



**Delta Dental EPO™
Summary of Dental Plan Benefits
For Group# 1555-0192
Lake Erie Regional Council
Amherst Schools**

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.

Control Plan - Delta Dental of Ohio

Benefit Year - January 1 through December 31

Covered Services - Please refer to the Member Copayment Schedule for a list of Covered Services and Copayments. When more than one treatment option is available, the least expensive treatment is the one covered. Copayments will be reviewed annually for adjustment. Procedure codes are subject to change to reflect current American Dental Association (ADA) procedure codes. Any changes to the Member Copayment Schedule will be effective any January 1.

You must receive dental care from a Delta Dental EPO Dentist in order to receive Benefits. If you receive services from a Non-EPO Dentist, you will be responsible for paying for those services, unless that dental care is Emergency Dental Treatment. If you require Emergency Dental Treatment and your EPO Dentist is not available, you may obtain treatment from any Dentist. You are responsible for paying for the Emergency Dental Treatment. Delta Dental will reimburse you up to the Maximum Payment for Emergency Dental Treatment.

- 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 age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards and occlusal adjustments are not a Covered Service.
- Comprehensive orthodontic treatment is a Covered Service.

Maximum Payment - \$125 per person total per Benefit Year for Emergency Dental Treatment from a Non-EPO Dentist. There is no annual or lifetime maximum on treatment received from an EPO Dentist.

Deductible - None.

Waiting Period - Employees who are eligible for dental benefits are covered as defined by Amherst Schools.

Eligible People – As defined by Amherst Schools.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and their Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll if the Enrollee is enrolled (excluding COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

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

Delta Dental Plan EPO 32

MEMBER COPAYMENT SCHEDULE

CDT-2022*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Oral examination, periodic	\$0
D0140	Oral examination, limited, problem focused (emergency)	\$0
D0145	Oral evaluation for patients under age 3 and counseling with primary caregiver	\$0
D0150	Oral examination, comprehensive evaluation	\$0
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$0
D0180	Oral examination, comprehensive periodontal evaluation	\$0
D0190	Screening of a patient	\$0

When any exam is performed by a specialist, there is a \$12 copayment.

RADIOGRAPHS

D0210	Intraoral, complete series (includes bitewings)	\$0
D0220	Intraoral, periapical first film	\$0
D0230	Intraoral, periapical each add'l film	\$0
D0240	Intraoral, occlusal	\$0
D0270	Bitewing, 1 film	\$0
D0272	Bitewing, 2 films	\$0
D0273	Bitewing, 3 films	\$0
D0274	Bitewing, 4 films	\$0
D0277	Bitewing, vertical, 7 to 8 films	\$0
D0330	Panoramic film	\$0

TESTS & LABORATORY

D0460	Pulp vitality	\$0
D0486	Accession of brush biopsy sample, microscopic exam, prep and written report	\$0
D0999	Diagnostic procedure - unspecified, by report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0

FLUORIDE TREATMENT

D1206	Topical fluoride varnish - child	\$0
D1208	Topical application of fluoride	\$0

OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth)	\$0
D1353	Sealant repair (per tooth)	\$0

SPACE MAINTAINERS

D1510	Fixed, unilateral - per quadrant	\$0
D1516	Fixed, bilateral, maxillary	\$0
D1517	Fixed, bilateral, mandibular	\$0
D1520	Removable, unilateral - per quadrant	\$0
D1526	Removable, bilateral, maxillary	\$0
D1527	Removable, bilateral, mandibular	\$0
D1551	Recement or rebond bilateral - maxillary	\$0
D1552	Recement or rebond bilateral - mandibular	\$0
D1553	Recement or rebond - unilateral - per quadrant	\$0
D1556	Removal, fixed unilateral - per quadrant	\$0
D1557	Removal, fixed bilateral - maxillary	\$0
D1558	Removal, fixed bilateral - mandibular	\$0
D1575	Distal shoe - fixed, unilateral - per quadrant	\$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	1 surface	\$31
D2150	2 surfaces	\$38
D2160	3 surfaces	\$46
D2161	4 or more surfaces	\$56

RESIN RESTORATIONS

D2330	1 surface, anterior	\$39
D2331	2 surfaces, anterior	\$48
D2332	3 surfaces, anterior	\$57
D2335	Involving incisal angle or 4 or more surfaces, anterior	\$72
D2390	Crown, anterior	\$60
D2391	1 surface, posterior	\$45
D2392	2 surfaces, posterior	\$59
D2393	3 surfaces, posterior	\$72
D2394	4 or more surfaces, posterior	\$88

