



Delta Dental of Massachusetts

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357
 Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier
 Beginning January 1, 2019 - December 31, 2019**

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)	\$1,310
Orthodontia Lifetime Maximum ***	\$2,000
Annual Maximum Dental Implants *	\$1,000

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D0120	1	Periodic oral evaluation	\$27.81
D0140	1	Limited oral evaluation - problem focused	\$46.56
D0145	1	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$29.67
D0150	1	Comprehensive oral evaluation - new or established patient. Once per 60 months	\$47.95
D0160	1	Detailed and extensive oral evaluation - problem focused, by report	\$79.60
D0170	1	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$42.69
D0180	1	Comprehensive periodontal evaluation - new or established patient	\$68.50
D0210	1	Intraoral - complete series (including bitewings)	\$82.47
D0220	1	Intraoral - periapical first film	\$16.30
D0230	1	Intraoral - periapical each additional film	\$13.43
D0240	1	Intraoral - occlusal film	\$25.89
D0250	1	Extraoral - first film	\$35.48
D0251	1	Extra-oral posterior dental radiograph	\$35.48
D0270	1	Bitewing - single film	\$16.30
D0272	1	Bitewings - two films	\$26.85
D0273	1	Bitewings - three films	\$33.22
D0274	1	Bitewings - four films	\$40.52
D0277	1	Vertical bitewings - 7 to 8 films	\$72.82
D0310	1	Sialography	\$215.14
D0321	1	Other temporomandibular joint films, by report	\$129.46
D0330	1	Panoramic film	\$74.01
D0414	1	Lab processing for microbial specimen (separating collecting and analysis like saliva and genetic codes)	\$100.81
D0415	1	Bacteriologic studies for determination of pathologic agents	\$100.81
D0460	1	Pulp vitality tests	\$44.14
D0470	1	Diagnostic casts	\$63.88



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D1110	1	Prophylaxis - adult	\$58.42
D1120	1	Prophylaxis - child	\$44.47
D1206	1	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$24.61
D1208	1	Topical application of fluoride (prophylaxis not included)	\$23.02
D1351	1	Sealant - per tooth	\$37.21
D1352	1	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	\$37.21
D1510	1	Space maintainer - fixed - unilateral	\$236.76
D1516	1	Space maintainer - fixed - bilateral, maxillary, once per lifetime	\$322.83
D1517	1	Space maintainer - fixed - bilateral, mandibular, once per lifetime	\$322.83
D1520	1	Space maintainer - removable - unilateral	\$255.21
D1526	1	Space maintainer - removable - bilateral, maxillary, once per lifetime	\$341.52
D1527	1	Space maintainer - removable - bilateral, mandibular, once per lifetime	\$341.52
D1550	1	Re-cementation of space maintainer	\$50.83
D1555	1	Removal of fixed space maintainer	\$50.83
D1575	1	Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars: A, J, K or T)	\$236.76
D4346	1	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation	\$58.42
D2140	2	Amalgam - one surface, primary or permanent	\$57.84
D2150	2	Amalgam - two surfaces, primary or permanent	\$73.62
D2160	2	Amalgam - three surfaces, primary or permanent	\$90.14
D2161	2	Amalgam - four or more surfaces, primary or permanent	\$109.67
D2330	2	Resin-based composite - one surface, anterior	\$71.36
D2331	2	Resin-based composite - two surfaces, anterior	\$89.39
D2332	2	Resin-based composite - three surfaces, anterior	\$110.42
D2335	2	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$138.22
D2390	2	Resin-based composite crown, anterior	\$175.11



