



Delta Dental of Massachusetts

**Boston Teachers Union Health and Welfare Fund - Group No: 006318
 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)	\$2,400
Orthodontia Benefit Lifetime Maximum***	\$3,000
Annual Maximum for Implants*	\$1,500

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D0120	1	Periodic oral evaluation	\$33.09
D0140	1	Limited oral evaluation - problem focused	\$55.17
D0145	1	Oral Evaluation for a patient under three years of age counseling with primary caregiver	\$34.82
D0150	1	Comprehensive oral evaluation - new or established patient	\$57.06
D0160	1	Detailed and extensive oral evaluation - problem focused, by report	\$94.72
D0170	1	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$50.58
D0180	1	Comprehensive periodontal evaluation - new or established patient	\$81.06
D0210	1	Intraoral - complete series (including bitewings)	\$98.14
D0220	1	Intraoral - periapical first film	\$19.40
D0230	1	Intraoral - periapical each additional film	\$15.98
D0240	1	Intraoral - occlusal film	\$30.81
D0250	1	Extra-oral – first 2D projection radiographic image	\$42.22
D0251	1	Extra-oral posterior dental radiograph	\$42.22
D0270	1	Bitewing - single film	\$19.40
D0272	1	Bitewings - two films	\$31.95
D0273	1	Bitewings - three films	\$38.89
D0274	1	Bitewings - four films	\$48.01
D0277	1	Vertical bitewings - 7 to 8 films	\$86.66
D0310	1	Sialography	\$260.72
D0321	1	Other temporomandibular joint films, by report	\$154.06
D0330	1	Panoramic film	\$87.70
D0414	1	Lab processing for microbial specimen (separating collecting and analysis like saliva and genetic codes)	\$122.17
D0415	1	Bacteriologic studies for determination of pathologic agents	\$122.17
D0460	1	Pulp vitality tests	\$52.30
D0470	1	Diagnostic casts	\$75.69
D1110	1	Prophylaxis - adult	\$69.23



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D1120	1	Prophylaxis - child	\$52.69
D1206	1	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$29.16
D1208	1	Topical application of fluoride (prophylaxis not included)	\$27.39
D1351	1	Sealant - per tooth	\$44.09
D1352	1	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	\$44.09
D1510	1	Space maintainer - fixed - unilateral	\$280.54
D1516	1	Space maintainer - fixed - bilateral, maxillary	\$379.32
D1517	1	Space maintainer - fixed - bilateral, mandibular	\$379.32
D1520	1	Space maintainer - removable - unilateral	\$303.70
D1526	1	Space maintainer - removable - maxillary	\$404.67
D1526	1	Space maintainer - removable - mandibular	\$404.67
D1550	1	Re-cementation of space maintainer	\$60.49
D1555	1	removal of fixed space maintainer	\$60.49
D1575	1	Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars (A, J, K, T)	\$280.54
D4346	1	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation	\$69.23
D4355	1	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$109.42
D4910	1	Periodontal maintenance	\$96.73
D2140	2	Amalgam - one surface, primary or permanent	\$72.88
D2150	2	Amalgam - two surfaces, primary or permanent	\$92.76
D2160	2	Amalgam - three surfaces, primary or permanent	\$113.58
D2161	2	Amalgam - four or more surfaces, primary or permanent	\$138.18
D2330	2	Resin-based composite - one surface, anterior	\$89.91
D2331	2	Resin-based composite - two surfaces, anterior	\$112.63
D2332	2	Resin-based composite - three surfaces, anterior	\$139.13
D2335	2	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$174.16



