



Delta Dental of Massachusetts

**Boston Teachers Union Health and Welfare Fund - Group No: 006318  
 Schedule of Covered Dental Procedures for the Harvard Dental Center  
 Beginning January 1, 2019 - December 31, 2019**

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

| Code   | Procedure Type | Procedure Description  | Fee       | Copay | Fund Payment |
|--------|----------------|--|-----------|-------|--------------|
| D0120  | 1              | Periodic oral exam (once per 6 month period)   | \$ 38.57  | \$ -  | \$ 38.57     |
| D0140  | 1              | Limited evaluation, problem focused  | \$ 51.43  | \$ -  | \$ 51.43     |
| D0145  | 1              | Evaluation, child under 3 years  | \$ 38.57  | \$ -  | \$ 38.57     |
| D0150  | 1              | Comprehensive oral exam  | \$ 60.01  | \$ -  | \$ 60.01     |
| D0160  | 1              | Detailed oral exam   | \$ 51.43  | \$ -  | \$ 51.43     |
| D0170  | 1              | Emergency re-evaluation  | \$ 51.43  | \$ -  | \$ 51.43     |
| D0180  | 1              | Comprehensive periodontal evaluation   | \$ 87.82  | \$ -  | \$ 87.82     |
| D0210  | 1              | Intraoral complete series x-ray  | \$ 114.30 | \$ -  | \$ 114.30    |
| D0220  | 1              | Intraoral, periapical, first image   | \$ 21.45  | \$ -  | \$ 21.45     |
| D0230  | 1              | Intraoral, periapical, each additional image   | \$ 15.73  | \$ -  | \$ 15.73     |
| D0240  | 1              | Intraoral - occlusal image   | \$ 32.85  | \$ -  | \$ 32.85     |
| D0250  | 1              | Extra-oral- first 2D projection radiographic image   | \$ 52.86  | \$ -  | \$ 52.86     |
| D0251  | 1              | Extra-oral - each additional radiographic image  | \$ 52.86  | \$ -  | \$ 52.86     |
| D0270  | 1              | Bitewing, single image   | \$ 20.02  | \$ -  | \$ 20.02     |
| D0272  | 1              | Bitewings, 2 images  | \$ 34.28  | \$ -  | \$ 34.28     |
| D0273  | 1              | Bitewings, 3 images  | \$ 45.58  | \$ -  | \$ 45.58     |
| D0274  | 1              | Bitewings, 4 images  | \$ 52.86  | \$ -  | \$ 52.86     |
| D0277  | 1              | Vertical bitewing series   | \$ 114.30 | \$ -  | \$ 114.30    |
| D0310  | 1              | Sialography  | \$ 162.87 | \$ -  | \$ 162.87    |
| D0321  | 1              | Other TMJ images, by report  | \$ 85.73  | \$ -  | \$ 85.73     |
| D0330  | 1              | Panoramic image  | \$ 81.44  | \$ -  | \$ 81.44     |
| D0414  | 1              | Lab processing for microbial specimen (separating collecting and analysis like saliva and genetic codes) | \$ 81.44  | \$ -  | \$ 81.44     |
| D0415  | 1              | Bacteriologic studies  | \$ 81.44  | \$ -  | \$ 81.44     |
| D0460  | 1              | Pulp vitality test   | \$ 48.57  | \$ -  | \$ 48.57     |
| D0470  | 1              | Diagnostic casts   | \$ 82.87  | \$ -  | \$ 82.87     |
| D1110  | 1              | Prophylaxis, adult (once per 6 month period)   | \$ 72.85  | \$ -  | \$ 72.85     |
| D1120  | 1              | Prophylaxis, child (once per 6 month period)   | \$ 61.44  | \$ -  | \$ 61.44     |
| D1206  | 1              | Fluoride varnish   | \$ 32.85  | \$ -  | \$ 32.85     |
| D1208  | 1              | Topical application of Fluoride  | \$ 32.85  | \$ -  | \$ 32.85     |
| D1351  | 1              | Sealant per tooth  | \$ 32.85  | \$ -  | \$ 32.85     |
| D1352* | 1              | Preventive resin restoration in a moderate to high caries risk patient-permanent tooth                   | \$ 32.85  | \$ -  | \$ 32.85     |
| D1510  | 1              | Space maintainer - fixed - unilateral  | \$ 258.59 | \$ -  | \$ 258.59    |
| D1516  | 1              | Space maintainer - fixed - bilateral, maxillary  | \$ 322.87 | \$ -  | \$ 322.87    |
| D1517  | 1              | Space maintainer - fixed - bilateral, mandibular   | \$ 322.87 | \$ -  | \$ 322.87    |
| D1520  | 1              | Space maintainer - removable - unilateral  | \$ 290.04 | \$ -  | \$ 290.04    |
| D1526  | 1              | Space maintainer - removable - maxillary   | \$ 322.87 | \$ -  | \$ 322.87    |
| D1527  | 1              | Space maintainer - removable - mandibular  | \$ 322.87 | \$ -  | \$ 322.87    |
| D1550  | 1              | Recementation of space maintainer  | \$ 72.85  | \$ -  | \$ 72.85     |
| D1555  | 1              | Removal of fixed space maintainer  | \$ 62.51  | \$ -  | \$ 62.51     |