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D2391	2	Resin-based composite - one surface, posterior	\$78.12
D2410	2	Gold foil - one surface	\$297.97
D2420	2	Gold foil - two surfaces	\$331.55
D2430	2	Gold foil - three surfaces	\$384.24
D2910	2	Recement inlay	\$49.15
D2920	2	Recement crown	\$49.15
D2929	2	Prefabricated porcelain/ceramic crown - primary tooth	\$176.27
D2930	2	Prefabricated stainless steel crown - primary tooth	\$138.55
D2931	2	Prefabricated stainless steel crown - permanent tooth	\$153.06
D2932	2	Prefabricated resin crown	\$167.90
D2933	2	Prefabricated stainless steel crown with resin window	\$176.27
D2940	2	Sedative filling	\$53.34
D2941	2	Interim therapeutic restoration (primary tooth)	\$53.34
D2951	2	Pin retention - per tooth, in addition to restoration	\$25.97
D2980	2	Crown repair, by report	\$165.30
D2982	2	Onlay repair necessitated by restorative material failure	\$165.30
D3110	2	Pulp cap - direct (excluding final restoration)	\$37.56
D3120	2	Pulp cap - indirect (excluding final restoration)	\$36.81
D3220	2	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$88.64
D3221	2	Pulpal debridement, primary and permanent teeth	\$98.77
D3222	2	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	\$88.64
D3310	2	Anterior (excluding final restoration)	\$407.57
D3320	2	Bicuspid (excluding final restoration)	\$487.14
D3330	2	Molar (excluding final restoration)	\$594.72
D3333	2	Internal root repair of perforation defects	\$141.50
D3346	2	Retreatment of previous root canal therapy - anterior	\$468.73
D3347	2	Retreatment of previous root canal therapy - bicuspid	\$548.27
D3348	2	Retreatment of previous root canal therapy - molar	\$670.28



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D3351	2	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$168.27
D3410	2	Apicoectomy/periradicular surgery - anterior	\$343.38
D3421	2	Apicoectomy/periradicular surgery - bicuspid (first root)	\$401.32
D3425	2	Apicoectomy/periradicular surgery - molar (first root)	\$449.60
D3426	2	Apicoectomy/periradicular surgery (each additional root)	\$237.53
D3430	2	Retrograde filling - per root	\$121.69
D3450	2	Root amputation - per root	\$219.35
D3910	2	Surgical procedure for isolation of tooth with rubber dam	\$124.10
D3920	2	Hemisection (including any root removal), not including root canal therapy	\$214.09
D4210	2	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$304.23
D4211	2	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$134.66
D4212	2	Gingivectomy or gingivoplasty to allow access for restorative procedures, per tooth	\$134.66
D4240	2	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$381.47
D4241	2	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$273.81
D4249	2	Clinical crown lengthening - hard tissue	\$480.24
D4260	2	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$666.67
D4261	2	Osseous surgery (including flap entry and closure) - 1-3 teeth/quadrant	\$510.37
D4263	2	Bone replacement graft - first site in quadrant	\$326.01
D4264	2	Bone replacement graft - each additional site in quadrant	\$238.88
D4265	2	Biologic materials to aid in soft and osseous tissue regeneration	\$326.01
D4266	2	Guided tissue regeneration - resorbable barrier, per site	\$446.20



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D4267	2	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$527.33
D4268	2	Surgical revision procedure, per tooth	\$393.05
D4270	2	Pedicle soft tissue graft procedure	\$452.43
D4273	2	Subepithelial connective tissue graft procedures	\$641.97
D4274	2	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$334.28
D4275	2	Soft tissue allograft	\$534.09
D4276	2	Combined connective tissue and double pedicle graft	\$641.97
D4277	2	Free Soft Tissue Graft Procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$552.73
D4278	2	Free Soft Tissue Graft Procedure (including donor site surgery, each additional contiguous tooth or edentulous tooth position in same graft site	\$276.37
D4283	2	Autogenous connective tissue graft procedure each additional contiguous tooth,	\$385.18
D4285	2	Non-autogenous connective tissue graft each additional contiguous tooth, position in same graft site	\$320.45
D4341	2	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant. Only two quadrants are allowed per date of service. Additional quadrants will deny.	\$125.45
D4342	2	Periodontal scaling and root planing - one to three teeth/ quadrant	\$94.09
D4355	2	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$92.34
D4910	2	Periodontal maintenance	\$82.23
D5410	2	Adjust complete denture - maxillary	\$41.85
D5411	2	Adjust complete denture - mandibular	\$41.85
D5421	2	Adjust partial denture - maxillary	\$41.85
D5422	2	Adjust partial denture - mandibular	\$41.85
D5511	2	Repair broken complete denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	\$94.30