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D2390	2	Resin-based composite crown, anterior	\$223.65
D2391	2	Resin-based composite - one surface, posterior	\$98.43
D2410	2	Gold foil - one surface	\$389.21
D2420	2	Gold foil - two surfaces	\$433.07
D2430	2	Gold foil - three surfaces	\$501.89
D2910	2	Recement inlay	\$62.77
D2915	2	Recement cast or prefab post and core	\$62.77
D2920	2	Recement crown	\$62.77
D2930	2	Prefabricated stainless steel crown - primary tooth	\$174.57
D2931	2	Prefabricated stainless steel crown - permanent tooth	\$192.86
D2932	2	Prefabricated resin crown	\$214.44
D2933	2	Prefabricated stainless steel crown with resin window	\$222.10
D2940	2	Sedative filling	\$68.12
D2941	2	Interim therapeutic restoration (primary tooth)	\$68.12
D2951	2	Pin retention - per tooth, in addition to restoration	\$45.75
D2980	2	Crown repair, by report	\$208.28
D3110	2	Pulp cap - direct (excluding final restoration)	\$47.33
D3120	2	Pulp cap - indirect (excluding final restoration)	\$46.38
D3220	2	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$111.69
D3221	2	Pulpal debridement, primary and permanent teeth	\$126.14
D3222	2	Partial Pulpotomy for Apexogenesis with incomplete root-development	\$111.69
D3310	2	Anterior (excluding final restoration)	\$505.21
D3320	2	Bicuspid (excluding final restoration)	\$607.58
D3330	2	Molar (excluding final restoration)	\$742.87
D3333	2	Internal root repair of perforation defects	\$177.43
D3346	2	Retreatment of previous root canal therapy - anterior	\$585.70
D3347	2	Retreatment of previous root canal therapy - bicuspid	\$687.93
D3348	2	Retreatment of previous root canal therapy - molar	\$848.21



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D3351	2	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$212.02
D3410	2	Apicoectomy/periradicular surgery - anterior	\$436.24
D3421	2	Apicoectomy/periradicular surgery - bicuspid (first root)	\$504.63
D3425	2	Apicoectomy/periradicular surgery - molar (first root)	\$574.21
D3426	2	Apicoectomy/periradicular surgery (each additional root)	\$303.36
D3430	2	Retrograde filling - per root	\$153.33
D3450	2	Root amputation - per root	\$276.38
D3910	2	Surgical procedure for isolation of tooth with rubber dam	\$156.37
D3920	2	Hemisection (including any root removal), not including root canal therapy	\$269.75
D4210	2	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$383.33
D4211	2	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$171.98
D4240	2	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$486.03
D4241	2	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$345.00
D4249	2	Clinical crown lengthening - hard tissue	\$613.35
D4260	2	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$851.44
D4261	2	Osseous surgery (including flap entry and closure) - 1-3 teeth/quadrant	\$651.82
D4263	2	Bone replacement graft - first site in quadrant	\$410.77
D4264	2	Bone replacement graft - each additional site in quadrant	\$300.99
D4265	2	Biologic materials to aid in soft and osseous tissue regeneration	\$410.77



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D4266	2	Guided tissue regeneration - resorbable barrier, per site	\$562.21
D4267	2	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$664.44
D4268	2	Surgical revision procedure, per tooth	\$501.99
D4270	2	Pedicle soft tissue graft procedure	\$577.82
D4273	2	Subepithelial connective tissue graft procedures	\$819.91
D4274	2	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$421.19
D4275	2	Soft tissue allograft	\$672.95
D4276	2	Combined connective tissue and double pedicle graft	\$819.91
D4277	2	Free Soft Tissue Graft Procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$705.93
D4278	2	Free Soft Tissue Graft Procedure (including donor site surgery, each additional contiguous tooth or edentulous tooth position in same graft site	\$352.97
D4283	2	Autogenous connective tissue graft procedure each additional contiguous tooth,	\$491.95
D4285	2	Non-autogenous connective tissue graft each additional contiguous tooth, position in same graft site	\$403.77
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	\$158.07
D4342	2	Periodontal scaling and root planing - one to three teeth/ quadrant	\$118.55
D5410	2	Adjust complete denture - maxillary	\$53.45
D5411	2	Adjust complete denture - mandibular	\$53.45
D5421	2	Adjust partial denture - maxillary	\$53.45
D5422	2	Adjust partial denture - mandibular	\$53.45
D5511	2	Repair broken complete denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	\$118.82