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

| Code  | Procedure Type | Procedure Description  | Fee       | Copay     | Fund Payment |
|-------|----------------|--|-----------|-----------|--------------|
| D1575 | 1              | Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars -- A J K T) | \$ 258.59 | \$ -      | \$ 258.59    |
| D4346 | 1              | Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation            | \$ 72.85  | \$ -      | \$ 72.85     |
| D4355 | 1              | Full mouth debridement   | \$ 72.85  | \$ -      | \$ 72.85     |
| D4910 | 1              | Periodontal maintenance services   | \$ 101.44 | \$ -      | \$ 101.44    |
| D2140 | 2              | Amalgam 1 surface, primary or permanent  | \$ 100.02 | \$ 14.36  | \$ 85.66     |
| D2150 | 2              | Amalgam 2 surfaces, primary or permanent   | \$ 125.71 | \$ 18.46  | \$ 107.25    |
| D2160 | 2              | Amalgam 3 surfaces, primary or permanent   | \$ 149.26 | \$ 20.52  | \$ 128.74    |
| D2161 | 2              | Amalgam 4 or more surfaces, primary or permanent   | \$ 152.87 | \$ 22.56  | \$ 130.31    |
| D2330 | 2              | Resin 1 surface anterior   | \$ 107.17 | \$ 15.85  | \$ 91.32     |
| D2331 | 2              | Resin 2 surface anterior   | \$ 118.60 | \$ 17.53  | \$ 101.07    |
| D2332 | 2              | Resin 3 surface anterior   | \$ 145.72 | \$ 21.54  | \$ 124.18    |
| D2335 | 2              | Resin 4 or more surf or incisal edge anterior  | \$ 171.44 | \$ 24.62  | \$ 146.82    |
| D2390 | 2              | Resin-based composite crown, anterior  | \$ 128.57 | \$ 19.00  | \$ 109.57    |
| D2391 | 2              | Resin-based composite crown, one surface, posterior  | \$ 117.78 | \$ 14.34  | \$ 103.44    |
| D2410 | 2              | Gold Foil 1 surface  | \$ 355.72 | \$ 52.59  | \$ 303.13    |
| D2420 | 2              | Gold Foil 2 surfaces   | \$ 500.02 | \$ 73.93  | \$ 426.09    |
| D2430 | 2              | Gold Foil 3 surfaces   | \$ 565.72 | \$ 83.64  | \$ 482.08    |
| D2910 | 2              | Recement Inlay, onlay, or partial coverage restoration   | \$ 64.29  | \$ 9.51   | \$ 54.78     |
| D2915 | 2              | Recement cast or prefab post & core  | \$ 64.29  | \$ 9.51   | \$ 54.78     |
| D2920 | 2              | Recement Crown   | \$ 67.14  | \$ 9.92   | \$ 57.22     |
| D2930 | 2              | Prefab stainless steel crown, primary  | \$ 164.32 | \$ 24.29  | \$ 140.03    |
| D2931 | 2              | Prefab stainless steel crown, permanent  | \$ 232.88 | \$ 34.45  | \$ 198.43    |
| D2932 | 2              | Prefab resin crown   | \$ 250.02 | \$ 36.97  | \$ 213.05    |
| D2933 | 2              | Prefab stainless steel crown w/ resin window   | \$ 298.59 | \$ 44.14  | \$ 254.45    |
| D2940 | 2              | Sedative Filling Restoration   | \$ 67.15  | \$ 9.92   | \$ 57.23     |
| D2941 | 2              | Interim therapeutic restoration - primary dentition  | \$ 67.15  | \$ 9.92   | \$ 57.23     |
| D2950 | 2              | Core buildup, including pin  | \$ 234.30 | \$ 81.88  | \$ 152.42    |
| D2951 | 2              | Pin retention per tooth in addition to restoration   | \$ 78.59  | \$ 11.62  | \$ 66.97     |
| D2980 | 2              | Crown repair necessitated by restorative material failure  | \$ 161.44 | \$ 23.86  | \$ 137.58    |
| D3110 | 2              | Pulp cap direct excluding final restoration  | \$ 30.03  | \$ 4.13   | \$ 25.90     |
| D3120 | 2              | Pulp cap indirect excluding final restoration  | \$ 41.44  | \$ 6.12   | \$ 35.32     |
| D3220 | 2              | Therapeutic pulpotomy excluding final restoration  | \$ 88.57  | \$ 12.30  | \$ 76.27     |
| D3221 | 2              | Pulpal debridement   | \$ 77.13  | \$ 11.40  | \$ 65.73     |
| D3222 | 2              | Partial pulpotomy for apexogenesis (Effective January 1, 2009)   | \$ 88.57  | \$ 12.30  | \$ 76.27     |
| D3310 | 2              | Anterior excluding final restoration   | \$ 634.31 | \$ 93.78  | \$ 540.53    |
| D3320 | 2              | Bicuspid excluding final restoration   | \$ 734.30 | \$ 108.57 | \$ 625.73    |
| D3330 | 2              | Root canal therapy, molar excluding final restoration  | \$ 977.16 | \$ 144.46 | \$ 832.70    |



