



BCN Services, Inc.
Delta Dental PPO- Enhanced Plan
Summary of Dental Plan Benefits
For Group# 9452-1003e Voluntary

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. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Sealants – to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Up to age 19	Up to age 19	Up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- 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 in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.

- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays and orthodontic services.

Waiting Period –See BCN Services for your specific new hire waiting period.

There is a 365-day waiting period for certain services. Endodontic Services, Periodontic Services, Major Restorative Services, Relines and Repairs, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 365 consecutive days. These waiting periods will be waived for employees enrolled in the dental plan as of December 31, 2003.

Eligible People – All full-time employees of BCN Services working 30 hours per week who choose the DeltaPremier dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Subscriber pays the full cost of this plan.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children to the end of the calendar year in which they turn 25 if eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.

If you and your spouse are both eligible for coverage under this Contract, 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 if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month in which the employee is terminated.

Delta Dental PPO - Basic Plan Summary of Dental Plan Benefits For Group# 9453-1004E BCN Services/Voluntary

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. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Non-EHB Covered Services – includes all Covered Services that are not Essential Health Benefits (EHB) as defined by the Patient Protection and Affordable Care Act.

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Sealants – to prevent decay of permanent teeth	80%	50%	50%
Minor Restorative Services – fillings and crown repair	80%	50%	50%
Oral Surgery Services – extractions and dental surgery	80%	50%	50%
Other Basic Services – misc. services	80%	50%	50%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%

* When services are received from a Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

- 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 up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$800 per person total per Benefit Year on all services.

Out-of-Pocket Maximum Payment for Non-EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, and X-rays.

Waiting Period – See BCN Services for your specific new hire waiting period.

There is a 365-day waiting period for certain services. Endodontic Services, Periodontic Services, Major Restorative Services, Relines and Repairs, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 365 consecutive days. Add after waiting period language: These waiting periods will be waived for employees enrolled in the dental plan as of December 31, 2003.

Eligible People – All full-time employees of BCN Services working 30 hours per week who choose the EHB compliant plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Subscriber pays the full cost of this plan.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children to the end of the calendar year in which they turn 25 if eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.

If you and your spouse are both eligible for coverage under this Contract, 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 if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month in which the employee is terminated.

Deductibles for EHB Covered Services – The Deductible is \$25 per individual per Benefit Year, limited to a maximum Deductible of \$75 for all individuals covered by this Certificate per Benefit Year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants.

Waiting Period for EHB Covered Services – There are no waiting periods for individuals under the age of 19 seeking EHB Covered Services.

EHB Covered Services

The following services are the specific EHB Covered Services covered under this Certificate:

Diagnostic and Preventive Services

Examinations/Evaluations

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation – problem focused
- D0145 – oral evaluation for a patient under three years of age
- D0150 – comprehensive oral evaluation
- D0160 – detailed and extensive oral evaluation (problem focused)
- D0180 – comprehensive periodontal evaluation
- D0190 – screening of a patient
- D9440 – office visit – after regularly scheduled hours

Cleanings (Prophylaxes)

- D1110 – prophylaxis – adult
- D1120 – prophylaxis – child

Fluoride Treatment

- D1206 – topical fluoride varnish
- D1208 – topical application of fluoride (prophylaxis not included)

Space Maintainers

- D1510 – space maintainer – fixed – unilateral
- D1515 – space maintainer – fixed – bilateral
- D1520 – space maintainer – removable – unilateral
- D1525 – space maintainer – removable – bilateral
- D1550 – re-cementation of space maintainer
- D1555 – removal of fixed space

Brush Biopsy

- D0486 – accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
- D7288 – brush biopsy – transepithelial sample collection

Emergency Palliative Treatment

- D9110 – palliative (emergency) minor dental treatment

Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts

- D0210 – intraoral-complete series (including bitewings)
- D0330 – panoramic film
- D0220 – intraoral – periapical first film
- D0230 – intraoral – periapical each addl film
- D0240 – intraoral – occlusal film
- D0250 – extraoral – first film
- D0260 – extraoral – each addl film
- D0270 – bitewing – single film
- D0272 – bitewings – two films
- D0273 – bitewings – three films
- D0274 – bitewings – four films
- D0277 – bitewing, vertical – 7 to 8 films
- D0290 – posterior – anterior or lateral skull and facial bone survey film
- D0999 – unspecified diagnostic procedure, by report