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D5512	2	Repair broken complete denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	\$94.30
D5520	2	Replace missing or broken teeth - complete denture (each tooth)	\$78.34
D5611	2	Repair resin partial denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	\$95.35
D5612	2	Repair resin partial denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	\$95.35
D5621	2	Repair cast partial framework, mandibular (lower arch)	\$137.10
D5622	2	Repair cast partial framework, maxillary (upper arch)	\$137.10
D5630	2	Repair or replace broken clasp	\$117.51
D5640	2	Replace broken teeth - per tooth	\$78.34
D5650	2	Add tooth to existing partial denture	\$101.56
D5660	2	Add clasp to existing partial denture	\$129.85
D5670	2	Replace all teeth and acrylic on cast metal framework (maxillary)	\$521.75
D5671	2	Replace all teeth and acrylic on cast metal framework (mandibular)	\$511.77
D5710	2	Rebase complete maxillary denture	\$274.20
D5711	2	Rebase complete mandibular denture	\$270.57
D5720	2	Rebase maxillary partial denture	\$263.32
D5721	2	Rebase mandibular partial denture	\$259.69
D5730	2	Reline complete maxillary denture (chairside)	\$166.30
D5731	2	Reline complete mandibular denture (chairside)	\$166.30
D5740	2	Reline maxillary partial denture (chairside)	\$166.30
D5741	2	Reline mandibular partial denture (chairside)	\$166.30
D5750	2	Reline complete maxillary denture (laboratory)	\$225.60
D5751	2	Reline complete mandibular denture (laboratory)	\$224.87
D5760	2	Reline maxillary partial denture (laboratory)	\$221.97
D5761	2	Reline mandibular partial denture (laboratory)	\$222.70
D5820	2	Interim partial denture (maxillary)	\$551.69
D5821	2	Interim partial denture (mandibular)	\$551.69
D5850	2	Tissue conditioning, maxillary	\$84.15
D5851	2	Tissue conditioning, mandibular	\$84.15



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Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6930	2	Recement fixed bridge	\$72.13
D6980	2	Fixed partial denture repair, by report	\$0.00
D7111	2	Coronal remnants, deciduous tooth	\$51.51
D7140	2	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$71.36
D7210	2	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$133.71
D7220	2	Removal of impacted tooth - soft tissue	\$177.60
D7230	2	Removal of impacted tooth - partially bony	\$242.94
D7240	2	Removal of impacted tooth - completely bony	\$279.96
D7241	2	Removal of impacted tooth - completely bony, with unusual surgical complications	\$286.64
D7250	2	Surgical removal of residual tooth roots (cutting procedure)	\$145.67
D7260	2	Oroantral fistula closure	\$327.52
D7261	2	Primary closure of a sinus perforation	\$327.52
D7270	2	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$266.73
D7272	2	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$356.26
D7280	2	Surgical access of an unerupted tooth	\$320.99
D7283	2	Placement of device to facilitate eruption of impacted tooth	\$121.00
D7285	2	Biopsy of oral tissue - hard (bone, tooth)	\$242.94
D7286	2	Biopsy of oral tissue - soft (all others)	\$242.94
D7291	2	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$127.70
D7296	2	Corticomy-one to three teeth spaces per quadrant. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	\$273.81
D7297		Corticomy-four or more to three teeth spaces per quadrant. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	\$381.47



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Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D7310	2	Alveoloplasty in conjunction with extractions - per quadrant	\$142.35
D7311	2	Alveoloplasty in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	\$142.35
D7320	2	Alveoloplasty not in conjunction with extractions - per quadrant	\$226.21
D7321	2	Alveoloplasty not in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	\$213.53
D7340	2	Vestibuloplasty - ridge extension (secondary epithelialization)	\$325.26
D7350	2	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$822.55
D7410	2	Excision of benign lesion up to 1.25 cm	\$201.32
D7411	2	Excision of benign lesion greater than 1.25 cm	\$299.84
D7412	2	Excision of benign lesion, complicated	\$403.36
D7440	2	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$335.75
D7441	2	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$606.67
D7450	2	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$284.92
D7451	2	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$376.31
D7460	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$267.20
D7461	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$415.02
D7465	2	Destruction of lesion(s) by physical or chemical method, by report	\$201.45
D7471	2	Removal of lateral exostosis (maxilla or mandible)	\$321.74
D7472	2	Removal of torus palatinus	\$321.71
D7473	2	Removal of torus mandibularis	\$321.71