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| Orthodontia Benefit Lifetime Maximum**                   | <b>\$3,000</b> |
| Annual Maximum for Implants*                             | <b>\$1,500</b> |

| <b>Code</b> | <b>Procedure Type</b> | <b>Procedure Description</b>  | <b>Fee</b>  | <b>Copay</b> | <b>Fund Payment</b> |
|-------------|-----------------------|---|-------------|--------------|---------------------|
| D3333       | 2                     | Root repair   | \$ 121.44   | \$ 17.94     | \$ 103.50           |
| D3346       | 2                     | Retreatment, anterior by report   | \$ 634.31   | \$ 93.78     | \$ 540.53           |
| D3347       | 2                     | Retreatment, bicuspid by report   | \$ 734.30   | \$ 108.57    | \$ 625.73           |
| D3348       | 2                     | Retreatment, molar by report  | \$ 977.16   | \$ 144.46    | \$ 832.70           |
| D3351       | 2                     | Apexification per visit   | \$ 121.44   | \$ 17.94     | \$ 103.50           |
| D3410       | 2                     | Apicoectomy, anterior   | \$ 548.60   | \$ 81.11     | \$ 467.49           |
| D3421       | 2                     | Apicoectomy, bicuspid, first root   | \$ 517.15   | \$ 76.45     | \$ 440.70           |
| D3425       | 2                     | Apicoectomy, molar, first root  | \$ 1,001.46 | \$ 143.57    | \$ 857.89           |
| D3426       | 2                     | Apicoectomy, additional root  | \$ 331.45   | \$ 49.02     | \$ 282.43           |
| D3430       | 2                     | Retrograde filling per root   | \$ 102.88   | \$ 15.21     | \$ 87.67            |
| D3450       | 2                     | Root amputation   | \$ 404.29   | \$ 59.46     | \$ 344.83           |
| D3910       | 2                     | Surgical procedure for isolation of tooth, rubber dam   | \$ 128.56   | \$ 18.43     | \$ 110.13           |
| D3920       | 2                     | Hemisection   | \$ 1,001.46 | \$ 148.05    | \$ 853.41           |
| D4210       | 2                     | Gingivectomy or gingivoplasty per quadrant  | \$ 840.03   | \$ 124.20    | \$ 715.83           |
| D4211       | 2                     | Gingivectomy or gingivoplasty per tooth   | \$ 104.33   | \$ 15.43     | \$ 88.90            |
| D4240       | 2                     | Gingival flap procedure including root planing  | \$ 548.60   | \$ 81.11     | \$ 467.49           |
| D4241       | 2                     | Gingival flap procedure, incl root planing,1-3 teeth/quad   | \$ 411.43   | \$ 60.82     | \$ 350.61           |
| D4249       | 2                     | Crown lengthening, hard and soft tissue   | \$ 758.59   | \$ 112.16    | \$ 646.43           |
| D4260       | 2                     | Osseous surgery   | \$ 871.46   | \$ 128.85    | \$ 742.61           |
| D4261       | 2                     | Osseous surgery(incl flap entry&closure)1-3 teeth/quad  | \$ 654.65   | \$ 96.39     | \$ 558.26           |
| D4263       | 2                     | Bone replacement graft, first site  | \$ 605.74   | \$ 89.57     | \$ 516.17           |
| D4264       | 2                     | Bone replacement graft, each additional site  | \$ 565.73   | \$ 83.66     | \$ 482.07           |
| D4265       | 2                     | Biologic materials aid soft&osseous tissue regenerat'n  | \$ 605.74   | \$ 89.57     | \$ 516.17           |
| D4266       | 2                     | Guided tissue regeneration, per site  | \$ 645.72   | \$ 95.45     | \$ 550.27           |
| D4267       | 2                     | Guided tissue regeneration includes reentry   | \$ 685.74   | \$ 101.39    | \$ 584.35           |
| D4268       | 2                     | Guided tissue regeneration includes surgery & reentry   | \$ 685.74   | \$ 101.39    | \$ 584.35           |
| D4270       | 2                     | Pedicle soft tissue graft procedure   | \$ 685.74   | \$ 101.39    | \$ 584.35           |
| D4273       | 2                     | Sub tissue graft  | \$ 734.28   | \$ 108.55    | \$ 625.73           |
| D4274       | 2                     | Distal/proximal wedge   | \$ 436.09   | \$ 64.49     | \$ 371.60           |
| D4275       | 2                     | Soft tissue allograft   | \$ 734.28   | \$ 108.55    | \$ 625.73           |
| D4276       | 2                     | Combined connective tissue and double pedicle graft   | \$ 734.28   | \$ 108.55    | \$ 625.73           |
| D4277       | 2                     | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft                                | \$ 734.28   | \$ 108.55    | \$ 625.73           |
| D4278       | 2                     | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | \$ 367.15   | \$ 54.29     | \$ 312.86           |
| D4283       | 2                     | Autogenous connective tissue graft procedure each additional contiguous tooth, two soft tissue grafts are allowed per 36 months per quadrant      | \$ 440.57   | \$ 154.21    | \$ 286.36           |