INLAY/ONLAY RESTORATIONS¹

D2510	Inlay, metallic, 1 surface	\$252
D2520	Inlay, metallic, 2 surfaces	\$265
D2530	Inlay, metallic, 3 or more surfaces	\$279
D2542	Onlay, metallic, 2 surfaces	\$292
D2543	Onlay, metallic, 3 surfaces	\$302
D2544	Onlay, metallic, 4 or more surfaces	\$313
D2610	Inlay, porcelain/ceramic, 1 surface	\$256
D2620	Inlay, porcelain/ceramic, 2 surfaces	\$268
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	\$281
D2642	Onlay, porcelain/ceramic, 2 surfaces	\$311
D2643	Onlay, porcelain/ceramic, 3 surfaces	\$321
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	\$332
D2650	Inlay, resin-based, 1 surface	\$220
D2651	Inlay, resin-based, 2 surfaces	\$232
D2652	Inlay, resin-based, 3 or more surfaces	\$245
D2662	Onlay, resin-based, 2 surfaces	\$257
D2663	Onlay, resin-based, 3 surfaces	\$267
D2664	Onlay, resin-based, 4 or more surfaces	\$277

CROWNS - SINGLE RESTORATION ONLY¹

D2710	Resin (indirect)	\$229
D2720	Resin with high noble metal	\$317
D2721	Resin with predominantly base metal	\$279
D2722	Resin with noble metal	\$298
D2740	Porcelain/ceramic	\$345
D2750	Porcelain fused to high noble metal	\$327
D2751	Porcelain fused to predominantly base metal	\$289
D2752	Porcelain fused to noble metal	\$308
D2753	Porcelain fused to titanium and titanium alloys	\$327
D2780	3/4 cast high noble metal	\$303
D2781	3/4 cast predominantly base metal	\$268
D2782	3/4 cast noble metal	\$284
D2783	3/4 porcelain/ceramic	\$337
D2790	Full cast high noble metal	\$322
D2791	Full cast predominantly base metal	\$284
D2792	Full cast noble metal	\$303
D2794	Titanium	\$322

OTHER RESTORATIVE SERVICES

D2910	Recement onlay or partial coverage restoration	\$30
D2915	Recement cast or prefabricated post and core	\$30
D2920	Recement crown	\$30
D2930	Crown - prefabricated stainless steel, primary	\$83
D2931	Crown - prefabricated stainless steel, permanent	\$83
D2932	Crown - prefabricated resin	\$95
D2933	Crown - prefabricated stainless steel with resin window	\$111
D2940	Sedative filling	\$33
D2950	Crown buildup (substructure) including any pins	\$83
D2951	Pin retention - per tooth, in addition to restoration	\$15
D2952	Post and core in addition to crown, indirectly fabricated	\$111
D2954	Prefabricated post and core in addition to crown	\$99
D2971	Add'l procedures to construct new crown under existing partial denture	\$65

D2980	Crown repair, by report	\$70
D2981	Inlay repair	\$70
D2982	Onlay repair	\$70

ENDODONTICS

PULPOTOMY

D3220	Therapeutic pulpotomy	\$48
D3221	Pulpal debridement, primary and permanent teeth	\$46

ROOT CANAL THERAPY

D3310	Anterior (excludes final restoration)	\$201
D3320	Premolar (excludes final restoration)	\$239
D3330	Molar tooth (excludes final restoration)	\$295
D3346	Retreatment, anterior	\$220
D3347	Retreatment, premolar	\$268
D3348	Retreatment, molar	\$326

PERIAPICAL SERVICES

D3410	Apicoectomy/periradicular surgery - anterior	\$173
D3421	Apicoectomy/periradicular surgery - premolar, first root	\$186
D3425	Apicoectomy/periradicular surgery - molar, first root	\$207
D3426	Apicoectomy/periradicular surgery - each additional root	\$74
D3430	Retrograde filling - per root	\$49

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant	\$117
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth per quadrant	\$82
D4240	Gingival flap procedure, includes root planing - 4 or more teeth per quadrant	\$159
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$111
D4245	Apically positioned flap	\$185
D4249	Clinical crown lengthening	\$141
D4260	Osseous surgery - 4 or more teeth per quadrant	\$233
D4261	Osseous surgery - 1 to 3 teeth per quadrant	\$148

NON-SURGICAL SERVICES

D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	\$72
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant	\$45
D4346	Scaling in the presence of inflammation	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$51
D4910	Periodontal maintenance	\$46