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Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D7485	2	Surgical reduction of osseous tuberosity	\$370.37
D7510	2	Incision and drainage of abscess - intraoral soft tissue	\$101.41
D7511	2	Incision and drainage of abscess intraoral soft tissue complicated	\$125.88
D7520	2	Incision and drainage of abscess - extraoral soft tissue	\$217.30
D7521	2	Incision and drainage of abscess extraoral soft tissue complicated	\$296.58
D7530	2	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$175.80
D7540	2	Removal of reaction producing foreign bodies, musculoskeletal system	\$330.15
D7550	2	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$277.46
D7670	2	Alveolus closed reduction may include stabilization of teeth	\$800.19
D7770	2	Alveolus - open reduction stabilization of teeth	\$1,396.61
D7820	2	Closed reduction of dislocation	\$292.84
D7830	2	Manipulation under anesthesia	\$464.91
D7870	2	Arthrocentesis	\$959.93
D7911	2	Complicated suture - up to 5 cm	\$235.49
D7960	2	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$244.44
D7963	2	Frenoplasty	\$244.44
D8695	4	Removal of fixed orthodontic appliances for reasons other than completion of treatment. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	\$50.83
D9110	2	Palliative (emergency) treatment of dental pain - minor procedure	\$57.09
D9120	2	Fixed partial denture sectioning	\$83.67
D9222	2	Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	\$105.52



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D9223	2	Deep sedation /general anesthesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	\$90.52
D9239	2	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	\$102.15
D9243	2	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	\$87.15
D9910	2	Application of desensitizing medicament	\$30.80
D9944	2	Occlusal guard, hard appliance, full arch. Once per 60 months	\$295.22
D9945	2	Occlusal guard, soft appliance, full arch. Once per 60 months	\$73.81
D9946	2	Occlusal guard, hard appliance, partial arch, Once per 60 months	\$118.09
D9951	2	Occlusal adjustment - limited	\$77.37
D2510	3	Inlay - metallic - one surface	\$287.84
D2520	3	Inlay - metallic - two surfaces	\$330.78
D2530	3	Inlay - metallic - three or more surfaces	\$366.91
D2542	3	Onlay - metallic-two surfaces	\$386.67
D2543	3	Onlay - metallic-three surfaces	\$396.36
D2544	3	Onlay - metallic-four or more surfaces	\$477.52
D2610	3	Inlay - porcelain/ceramic - one surface	\$329.04
D2620	3	Inlay - porcelain/ceramic - two surfaces	\$353.99
D2630	3	Inlay - porcelain/ceramic - three or more surfaces	\$377.78
D2642	3	Onlay - porcelain/ceramic - two surfaces	\$394.62
D2643	3	Onlay - porcelain/ceramic - three surfaces	\$413.77
D2644	3	Onlay - porcelain/ceramic - four or more surfaces	\$493.92
D2650	3	Inlay - resin-based composite - one surface	\$297.70
D2651	3	Inlay - resin-based composite - two surfaces	\$329.04
D2652	3	Inlay - resin-based composite - three or more surfaces	\$353.99
D2662	3	Onlay - resin-based composite - two surfaces	\$376.05
D2663	3	Onlay - resin-based composite - three surfaces	\$382.43