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| Orthodontia Benefit Lifetime Maximum**                   | <b>\$3,000</b> |
| Annual Maximum for Implants*                             | <b>\$1,500</b> |

| Code  | Procedure Type | Procedure Description   | Fee       | Copay     | Fund Payment |
|-------|----------------|---|-----------|-----------|--------------|
| D4285 | 2              | Non-autogenous connective tissue graft each additional contiguous tooth, position in same graft site, two soft tissue grafts are allowed per 36 months per quadrant | \$ 440.57 | \$ 154.21 | \$ 286.36    |
| D4341 | 2              | Periodontal scaling and root planing  | \$ 210.01 | \$ 30.76  | \$ 179.25    |
| D4342 | 2              | Periodontal scaling & root planing, 1-3 teeth/quadrant  | \$ 157.52 | \$ 22.56  | \$ 134.96    |
| D5410 | 2              | Adjust complete upper denture   | \$ 64.29  | \$ 9.51   | \$ 54.78     |
| D5411 | 2              | Adjust complete lower denture   | \$ 64.29  | \$ 9.51   | \$ 54.78     |
| D5421 | 2              | Adjust partial denture upper  | \$ 70.01  | \$ 10.35  | \$ 59.66     |
| D5422 | 2              | Adjust partial denture lower  | \$ 67.15  | \$ 9.92   | \$ 57.23     |
| D5511 | 2              | Repair broken complete denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)  | \$ 112.90 | \$ 16.70  | \$ 96.20     |
| D5512 | 2              | Repair broken complete denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)   | \$ 112.90 | \$ 16.70  | \$ 96.20     |
| D5611 | 2              | Repair resin partial denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)  | \$ 125.69 | \$ 18.56  | \$ 107.13    |
| D5612 | 2              | Repair resin partial denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)   | \$ 125.69 | \$ 18.56  | \$ 107.13    |
| D5621 | 2              | Repair cast partial framework, mandibular (lower arch)  | \$ 128.56 | \$ 19.00  | \$ 109.56    |
| D5622 | 2              | Repair cast partial framework, maxillary (upper arch)   | \$ 128.56 | \$ 19.00  | \$ 109.56    |
| D5520 | 2              | Replace missing/broken teeth compl dent each tooth  | \$ 110.02 | \$ 16.26  | \$ 93.76     |
| D5630 | 2              | Repair or replace broken clasp  | \$ 128.56 | \$ 19.00  | \$ 109.56    |
| D5640 | 2              | Replace broken teeth per tooth  | \$ 102.88 | \$ 15.21  | \$ 87.67     |
| D5650 | 2              | Add tooth to existing partial denture   | \$ 110.01 | \$ 16.27  | \$ 93.74     |
| D5660 | 2              | Add clasp   | \$ 147.16 | \$ 21.75  | \$ 125.41    |
| D5670 | 2              | Replace all teeth&acrylic: cast metal frame (maxillary)   | \$ 800.20 | \$ 118.30 | \$ 681.90    |
| D5671 | 2              | Replace all teeth&acrylic: cast metal frame(mandibular)   | \$ 811.69 | \$ 120.00 | \$ 691.69    |
| D5710 | 2              | Rebase complete upper denture   | \$ 355.75 | \$ 52.61  | \$ 303.14    |
| D5711 | 2              | Rebase complete lower denture   | \$ 322.87 | \$ 47.72  | \$ 275.15    |
| D5720 | 2              | Rebase partial upper denture  | \$ 355.75 | \$ 52.61  | \$ 303.14    |
| D5721 | 2              | Rebase partial lower denture  | \$ 322.87 | \$ 47.72  | \$ 275.15    |
| D5730 | 2              | Reline complete upper denture chairside   | \$ 218.58 | \$ 32.31  | \$ 186.27    |
| D5731 | 2              | Reline complete lower denture chairside   | \$ 218.58 | \$ 32.31  | \$ 186.27    |
| D5740 | 2              | Reline partial upper denture chairside  | \$ 242.86 | \$ 35.91  | \$ 206.95    |
| D5741 | 2              | Reline partial lower denture chairside  | \$ 242.86 | \$ 35.91  | \$ 206.95    |
| D5750 | 2              | Reline complete upper denture laboratory  | \$ 424.33 | \$ 62.74  | \$ 361.59    |
| D5751 | 2              | Reline complete lower denture laboratory  | \$ 424.33 | \$ 62.74  | \$ 361.59    |
| D5760 | 2              | Reline partial upper denture laboratory   | \$ 424.33 | \$ 62.74  | \$ 361.59    |
| D5761 | 2              | Reline partial lower denture laboratory   | \$ 424.33 | \$ 62.74  | \$ 361.59    |
| D5850 | 2              | Tissue conditioning upper denture   | \$ 152.87 | \$ 22.60  | \$ 130.27    |
| D5851 | 2              | Tissue conditioning lower denture   | \$ 152.87 | \$ 22.60  | \$ 130.27    |
| D6092 | 2              | Recement implant/abutment supported crown   | \$ 67.14  | \$ 9.92   | \$ 57.22     |



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| Annual Maximum for Implants*                             | <b>\$1,500</b> |