PROSTHODONTICS (Removable)²

COMPLETE DENTURES

D5110	Denture - complete, maxillary	\$120
D5120	Denture - complete, mandibular	\$120
D5130	Denture - immediate, maxillary	\$432
D5140	Denture - immediate, mandibular	\$432

PARTIAL DENTURES

D5211	Maxillary, resin base	\$332
D5212	Mandibular, resin base	\$332
D5213	Maxillary, cast metal framework with resin denture base	\$445
D5214	Mandibular, cast metal framework with resin denture base	\$445
D5221	Maxillary, immediate, resin base	\$365
D5222	Mandibular, immediate, resin base	\$365
D5223	Maxillary, immediate, cast metal framework with resin denture base	\$490
D5224	Mandibular, immediate, cast metal framework with resin denture base	\$490
D5225	Maxillary partial denture - flexible base (including retentive/clasping	\$452

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	materials, rests, and teeth)			and teeth), maxillary			ORAL SURGERY	
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	\$452	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$148		EXTRACTIONS (Simple)	
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests, and teeth)	\$496	D5850	Tissue conditioning, maxillary	\$64	D7111	Extraction, coronal remnants – primary tooth	\$29
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests, and teeth)	\$496	D5851	Tissue conditioning, mandibular	\$64	D7140	Extraction, erupted tooth or exposed root	\$38
D5282	Removable unilateral partial denture – one-piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$223	D5863	Overdenture, complete maxillary	\$159		SURGICAL EXTRACTIONS	
D5283	Removable unilateral partial denture – one-piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$223	D5864	Overdenture, partial maxillary	\$159	D7210	Surgical removal of erupted tooth	\$76
D5284	Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$223	D5865	Overdenture, complete mandibular	\$159	D7220	Removal of impacted tooth – soft tissue	\$92
D5286	Removable unilateral, one-piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	\$223	D5866	Overdenture, partial mandibular	\$159	D7230	Removal of impacted tooth – partially bony	\$125
	ADJUSTMENT TO DENTURES			PROSTHODONTICS (Fixed)¹		D7240	Removal of impacted tooth – completely bony	\$146
D5410	Complete, maxillary	\$25		BRIDGE PONTICS (Per Unit)		D7241	Removal of impacted tooth – completely bony with complications	\$184
D5411	Complete, mandibular	\$25	D6210	Cast high noble metal	\$300	D7250	Surgical removal of residual roots	\$80
D5421	Partial, maxillary	\$25	D6211	Cast base metal	\$286		OTHER SURGICAL PROCEDURES	
D5422	Partial, mandibular	\$25	D6212	Cast noble metal	\$292	D7286	Biopsy of oral tissue – soft	\$46
	REPAIRS TO COMPLETE DENTURES		D6240	Porcelain fused to high noble metal	\$313	D7288	Brush biopsy	\$35
D5511	Repair broken complete denture base, mandibular	\$58	D6241	Porcelain fused to base metal	\$292		ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)	
D5512	Repair broken complete denture base, maxillary	\$58	D6242	Porcelain fused to noble metal	\$302	D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$73
D5520	Replace missing or broken teeth (each tooth)	\$48	D6243	Porcelain fused to titanium and titanium alloys	\$313	D7311	In conjunction with extractions, 1 to 3 teeth or spaces per quadrant	\$45
	REPAIRS TO PARTIAL DENTURES		D6250	Resin with high noble metal	\$288	D7320	Not in conjunction with extractions, 4 or more teeth or spaces per quadrant	\$80
D5611	Repair resin partial denture base, mandibular	\$58	D6251	Resin with base metal	\$274	D7321	Not in conjunction with extractions, 1 to 3 teeth or spaces per quadrant	\$48
D5612	Repair resin partial denture base, maxillary	\$58	D6252	Resin with noble metal	\$280		EXCISION OF BONE TISSUE	
D5621	Repair cast partial framework, mandibular	\$83		FIXED BRIDGE RETAINERS – INLAYS/ONLAYS		D7471	Removal of lateral exostosis	\$143
D5622	Repair cast partial framework, maxillary	\$83	D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$87	D7472	Removal of torus palatinus	\$143
D5630	Repair or replace broken clasp (per tooth)	\$83	D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$87	D7473	Removal of torus mandibularis	\$143
D5640	Replace broken tooth (each)	\$48	D6549	Retainer – resin for resin bonded fixed prosthesis	\$87		SURGICAL INCISION	