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D2664	3	Onlay - - resin-based composite - four or more surfaces	\$401.00
D2710	3	Crown - resin (indirect)	\$291.32
D2720	3	Crown - resin with high noble metal	\$417.83
D2721	3	Crown - resin with predominantly base metal	\$376.05
D2722	3	Crown - resin with noble metal	\$396.36
D2740	3	Crown - porcelain/ceramic substrate	\$463.96
D2750	3	Crown - porcelain fused to high noble metal	\$447.93
D2751	3	Crown - porcelain fused to predominantly base metal	\$394.62
D2752	3	Crown - porcelain fused to noble metal	\$413.86
D2780	3	Crown - 3/4 cast high noble metal	\$463.07
D2781	3	Crown - 3/4 cast predominantly base metal	\$389.39
D2782	3	Crown - 3/4 cast noble metal	\$409.13
D2783	3	Crown - 3/4 porcelain/ceramic	\$493.92
D2790	3	Crown - full cast high noble metal	\$463.07
D2791	3	Crown - full cast predominantly base metal	\$377.64
D2792	3	Crown - full cast noble metal	\$407.38
D2799	3	Provisional crown	\$115.17
D2950	3	Core buildup, including any pins	\$112.61
D2952	3	Cast post and core in addition to crown	\$167.13
D2954	3	Prefabricated post and core in addition to crown	\$125.35
D5110	3	Complete denture - maxillary	\$579.74
D5120	3	Complete denture - mandibular	\$578.58
D5130	3	Immediate denture - maxillary	\$611.07
D5140	3	Immediate denture - mandibular	\$609.91
D5211	3	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$450.90
D5212	3	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$454.39
D5213	3	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$612.24
D5214	3	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$611.07



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D5221	3	Immediate maxillary partial denture – resin base	\$473.45
D5222	3	Immediate mandibular partial denture – resin base	\$477.11
D5223	3	Immediate maxillary partial denture – cast metal framework with resin denture bases	\$642.85
D5224	3	Immediate mandibular partial denture – cast metal framework with resin denture bases	\$641.62
D5225	3	Maxillary Partial Denture - Flexible Base	\$612.24
D5226	3	Mandibular Partial Denture - Flexible Base	\$611.07
D5282	3	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary. once per 60 months, not to be combined with any other denture in the same arch	\$351.67
D5283	3	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular. Once per 60 months, not to be combined with any other denture in the same arch	\$351.67
D6010*	3	Surgical placement of implant	\$767.27
D6013*	3	Surgical placement of mini-implant	\$383.64
D6056	3	Prefabricated abutment	\$217.13
D6057	3	Custom Abutment	\$295.92
D6058	3	Implant Abut Crown	\$514.96
D6059	3	Abutment supported porcelain fused to metal crown (high noble metal)	\$526.84
D6060	3	Implant Abut Crown	\$465.54
D6061	3	Abutment supported porcelain fused to metal crown (noble metal)	\$487.49
D6062	3	Implant Abut Crown	\$495.24
D6063	3	Implant Abut Crown	\$417.00
D6064	3	Implant Abut Crown	\$465.57
D6065	3	Implant Abut Crown	\$559.50
D6066	3	Implant Abut Crown	\$559.42
D6067	3	Implant Abut Crown	\$493.25
D6069	3	Abutment supported reainer for porcelain fused to metal FPD (high noble metal)	\$526.84



Delta Dental of Massachusetts

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357
 Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier
 Beginning January 1, 2019 - December 31, 2019**

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)	\$1,310
Orthodontia Lifetime Maximum ***	\$2,000
Annual Maximum Dental Implants *	\$1,000