| Code   | Procedure Type | Procedure Description  | Fee       | Copay    | Fund Payment |
|--------|----------------|--|-----------|----------|--------------|
| D6093  | 2              | Recement implant/abutment supported fixed partial denture  | \$ 100.01 | \$ 14.79 | \$ 85.22     |
| D6930  | 2              | Recement bridge  | \$ 100.02 | \$ 14.79 | \$ 85.23     |
| D6980  | 2              | Fixed partial denture repair necessitated by restorative material failure  | \$ 164.28 | \$ 24.28 | \$ 140.00    |
| D7111  | 2              | Extraction coronal remnants, deciduous tooth   | \$ 38.59  | \$ 5.72  | \$ 32.87     |
| D7140  | 2              | Extract'n, erupt'd tooth/exposed root (elev/forc'ps remvl)   | \$ 105.28 | \$ 14.36 | \$ 90.92     |
| D7210  | 2              | Surgical removal of erupted tooth  | \$ 128.56 | \$ 18.43 | \$ 110.13    |
| D7220  | 2              | Removal of impacted tooth, soft tissue   | \$ 248.56 | \$ 36.74 | \$ 211.82    |
| D7230  | 2              | Removal of impacted tooth, partially bony  | \$ 351.43 | \$ 51.96 | \$ 299.47    |
| D7240  | 2              | Removal of impacted tooth, complete bony   | \$ 420.03 | \$ 62.11 | \$ 357.92    |
| D7241  | 2              | Removal of impacted tooth, compl bony, complications   | \$ 420.03 | \$ 62.11 | \$ 357.92    |
| D7250  | 2              | Surgical removal of residual roots   | \$ 168.59 | \$ 24.63 | \$ 143.96    |
| D7251  | 2              | Coronectomy - intentional partial tooth removal  | \$ 420.03 | \$ 62.12 | \$ 357.91    |
| D7260  | 2              | Oral antral fistula closure  | \$ 565.73 | \$ 83.66 | \$ 482.07    |
| D7261  | 2              | Primary closure of a sinus perforation   | \$ 565.73 | \$ 83.66 | \$ 482.07    |
| D7270  | 2              | Tooth reimplantation/stabilization   | \$ 181.42 | \$ 26.65 | \$ 154.77    |
| D7272  | 2              | Tooth transplantation  | \$ 454.28 | \$ 67.16 | \$ 387.12    |
| D7280  | 2              | Surgical access of an unerupted tooth  | \$ 404.29 | \$ 59.46 | \$ 344.83    |
| D7282  | 2              | Mobilization of erupted/malposed tooth to aid eruption   | \$ 524.29 | \$ 77.52 | \$ 446.77    |
| D7283* | 2              | Placement of device to facilitate eruption of impacted tooth   | \$ 182.75 | \$ 27.04 | \$ 155.71    |
| D7285  | 2              | Biopsy of oral tissue, hard  | \$ 290.02 | \$ 42.87 | \$ 247.15    |
| D7286  | 2              | Biopsy of oral tissue, soft  | \$ 248.56 | \$ 36.74 | \$ 211.82    |
| D7288  | 2              | Brush Biopsy   | \$ 166.53 | \$ 24.61 | \$ 141.92    |
| D7291  | 2              | Transseptal fibreotomy by report   | \$ 81.44  | \$ 12.04 | \$ 69.40     |
| 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)          | \$ 411.43 | \$ 60.82 | \$ 350.61    |
| 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) | \$ 548.60 | \$ 81.11 | \$ 467.49    |
| D7310  | 2              | Alveoplasty with extractions, per quadrant   | \$ 194.31 | \$ 28.71 | \$ 165.60    |
| D7311  | 2              | Alveoplasty in conjunction w/ ext 1 to 3 teeth or tooth spaces per quad  | \$ 165.14 | \$ 24.42 | \$ 140.72    |
| D7320  | 2              | Alveoplasty without extractions, per quadrant  | \$ 225.71 | \$ 32.81 | \$ 192.90    |
| D7321  | 2              | Alveoplasty not in conjunction w/ext 1 to 3 teeth or tooth spaces per quad   | \$ 191.86 | \$ 28.38 | \$ 163.48    |
| D7340  | 2              | Vestibuloplasty, ridge extension   | \$ 727.17 | \$ 45.12 | \$ 682.05    |
| D7350  | 2              | Vestibuloplasty, ridge extension w/soft tissue procedure   | \$ 775.72 | \$ 71.77 | \$ 703.95    |
| D7410  | 2              | Excision of benign lesion up to 1.25 cm  | \$ 387.15 | \$ 57.22 | \$ 329.93    |
| D7411  | 2              | Excision of benign lesion greater than 1.25 cm   | \$ 420.03 | \$ 62.11 | \$ 357.92    |