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Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D5512	2	Repair broken complete denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	\$118.82
D5520	2	Replace missing or broken teeth - complete denture (each tooth)	\$98.71
D5611	2	Repair resin partial denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	\$121.77
D5612	2	Repair resin partial denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	\$121.77
D5621	2	Repair cast partial framework, mandibular (lower arch)	\$172.75
D5622	2	Repair cast partial framework, maxillary (upper arch)	\$172.75
D5630	2	Repair or replace broken clasp	\$148.06
D5640	2	Replace broken teeth - per tooth	\$98.71
D5650	2	Add tooth to existing partial denture	\$127.97
D5660	2	Add clasp to existing partial denture	\$163.61
D5670	2	Replace all teeth and acrylic on cast metal framework (maxillary)	\$657.41
D5671	2	Replace all teeth and acrylic on cast metal framework (mandibular)	\$644.83
D5710	2	Rebase complete maxillary denture	\$345.49
D5711	2	Rebase complete mandibular denture	\$340.92
D5720	2	Rebase maxillary partial denture	\$331.78
D5721	2	Rebase mandibular partial denture	\$327.21
D5730	2	Reline complete maxillary denture (chair side)	\$212.39
D5731	2	Reline complete mandibular denture (chair side)	\$212.39
D5740	2	Reline maxillary partial denture (chair side)	\$212.39
D5741	2	Reline mandibular partial denture (chair side)	\$212.39
D5750	2	Reline complete maxillary denture (laboratory)	\$284.26
D5751	2	Reline complete mandibular denture (laboratory)	\$283.34
D5760	2	Reline maxillary partial denture (laboratory)	\$279.68
D5761	2	Reline mandibular partial denture (laboratory)	\$280.60
D5850	2	Tissue conditioning, maxillary	\$106.03



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D5851	2	Tissue conditioning, mandibular	\$106.03
D6092	2	Recement implant/abutment supported fixed partial denture	\$70.33
D6093	2	Recement implant/abutment supported crown	\$105.50
D6930	2	Recement fixed bridge	\$92.12
D6980	2	Fixed partial denture repair, by report	\$214.79
D7111	2	Coronal remnants, deciduous tooth	\$65.79
D7140	2	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$89.91
D7210	2	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$168.47
D7220	2	Removal of impacted tooth - soft tissue	\$224.96
D7230	2	Removal of impacted tooth - partially bony	\$307.34
D7240	2	Removal of impacted tooth - completely bony	\$352.75
D7241	2	Removal of impacted tooth - completely bony, with unusual surgical complications	\$358.40
D7250	2	Surgical removal of residual tooth roots (cutting procedure)	\$186.05
D7260	2	Oroantral fistula closure	\$412.68
D7261	2	Primary closure of a sinus perforation	\$412.68
D7270	2	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$348.40
D7272	2	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$465.35
D7280	2	Surgical access of an unerupted tooth	\$409.95
D7283	2	Placement of device to facilitate eruption of impacted tooth	\$152.46
D7285	2	Biopsy of oral tissue - hard (bone, tooth)	\$306.10
D7286	2	Biopsy of oral tissue - soft (all others)	\$306.10
D7288	2	Brush biopsy-transepithelial sample collection	\$91.73
D7291	2	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$160.90



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Procedure Code	Procedure Type	Procedure Description	Fund Payment **
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)	\$345.00
D7297	2	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)	\$486.03
D7310	2	Alveoloplasty in conjunction with extractions - per quadrant	\$179.36
D7311	2	Alveoloplasty in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	\$179.36
D7320	2	Alveoloplasty not in conjunction with extractions - per quadrant	\$288.91
D7321	2	Alveoloplasty not in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	\$269.05
D7340	2	Vestibuloplasty - ridge extension (secondary epithelialization)	\$409.83
D7350	2	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$1,036.41
D7410	2	Excision of benign lesion up to 1.25 cm	\$259.47
D7411	2	Excision of benign lesion greater than 1.25 cm	\$391.65
D7412	2	Excision of benign lesion, complicated	\$526.87
D7440	2	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$438.55
D7441	2	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$792.43
D7450	2	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$372.16
D7451	2	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$491.54