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6070	3	Abutment supported reainer for porcelain fused to metal FPD (predominately base metal)	\$465.54
D6071	3	Abutment supported reainer for porcelain fused to metal FPD (noble metal)	\$487.49
D6072	3	Abutment supported reainer for cast metal FPD (high noble metal)	\$495.24
D6073	3	Abutment supported reainer for cast metal FPD (predominately base metal)	\$417.00
D6074	3	Abutment supported reainer for cast metal FPD (noble metal)	\$465.57
D6076	3	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$559.42
D6077	3	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$493.25
D6085	3	Provisional Implant crown	\$115.17
D6092	3	recrement implant/abutment supported crown	\$55.07
D6093	3	recrement implant/abutment supported fixed partial denture	\$82.60
D6094	3	Abutment supported crown - titanium	\$491.20
D6114	3	Implant /abutment complete denture-fixed upper arch	\$649.30
D6115	3	Implant /abutment complete denture-fixed lower arch	\$649.30
D6116	3	Implant /abutment partial denture-fixed upper arch	\$649.30
D6117	3	Implant /abutment partial denture-fixed lower arch	\$649.30
D6194	3	Abutment supported retainer crown for FPD - titanium	\$491.20
D6205	3	Pontic - indirect resin based composite	\$430.01
D6210	3	Pontic - cast high noble metal	\$463.07
D6211	3	Pontic - cast predominantly base metal	\$382.43
D6212	3	Pontic - cast noble metal	\$398.65
D6214	3	Pontic - titanium	\$463.07
D6240	3	Pontic - porcelain fused to high noble metal	\$437.83
D6241	3	Pontic - porcelain fused to predominantly base metal	\$391.71
D6242	3	Pontic - porcelain fused to noble metal	\$409.02
D6245	3	Pontic porcelain ceramic substrate	\$431.29
D6250	3	Pontic - resin with high noble metal	\$423.06



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Orthodontia Lifetime Maximum ***	\$2,000
Annual Maximum Dental Implants *	\$1,000

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6251	3	Pontic - resin with predominantly base metal	\$391.71
D6252	3	Pontic - resin with noble metal	\$407.38
D6545	3	Retainer - cast metal for resin bonded fixed prosthesis	\$247.80
D6549	3	Resin retainer for resin bonded fixed prosthesis - Once per tooth every five years.	\$430.01
D6602	3	Inlay - cast high noble metal, two surfaces"	\$330.78
D6603	3	Inlay - cast high noble metal, three or more surfaces	\$366.91
D6604	3	Inlay - cast predominantly base metal, two surfaces	\$326.14
D6605	3	Inlay - cast predominantly base metal, three or more surfaces	\$351.10
D6606	3	Inlay - cast noble metal, two surfaces	\$326.14
D6607	3	Inlay - cast noble metal, three or more surfaces	\$351.10
D6610	3	Onlay - cast high noble metal, two surfaces	\$399.26
D6611	3	Onlay - cast high noble metal, three or more surfaces	\$419.57
D6612	3	Onlay - cast predominantly base metal, two surfaces	\$399.26
D6613	3	Onlay - cast predominantly base metal, three or more surfaces	\$419.57
D6614	3	Onlay - cast noble metal, two surfaces	\$399.26
D6615	3	Onlay - cast noble metal, three or more surfaces	\$419.57
D6624	3	Inlay - titanium	\$289.36
D6634	3	Onlay - titanium	\$463.07
D6710	3	Crown - indirect resin based composite	\$430.02
D6720	3	Crown - resin with high noble metal	\$415.51
D6721	3	Crown - resin with predominantly base metal	\$387.66
D6722	3	Crown - resin with noble metal	\$406.22
D6740	3	Retainer Crown-porcelain/ceramic	\$431.29
D6750	3	Crown - porcelain fused to high noble metal	\$431.29
D6751	3	Crown - porcelain fused to predominantly base metal	\$391.71
D6752	3	Crown - porcelain fused to noble metal	\$409.02
D6780	3	Crown - 3/4 cast high noble metal	\$477.52
D6781	3	Crown - 3/4 cast predominantly base metal	\$457.67
D6782	3	Crown - 3/4 cast noble metal	\$437.81
D6790	3	Crown - full cast high noble metal	\$463.07



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Plan Maximums:

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Orthodontia Lifetime Maximum ***	\$2,000
Annual Maximum Dental Implants *	\$1,000

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6791	3	Crown - full cast predominantly base metal	\$382.43
D6792	3	Crown - full cast noble metal	\$407.38
D6794	3	Crown - titanium	\$463.07

* Covered procedures are subject to a combined annual maximum for implants of \$1,000 per person. Implant-related procedures (abutments and crowns) will be applied toward the overall annual maximum of \$1,310 per person.

**Non-participating dentists may balance bill. Members are responsible for the difference between the Fund payment and the fee charged by the dentist.

***Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan.

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