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| Code  | Procedure Type | Procedure Description   | Fee         | Copay     | Fund Payment |
|-------|----------------|---|-------------|-----------|--------------|
| D7412 | 2              | Excision of benign lesion, complicated  | \$ 525.03   | \$ 77.63  | \$ 447.40    |
| D7440 | 2              | Excision of malignant tumor lesion diam up to 1.25 cm   | \$ 387.15   | \$ 57.22  | \$ 329.93    |
| D7441 | 2              | Excision of malignant tumor lesion diam > 1.25 cm   | \$ 420.03   | \$ 62.11  | \$ 357.92    |
| D7450 | 2              | Removal of odontogenic cyst/tumor up to 1.25 cm   | \$ 221.45   | \$ 32.74  | \$ 188.71    |
| D7451 | 2              | Removal of odontogenic cyst/tumor > 1.25 cm   | \$ 248.56   | \$ 36.74  | \$ 211.82    |
| D7460 | 2              | Removal of nonodontogenic cyst/tumor up to 1.25 cm  | \$ 234.29   | \$ 34.64  | \$ 199.65    |
| D7461 | 2              | Removal of nonodontogenic cyst/tumor > 1.25 cm  | \$ 231.43   | \$ 34.21  | \$ 197.22    |
| D7465 | 2              | Destruction of lesions by chemical or physical method   | \$ 234.29   | \$ 34.64  | \$ 199.65    |
| D7471 | 2              | Excision bone tissue  | \$ 318.60   | \$ 47.11  | \$ 271.49    |
| D7472 | 2              | Removal of torus palatinus  | \$ 318.60   | \$ 47.11  | \$ 271.49    |
| D7473 | 2              | Removal of torus mandibularis   | \$ 318.60   | \$ 47.11  | \$ 271.49    |
| D7485 | 2              | Surgical reduction of osseous tuberosity  | \$ 318.60   | \$ 47.11  | \$ 271.49    |
| D7510 | 2              | Incision and drainage of abscess  | \$ 141.44   | \$ 20.51  | \$ 120.93    |
| D7511 | 2              | Incision and drainage of abscess intra soft tissue complic  | \$ 212.16   | \$ 30.76  | \$ 181.40    |
| D7520 | 2              | Incision and drainage of abscess, extraoral soft tissue   | \$ 161.45   | \$ 23.88  | \$ 137.57    |
| D7521 | 2              | Incision and drainage of abscess, extra soft tissue complic   | \$ 201.82   | \$ 29.85  | \$ 171.97    |
| D7530 | 2              | Removal of foreign body, superficial  | \$ 322.87   | \$ 34.86  | \$ 288.01    |