D5650	Add tooth to existing partial denture	\$61	D6600	Inlay, porcelain/ceramic, 2 surfaces	\$287	D7510	Incision and drainage of abscess – intraoral soft tissue	\$49
D5660	Add clasp to existing partial denture (per tooth)	\$83	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	\$296	D7922	Placement of intra-socket biological dressing to aid in homeostasis or clot stabilization – per site	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$249	D6602	Inlay, cast high noble metal, 2 surfaces	\$279		OTHER REPAIR PROCEDURES	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$249	D6603	Inlay, cast high noble metal, 3 or more surfaces	\$292	D7961	Buccal/labial frenectomy (frenulectomy)	\$89
	DENTURE REBASE PROCEDURES		D6604	Inlay, cast predominantly base metal, 2 surfaces	\$252	D7962	Lingual frenectomy (frenulectomy)	\$89
D5710	Complete maxillary denture	\$159	D6605	Inlay, cast predominantly base metal, 3 or more surfaces	\$265	D7963	Frenuloplasty	\$89
D5711	Complete mandibular denture	\$159	D6606	Inlay, cast noble metal, 2 surfaces	\$265		ADJUNCTIVE GENERAL SERVICES	
D5720	Maxillary partial denture	\$162	D6607	Inlay, cast noble metal, 3 or more surfaces	\$279		UNCLASSIFIED TREATMENT	
D5721	Mandibular partial denture	\$162	D6608	Onlay, porcelain/ceramic, 2 surfaces	\$231	D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$30
D5725	Rebase hybrid prosthesis	\$1,546	D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$301		PROFESSIONAL CONSULTATION	
	DENTURE RELINE PROCEDURES		D6610	Onlay, cast high noble metal, 2 surfaces	\$224	D9310	Consultation by dentist other than requesting dentist	\$20
D5730	Complete maxillary, direct	\$99	D6611	Onlay, cast high noble metal, 3 or more surfaces	\$292		PROFESSIONAL VISITS	
D5731	Complete mandibular, direct	\$99	D6612	Onlay, cast predominantly base metal, 2 surfaces	\$252	D9440	Office visit after regularly scheduled hours	\$0
D5740	Maxillary partial, direct	\$93	D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$265		MISCELLANEOUS SERVICES	
D5741	Mandibular partial, direct	\$93	D6614	Onlay, cast noble metal, 2 surfaces	\$292	D9997	Dental case management – patients with special health care needs	\$0
D5750	Complete maxillary, indirect	\$130	D6615	Onlay, cast noble metal, 3 or more surfaces	\$302	D9999	Unspecified, by report	\$50
D5751	Complete mandibular, indirect	\$130		BRIDGE RETAINERS – CROWNS			ORTHODONTICS³	
D5760	Maxillary partial, indirect	\$130	D6720	Resin with high noble metal	\$317		RECORDS (solely for orthodontic purposes)	
D5761	Mandibular partial, indirect	\$130	D6721	Resin with base metal	\$279	D0340	Cephalometric film	\$0
D5765	Soft liner for complete or partial removable denture – indirect	\$130	D6722	Resin with noble metal	\$298	D0350	Oral/facial photographic images	\$0
	OTHER REMOVABLE PROSTHETIC SERVICES		D6750	Porcelain fused to high noble metal	\$327	D0470	Diagnostic casts	\$0
D5820	Interim partial denture (including retentive/clasping materials, rests,	\$148	D6751	Porcelain fused to base metal	\$289		COMPREHENSIVE ORTHODONTIC TREATMENT	
			D6752	Porcelain fused to noble metal	\$308	D8070	Transitional dentition	\$2,100
			D6753	Porcelain fused to titanium and titanium alloys	\$327	D8080	Adolescent dentition	\$2,100
			D6780	3/4 cast high noble metal	\$317	D8090	Adult dentition (to age 19)	\$2,100
			D6781	3/4 cast base metal	\$279			
			D6782	3/4 cast noble metal	\$298			
			D6784	3/4 titanium and titanium alloys	\$317			
			D6790	Full cast high noble metal	\$322			
			D6791	Full cast base metal	\$284			
			D6792	Full cast noble metal	\$303			
				OTHER FIXED PROSTHETIC SERVICES				
			D6930	Recement fixed partial denture	\$42			
			D6940	Stress breaker	\$68			

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¹Porcelain/ceramic on molars is considered optional treatment.

²Includes any adjustments for six months.

³Orthodontic Benefits include the initial examination, diagnosis, consultation, initial banding, monthly active treatment, de-banding, and the retention phase of treatment. The retention phase includes the initial construction, placement, and adjustments to retainers and office visits.

*Note – The Member Copayment Schedule reflects current CDT codes and fees. These may be updated at a future date, as necessary. Please contact Delta Dental for the most up-to-date fees and codes.