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Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D7460	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$349.01
D7461	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$542.09
D7465	2	Destruction of lesion(s) by physical or chemical method, by report	\$263.13
D7471	2	Removal of lateral exostosis (maxilla or mandible)	\$405.39
D7472	2	Removal of torus palatinus	\$405.35
D7473	2	Removal of torus mandibularis	\$405.35
D7485	2	Surgical reduction of osseous tuberosity	\$473.02
D7510	2	Incision and drainage of abscess - intraoral soft tissue	\$129.42
D7511	2	Incision and drainage of abscess intraoral soft tissue complicated	\$160.77
D7520	2	Incision and drainage of abscess - extraoral soft tissue	\$283.84
D7521	2	Incision and drainage of abscess extraoral soft tissue complicated	\$387.38
D7530	2	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$229.63
D7540	2	Removal of reaction producing foreign bodies, musculoskeletal system	\$431.24
D7550	2	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$362.41
D7670	2	Alveolus closed reduction may include stabilization of teeth	\$1,045.21
D7770	2	Alveolus - open reduction stabilization of teeth	\$1,824.24
D7820	2	Closed reduction of dislocation	\$382.51
D7830	2	Manipulation under anesthesia	\$607.27
D7870	2	Arthrocentesis	\$1,209.51
D7911	2	Complicated suture - up to 5 cm	\$307.59
D7953	2	Bone replacement graft for ridge preservation	\$552.98
D7960	2	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$312.19
D7963	2	Frenuoplasty	\$312.19



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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)	\$60.49
D9110	2	Palliative (emergency) treatment of dental pain - minor procedure	\$71.93
D9120	2	Fixed partial denture sectioning	\$105.42
D9222	2	Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	\$129.05
D9223	2	Deep sedation /general anesthesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	\$114.05
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)	\$124.79
D9243	2	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	\$109.79
D9910	2	Application of desensitizing medicament	\$38.81
D9944	2	Occlusal guard, hard appliance, full arch	\$371.98
D9945	2	Occlusal guard, soft appliance, full arch	\$93.00
D9946	2	Occlusal guard, hard appliance, partial arch	\$148.79
D9951	2	Occlusal adjustment - limited	\$97.49
D2510	3	Inlay - metallic - one surface	\$417.37
D2520	3	Inlay - metallic - two surfaces	\$479.64
D2530	3	Inlay - metallic - three or more surfaces	\$532.02
D2542	3	Onlay - metallic-two surfaces	\$560.67
D2543	3	Onlay - metallic-three surfaces	\$574.72
D2544	3	Onlay - metallic-four or more surfaces	\$650.19
D2610	3	Inlay - porcelain/ceramic - one surface	\$477.11
D2620	3	Inlay - porcelain/ceramic - two surfaces	\$513.29
D2630	3	Inlay - porcelain/ceramic - three or more surfaces	\$547.79



