgical removal of residual tooth roots (cutting procedure)	\$42.00
D7251	Coronectomy - intentional partial tooth removal	\$85.00
D7285	Biopsy of oral tissue-hard (bone, tooth)	\$58.00
D7286	Biopsy of oral tissue-soft (all others)	\$36.00
D7310	Alveoloplasty in conjunction with extractions-per quadrant	\$34.00
D7320	Alveoloplasty not in conjunction with extractions-per quadrant	\$49.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$68.00
D7472	Removal of torus palatinus	\$68.00
D7473	Removal of torus mandibularis	\$68.00
D7510	Incision and drainage of abscess-intraoral soft tissue	\$25.00
D7961	Buccal/Labial Frenectomy or Frenulectomy	\$51.00
D7962	Lingual Frenectomy or Frenulectomy	\$51.00
 ORTHODONTIC CODES		
D8010	Limited orthodontic treatment of the primary dentition	\$600.00
D8020	Limited orthodontic treatment of the transitional dentition	\$750.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$840.00
D8040	Limited orthodontic treatment of the adult dentition	\$935.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,685.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,780.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,980.00
D8210	Removable appliance therapy	\$180.00
D8220	Fixed appliance therapy	\$238.00
D8660	Pre-orthodontic treatment visit	\$35.00
D8670	Periodic orthodontic treatment visit	\$9,999.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$213.00
 MISCELLANEOUS CODES		
D9110	Palliative (emergency) treatment of dental pain-minor procedures	\$18.00
D9120	Fixed partial denture sectioning	\$9.00
D9222	Deep sedation/general anesthesia - first 15 minutes	\$27.00
D9223	Deep Sedation/general anesthesia - each subsequent 15 minute increment	\$27.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$8.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$30.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minutes	\$30.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$14.00

**\* SPECIAL PROVISIONS:**

Services **MUST** be performed by a Delta Dental PPO dentist in order to be payable under this program.

Services are subject to the limitations, exclusions and governing policies of the program.

The submitted fee for any procedure NOT LISTED is the responsibility of the patient.

General or orthodontic plan maximums may apply. Refer to the member's benefit information.