| D7540 | 2              | Removal of foreign body producing reaction, deep  | \$ 322.87   | \$ 47.17  | \$ 275.70    |
| D7550 | 2              | Sequestrectomy  | \$ 484.31   | \$ 71.60  | \$ 412.71    |
| D7560 | 2              | Removal of tooth fragment from maxillary sinus  | \$ 347.16   | \$ 51.27  | \$ 295.89    |
| D7670 | 2              | Alveolus stabilization  | \$ 484.31   | \$ 71.60  | \$ 412.71    |
| D7740 | 2              | Closed reduction of mandible fracture   | \$ 1,130.03 | \$ 167.06 | \$ 962.97    |
| D7770 | 2              | Alveolus stabilization (compound fracture)  | \$ 484.31   | \$ 71.60  | \$ 412.71    |
| D7771 | 2              | Alveolus, closed reduction stabilization of teeth   | \$ 484.31   | \$ 71.60  | \$ 412.71    |
| D7820 | 2              | Closed reduction of mandible dislocation  | \$ 322.87   | \$ 47.17  | \$ 275.70    |
| D7830 | 2              | Manipulation under anesthesia   | \$ 322.87   | \$ 47.17  | \$ 275.70    |
| D7870 | 2              | Arthrocentesis  | \$ 988.04   | \$ 146.08 | \$ 841.96    |
| D7910 | 2              | Suture of small wounds  | \$ 112.88   | \$ 16.42  | \$ 96.46     |
| D7911 | 2              | Suture of complex wounds  | \$ 194.30   | \$ 28.71  | \$ 165.59    |
| D7953 | 2              | Bone replacement graft for ridge preservation - per site  | \$ 605.74   | \$ 89.57  | \$ 516.17    |
| D7960 | 2              | Frenulectomy  | \$ 444.33   | \$ 65.64  | \$ 378.69    |
| D7963 | 2              | Frenuoplasty  | \$ 555.39   | \$ 82.03  | \$ 473.36    |
| D7970 | 2              | Excision of hyperplastic tissue per arch  | \$ 322.87   | \$ 47.17  | \$ 275.70    |
| D7971 | 2              | Excision of pericoronal gingiva   | \$ 290.02   | \$ 42.87  | \$ 247.15    |
| D7972 | 2              | Surgical reduction of fibrous tuberosity  | \$ 484.31   | \$ 71.60  | \$ 412.71    |
| D7999 | 2              | TMJ/facial pain consultation  | \$ 282.88   | \$ 282.88 | \$ -         |
| 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) | \$ 62.51    | \$ -      | \$ 62.51     |
| D9110 | 2              | Palliative treatment  | \$ 77.13    | \$ 11.40  | \$ 65.73     |