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D2642	3	Onlay - porcelain/ceramic - two surfaces	\$572.19
D2643	3	Onlay - porcelain/ceramic - three surfaces	\$599.96
D2644	3	Onlay - porcelain/ceramic - four or more surfaces	\$716.18
D2650	3	Inlay - resin-based composite - one surface	\$431.67
D2651	3	Inlay - resin-based composite - two surfaces	\$477.11
D2652	3	Inlay - resin-based composite - three or more surfaces	\$513.29
D2662	3	Onlay - resin-based composite - two surfaces	\$545.27
D2663	3	Onlay - resin-based composite - three surfaces	\$554.53
D2664	3	Onlay - - resin-based composite - four or more surfaces	\$581.45
D2710	3	Crown - resin (indirect)	\$422.41
D2712	3	Crown 3/4 resin based composite (indirect) not include facial veneers	\$422.41
D2720	3	Crown - resin with high noble metal	\$605.86
D2721	3	Crown - resin with predominantly base metal	\$545.27
D2722	3	Crown - resin with noble metal	\$574.72
D2740	3	Crown - porcelain/ceramic substrate	\$645.40
D2750	3	Crown - porcelain fused to high noble metal	\$626.89
D2751	3	Crown - porcelain fused to predominantly base metal	\$572.19
D2752	3	Crown - porcelain fused to noble metal	\$593.24
D2780	3	Crown - 3/4 cast high noble metal	\$631.93
D2781	3	Crown - 3/4 cast predominantly base metal	\$564.62
D2782	3	Crown - 3/4 cast noble metal	\$593.24
D2783	3	Crown - 3/4 porcelain/ceramic	\$716.18
D2790	3	Crown - full cast high noble metal	\$630.52
D2791	3	Crown - full cast predominantly base metal	\$557.89
D2792	3	Crown - full cast noble metal	\$590.71
D2794	3	Crown Titanium	\$630.52
D2799	3	Provisional crown	\$156.82
D2950	3	Core buildup, including any pins	\$153.33
D2952	3	Cast post and core in addition to crown	\$242.34
D2954	3	Prefabricated post and core in addition to crown	\$181.76
D5110	3	Complete denture - maxillary	\$840.62
D5120	3	Complete denture - mandibular	\$838.94



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D5130	3	Immediate denture - maxillary	\$886.05
D5140	3	Immediate denture - mandibular	\$884.37
D5211	3	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$653.81
D5212	3	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$658.87
D5213	3	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$887.75
D5214	3	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$886.05
D5221	3	Immediate maxillary partial denture – resin base	\$686.50
D5222	3	Immediate mandibular partial denture – resin base	\$691.81
D5223	3	Immediate maxillary partial denture – cast metal framework with resin denture bases	\$932.14
D5224	3	Immediate mandibular partial denture – cast metal framework with resin denture bases	\$930.44
D5225	3	Maxillary partial denture - flexible base	\$887.75
D5226	3	Mandibular partial denture - flexible base	\$886.05
D5282	3	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	\$509.92
D5282	3	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	\$509.92
D5820	3	Interim partial denture (maxillary)	\$639.96
D5821	3	Interim partial denture (mandibular)	\$639.96
D6010*	3	Implant-surgical endosteal, single tooth	\$1,029.37 *
D6013*	3	Mini-Implant, single tooth	\$514.69 *
D6056	3	Prefabricated abutment	\$286.83
D6057	3	Custom Abutment	\$394.57
D6058	3	Implant Abut Crown	\$683.29
D6059	3	Abutment supported porcelain fused to metal crown (high noble metal)	\$702.78



Delta Dental of Massachusetts

**Boston Teachers Union Health and Welfare Fund - Group No: 006318
 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)	\$2,400
Orthodontia Benefit Lifetime Maximum***	\$3,000
Annual Maximum for Implants*	\$1,500

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6060	3	Implant Abut Crown	\$616.48
D6061	3	Abutment supported porcelain fused to metal crown (noble metal)	\$652.04
D6062	3	Implant Abut Crown	\$650.95
D6063	3	Implant Abut Crown	\$567.79
D6064	3	Implant Abut Crown	\$616.50
D6065	3	Implant Abut Crown	\$756.37
D6066	3	Implant Abut Crown	\$750.03
D6067	3	Implant Abut Crown	\$661.49
D6068	3	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$686.75
D6070	3	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$616.48
D6071	3	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$652.04
D6072	3	Abutment supported retainer for cast metal FPD (high noble metal)	\$650.95
D6073	3	Abutment supported retainer for cast metal FPD (predominately base metal)	\$567.79
D6074	3	Abutment supported retainer for cast metal FPD (noble metal)	\$616.50
D6076	3	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$750.03
D6077	3	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$661.49
D6085	3	Provisional implant crown	\$156.82
D6094	3	Abutment supported crown - titanium	\$644.32
D6114	3	Implant /abutment complete denture-fixed upper arch	\$851.58
D6115	3	Implant /abutment complete denture-fixed lower arch	\$851.58
D6116	3	Implant /abutment partial denture-fixed upper arch	\$887.75
D6117	3	Implant /abutment partial denture-fixed lower arch	\$887.75
D6194	3	Abutment supported retainer crown for FPD - titanium	\$644.32
D6205	3	Pontic - indirect resin based composite	\$623.52