Sealants

- D1351 – sealant – per tooth – unrestored permanent molars
- D1353 – sealant repair – per tooth

Basic Services

Minor Restorative Services (local anesthesia is considered to be part of restorative procedures)

- D2140 – amalgam – one surface, primary or permanent
- D2150 – amalgam – two surfaces, primary or permanent
- D2160 – amalgam – three surfaces, primary or permanent
- D2161 – amalgam – four or more surfaces, primary or permanent
- D2330 – resin – based composite – one surface, anterior
- D2331 – resin – based composite – two surfaces, anterior
- D2332 – resin – based composite – three surfaces, anterior
- D2335 – resin – based composite – four or more surfaces, anterior
- D2390 – resin – based composite crown, anterior

❖ Benefits for composite resin restorations on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam restoration.

- D2940 – sedative filling
- D2951 – pin retention – per tooth, in addition to restoration
- D2910 – recement inlay, only or partial coverage restoration
- D2915 – recement cast or prefabricated post and core
- D2920 – recement crown
- D2980 – crown repair, by report
- D2981 – inlay repair, by report
- D2982 – onlay repair, by report
- D2983 – veneer repair, by report
- D2999 – unspecified procedure, by report

Oral Surgery Services

- D7111 – extraction, coronal remnants – deciduous tooth
- D7140 – extraction, erupted tooth or exposed root
- D7210 – surgical removal of erupted tooth
- D7220 – removal of impacted tooth – soft tissue
- D7230 – removal of impacted tooth – partial bony
- D7240 – removal of impacted tooth – completely bony
- D7241 – removal of impacted tooth – completely bony, with unusual surgical complications
- D7250 – surgical removal of residual tooth roots
- D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7280 – surgical access of an unerupted tooth
- D7282 – mobilization of erupted or malpositioned tooth to aid eruption
- D7283 – placement of device to facilitate eruption of impacted tooth
- D7286 – biopsy of soft tissue – soft
- D7290 – surgical repositioning of teeth
- D7291 – transseptal fiberotomy/supra crestal fiberotomy
- D7310 – alveoloplasty, in conjunction with extractions – four or more teeth, per quadrant
- D7311 – alveoloplasty, in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
- D7320 – alveoloplasty, not in conjunction with extractions – four or more teeth, per quadrant

D7321 – alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
 D7960 – frenulectomy (frenectomy or frenotomy)
 D7963 – frenuloplasty
 D7970 – excision of hyperplastic tissue – per arch
 D7972 – surgical reduction of fibrous tuberosity
 D7999 – unspecified oral surgery procedure, by report
 D7510 – incision and drainage of abscess – intraoral soft tissue
 D7511 – incision and drainage of abscess – intraoral soft tissue – complicated
 D7910 – suture of recent small wounds up to 5 cm
 D7971 – excision of pericoronal gingiva

Endodontic Services

D3220 – therapeutic pulpotomy (excluding final restoration)
 D3221 – pulpal debridement, primary or permanent teeth
 D3222 – partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
 D3230 – pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
 D3240 – pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
 D3310 – anterior (excluding final restoration)
 D3320 – bicuspid (excluding final restoration)
 D3330 – molar (excluding final restoration)
 D3331 – treatment of root canal obstruction; non-surgical access
 D3332 – incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
 D3333 – internal root repair of perforation defects
 D3346 – retreatment of previous root canal therapy – anterior
 D3347 – retreatment of previous root canal therapy – bicuspid
 D3348 – retreatment of previous root canal therapy – molar
 D3351 – apexification/recalcification – initial visit (apical closure calcific repair or perforations, root resorptions)
 D3352 – apexification/recalcification – interim visit
 D3353 – apexification/recalcification – final visit
 D3410 – apicoectomy/periradicular surgery – anterior
 D3421 – apicoectomy/periradicular surgery – bicuspid (first root)
 D3425 – apicoectomy/periradicular surgery – molar (first root)
 D3426 – apicoectomy/periradicular surgery – (each addl root)
 D3430 – retrograde filling – per root
 D3450 – root amputation – per root
 D3920 – hemisection (including any root removal)
 D3999 – unspecified endodontic procedure, by report