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Annual Plan Maximum (Excluding Orthodontia and Implants)	\$2,400
Orthodontia Benefit Lifetime Maximum***	\$3,000
Annual Maximum for Implants*	\$1,500

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6210	3	Pontic - cast high noble metal	\$630.52
D6211	3	Pontic - cast predominantly base metal	\$554.53
D6212	3	Pontic - cast noble metal	\$577.24
D6214	3	Pontic - titanium	\$630.52
D6240	3	Pontic - porcelain fused to high noble metal	\$616.80
D6241	3	Pontic - porcelain fused to predominantly base metal	\$567.98
D6242	3	Pontic - porcelain fused to noble metal	\$590.71
D6250	3	Pontic - resin with high noble metal	\$613.43
D6251	3	Pontic - resin with predominantly base metal	\$567.98
D6252	3	Pontic - resin with noble metal	\$590.71
D6545	3	Retainer - cast metal for resin bonded fixed prosthesis	\$359.31
D6549	3	Resin retainer for resin bonded fixed prosthesis - Once per tooth every five years.	\$623.52
D6602	3	Inlay - cast high noble metal, two surfaces"	\$479.64
D6603	3	Inlay - cast high noble metal, three or more surfaces	\$532.02
D6604	3	Inlay - cast predominantly base metal, two surfaces	\$472.90
D6605	3	Inlay - cast predominantly base metal, three or more surfaces	\$509.09
D6606	3	Inlay - cast noble metal, two surfaces	\$472.90
D6607	3	Inlay - cast noble metal, three or more surfaces	\$509.09
D6610	3	Onlay - cast high noble metal, two surfaces	\$578.92
D6611	3	Onlay - cast high noble metal, three or more surfaces	\$608.37
D6612	3	Onlay - cast predominantly base metal, two surfaces	\$578.92
D6613	3	Onlay - cast predominantly base metal, three or more surfaces	\$608.37
D6614	3	Onlay - cast noble metal, two surfaces	\$578.92
D6615	3	Onlay - cast noble metal, three or more surfaces	\$608.37
D6624	3	Inlay - titanium	\$387.10
D6634	3	Onlay - titanium	\$630.52
D6710	3	Crown - indirect resin based composite	\$623.52
D6720	3	Crown - resin with high noble metal	\$602.49
D6721	3	Crown - resin with predominantly base metal	\$562.10
D6722	3	Crown - resin with noble metal	\$589.02



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Plan Maximums:	
Annual Plan Maximum (Excluding Orthodontia and Implants)	\$2,400
Orthodontia Benefit Lifetime Maximum***	\$3,000
Annual Maximum for Implants*	\$1,500

Procedure Code	Procedure Type	Procedure Description	Fund Payment **
D6740	3	Retainer Crown-porcelain/ceramic	\$623.52
D6750	3	Crown - porcelain fused to high noble metal	\$623.52
D6751	3	Crown - porcelain fused to predominantly base metal	\$567.98
D6752	3	Crown - porcelain fused to noble metal	\$590.71
D6780	3	Crown - 3/4 cast high noble metal	\$650.19
D6781	3	Crown - 3/4 cast predominantly base metal	\$623.16
D6782	3	Crown - 3/4 cast noble metal	\$615.95
D6790	3	Crown - full cast high noble metal	\$630.52
D6791	3	Crown - full cast predominantly base metal	\$554.53
D6792	3	Crown - full cast noble metal	\$590.71
D6794	3	Crown - titanium	\$630.52

* Covered procedures are subject to a combined annual maximum for implants of \$1,500 per person. Implant-related procedures (abutments and crowns) will be applied toward the overall annual maximum of \$2,400 per person.

** For out-of-network services with a non-participating dentist, the Fund payment is reduced by 20% and 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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