Periodontic Services

D4210 – gingivectomy or gingivoplasty – four or more teeth
 D4211 – gingivectomy or gingivoplasty – one to three teeth
 D4240 – gingival flap procedure, including root planing – four or more teeth
 D4241 – gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth or bounded teeth spaces
 D4245 – apically positioned flap
 D4249 – clinical crown lengthening – hard tissue
 D4320 – provisional splinting – intracoronal
 D4321 – provisional splinting – extracoronal
 D4341 – periodontal scaling and root planing, four or more teeth
 D4342 – periodontal scaling and root planing, one to three teeth
 D4355 – full mouth debridement
 D4910 – periodontal maintenance procedures
 D4999 – unspecified periodontal procedure, by report

Relines and Repairs

D5410 – adjust complete denture – maxillary
 D5411 – adjust complete denture – mandibular
 D5421 – adjust partial denture – maxillary
 D5422 – adjust partial denture – mandibular
 D5510 – repair broken complete denture base
 D5520 – replace missing or broken teeth – complete denture
 D5610 – repair resin denture base
 D5620 – repair cast framework
 D5630 – repair or replace broken clasp
 D5640 – replace broken teeth – per tooth
 D5650 – add tooth to existing partial denture
 D5660 – add clasp to existing partial denture
 D5670 – replace all teeth and acrylic on cast metal framework (maxillary)
 D5671 – replace all teeth and acrylic on cast metal framework (mandibular)
 D5710 – rebase complete maxillary denture
 D5711 – rebase complete mandibular denture
 D5720 – rebase maxillary partial denture
 D5721 – rebase mandibular partial denture
 D5730 – reline complete maxillary denture
 D5731 – reline complete mandibular denture
 D5740 – reline maxillary partial denture
 D5741 – reline mandibular partial denture
 D5750 – reline complete maxillary denture (laboratory)
 D5751 – reline complete mandibular denture (laboratory)
 D5760 – reline maxillary partial denture (laboratory)
 D5761 – reline mandibular partial denture (laboratory)
 D5850 – tissue conditioning denture (maxillary)
 D5851 – tissue conditioning denture (mandibular)
 D5899 – unspecified removable prosthodontic procedure
 D5999 – unspecified procedure, by report
 D6930 – recement fixed partial denture
 D6980 – fixed partial denture repair by report

Other Basic Services

D0460 – pulp vitality tests
 D0470 – diagnostic models
 D9310 – consultation
 D9220 – deep sedation/general anesthesia – first 30 min
 D9221 – deep sedation/general anesthesia – each addl 15 min
 D9241 – intravenous conscious sedation/analgesia – first 30 min
 D9242 – intravenous conscious sedation/analgesia – each addl 15 min
 D9248 – non-intravenous conscious sedation
 D9920 – behavior management, by report
 D9930 – treatment of complications (post-surgical)

Major Services

Major Restorative Services

D2542 – onlay – metallic – two surfaces
 D2543 – onlay – metallic – three surfaces
 D2544 – onlay – metallic – four or more surfaces
 D2642 – onlay – porcelain/ceramic – two surfaces
 D2643 – onlay – porcelain/ceramic – three surfaces
 D2644 – onlay – porcelain/ceramic – four or more surfaces
 D2662 – onlay – resin-based composite – two surfaces
 D2663 – onlay – resin-based composite – three surfaces
 D2664 – onlay – resin-based composite – four or more surfaces
 D2710 – crown – resin-based composite (indirect)
 D2712 – crown – 3/4 resin-based composite (indirect)
 D2720 – crown – resin with high noble metal
 D2721 – crown – resin with predominantly base metal

D2722 – crown – resin with noble metal
 D2740 – crown – porcelain/ceramic substrate
 D2750 – crown – porcelain fused to high noble metal
 D2751 – crown – porcelain fused to predominantly base metal
 D2752 – crown – porcelain fused to noble metal
 D2780 – crown – 3/4 cast high noble metal
 D2781 – crown – 3/4 cast predominantly base metal
 D2782 – crown – 3/4 cast noble metal
 D2783 – crown – 3/4 porcelain/ceramic
 D2790 – crown – full cast high noble metal
 D2791 – crown – full cast predominantly base metal
 D2792 – crown – full cast noble metal
 D2794 – crown – titanium
 ❖ Benefits for plastic, resin, porcelain fused to metal, porcelain and porcelain/ceramic crowns or onlays on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for a full metal crown or metallic onlay.
 ❖ Benefits for inlays, regardless of the material used, are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
 D2929 – prefabricated porcelain/ceramic crown – primary tooth
 D2930 – prefabricated stainless steel crown – primary tooth
 D2931 – prefabricated stainless steel crown – permanent tooth
 D2932 – prefabricated resin crown
 D2933 – prefabricated stainless steel crown with resin window
 D2934 – prefabricated esthetic coated stainless steel crown – primary tooth
 D2950 – core buildup, including pins
 D2952 – cast post and core in addition to crown
 D2954 – prefabricated post and core in addition to crown
 D2955 – post removal
 D2960 – labial veneer – (resin laminate) chairside
 D2961 – labial veneer (resin laminate) – laboratory
 D2962 – labial veneer (porcelain laminate) – laboratory
 D2970 – temporary crown (fractured tooth)
 D2971 – additional procedures to construct new crown under existing partial denture framework

Prosthodontic Services

D5110 – complete denture – maxillary
 D5120 – complete denture – mandibular
 D5130 – immediate denture – maxillary
 D5140 – immediate denture – mandibular
 D5211 – maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
 D5212 – mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
 D5213 – maxillary partial denture – cast metal framework – resin denture base (including any conventional clasps, rests and teeth)
 D5214 – mandibular partial denture – cast metal framework – resin denture base (including any conventional clasps, rests and teeth)
 D5225 – maxillary partial denture – flexible base (including any clasps, rests and teeth)

D5226 – mandibular partial denture – flexible base (including any clasps, rests and teeth)
 D5281 – removable unilateral partial denture – one piece cast metal (including clasps and teeth)
 ❖ Benefits for overdentures are optional treatment. Delta Dental will pay only the amount that it would pay for a conventional denture.
 D5820 – interim partial denture (maxillary)
 D5821 – interim partial denture (mandibular)
 D6210 – pontic – cast high noble metal
 D6211 – pontic – cast predominantly base metal
 D6212 – pontic – cast noble metal
 D6214 – pontic – titanium
 D6240 – pontic – porcelain fused to high noble metal
 D6241 – pontic – porcelain fused to predominantly base metal
 D6242 – pontic – porcelain fused to noble metal
 D6245 – pontic – porcelain/ceramic
 D6250 – pontic – resin with high noble metal
 D6251 – pontic – resin with predominantly base metal
 D6252 – pontic – resin with noble metal
 D6545 – retainer – cast metal for resin bonded fixed prosthesis
 D6602 – inlay – cast high noble metal, two surfaces
 D6603 – inlay – cast high noble metal, three or more surfaces
 D6604 – inlay – cast predominantly base metal, two surfaces
 D6605 – inlay – cast predominantly base, three or more surfaces
 D6606 – inlay – cast noble metal, two surfaces
 D6607 – inlay – cast noble metal, three or more surfaces
 D6624 – inlay – titanium
 D6610 – onlay – cast high noble metal, two surfaces
 D6611 – onlay – cast high noble metal, three or more surfaces
 D6612 – onlay – cast predominantly base metal, two surfaces
 D6613 – onlay – cast predominantly base, three or more surfaces
 D6614 – onlay – cast noble metal, two surfaces
 D6615 – onlay – cast noble metal, three or more surfaces
 D6634 – onlay – titanium
 D6720 – crown – resin with high noble metal
 D6721 – crown – resin with predominantly base metal
 D6722 – crown – resin with noble metal
 D6750 – crown – porcelain fused to high noble metal
 D6751 – crown – porcelain fused to predominantly base metal
 D6752 – crown – porcelain fused to noble metal
 D6780 – crown – 3/4 cast high noble metal
 D6781 – crown – 3/4 cast predominantly base metal
 D6782 – crown – 3/4 cast noble metal
 D6783 – crown – 3/4 porcelain/ceramic
 D6790 – crown – full cast high noble metal
 D6791 – crown – full cast predominantly base metal
 D6792 – crown – full cast noble metal
 D6794 – crown – titanium
 ❖ Benefits for all porcelain/ceramic bridges are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional fixed bridge.
 D6999 – unspecified fixed prosthodontic procedure, by report