Delta Dental of Massachusetts

**Boston Teachers Union Health and Welfare Fund - Group No: 006318  
 Schedule of Covered Dental Procedures for the Harvard Dental Center  
 Beginning January 1, 2019 - December 31, 2019**

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

| Code  | Procedure Type | Procedure Description  | Fee         | Copay     | Fund Payment |
|-------|----------------|--|-------------|-----------|--------------|
| D9120 | 2              | Fixed partial denture sectioning   | \$ 136.74   | \$ 20.23  | \$ 116.51    |
| D9210 | 2              | Local anesthesia not with procedure  | \$ 24.32    | \$ -      | \$ 24.32     |
| D9222 | 2              | Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)                     | \$ 130.26   | \$ 35.17  | \$ 95.09     |
| D9223 | 2              | Deep sedation/general anesthesia – each subsequent 15 minutes increment, allowed with covered surgical impacted teeth only (up to one hour)                    | \$ 127.17   | \$ 42.57  | \$ 84.60     |
| D9224 | 2              | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment (up to one hour)  | \$ 109.30   | \$ 38.25  | \$ 71.05     |
| 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) | \$ 115.63   | \$ 31.98  | \$ 83.65     |
| D9243 | 2              | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)  | \$ 112.88   | \$ 39.50  | \$ 73.38     |
| D9910 | 2              | Application of desensitizing medicaments   | \$ 38.59    | \$ 5.72   | \$ 32.87     |
| D9922 | 2              | Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)                     | \$ 127.17   | \$ 32.08  | \$ 95.09     |
| D9939 | 2              | Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour) | \$ 112.89   | \$ 29.24  | \$ 83.65     |
| D9944 | 2              | Occlusal guards - hard appliance, full arch  | \$ 565.73   | \$ 83.66  | \$ 482.07    |
| D9945 | 2              | Occlusal guards - soft appliance, full arch  | \$ 141.43   | \$ 20.91  | \$ 120.52    |
| D9946 | 2              | Occlusal guards - hard appliance, partial arch   | \$ 226.29   | \$ 33.46  | \$ 192.83    |
| D9942 | 2              | Repair and/or reline of occlusal guard   | \$ 72.85    | \$ 10.24  | \$ 62.61     |
| D9951 | 2              | Occlusal adjustment complete   | \$ 72.85    | \$ 10.24  | \$ 62.61     |
| D2952 | 2              | Cast post and core in addition to crown  | \$ 347.16   | \$ 121.30 | \$ 225.86    |
| D2954 | 2              | Prefab post and core in addition to crown  | \$ 282.88   | \$ 98.85  | \$ 184.03    |
| D2981 | 2              | Inlay repair necessitated by restorative material failure  | \$ 161.44   | \$ 23.86  | \$ 137.58    |
| D2982 | 2              | Onlay repair necessitated by restorative material failure  | \$ 161.47   | \$ 23.89  | \$ 137.58    |
| D2510 | 3              | Inlay metallic 1 surface   | \$ 645.73   | \$ 225.64 | \$ 420.09    |
| D2520 | 3              | Inlay metallic 2 surfaces  | \$ 775.76   | \$ 271.07 | \$ 504.69    |
| D2530 | 3              | Inlay metallic 3+ surfaces   | \$ 1,001.44 | \$ 349.93 | \$ 651.51    |
| D2542 | 3              | Onlay metallic 2 surfaces  | \$ 1,041.44 | \$ 363.90 | \$ 677.54    |
| D2543 | 3              | Onlay metallic 3 surfaces  | \$ 1,041.44 | \$ 363.90 | \$ 677.54    |
| D2544 | 3              | Onlay metallic 4+ surfaces   | \$ 1,041.44 | \$ 363.90 | \$ 677.54    |
| D2610 | 3              | Inlay porcelain/ceramic 1 surface  | \$ 614.32   | \$ 214.67 | \$ 399.65    |
| D2620 | 3              | Inlay porcelain/ceramic 2 surfaces   | \$ 888.58   | \$ 310.49 | \$ 578.09    |
| D2630 | 3              | Inlay porcelain/ceramic 3+ surfaces  | \$ 968.61   | \$ 338.47 | \$ 630.14    |



Delta Dental of Massachusetts

**Boston Teachers Union Health and Welfare Fund - Group No: 006318  
 Schedule of Covered Dental Procedures for the Harvard Dental Center  
 Beginning January 1, 2019 - December 31, 2019**

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

| Code   | Procedure Type | Procedure Description   | Fee         | Copay     | Fund Payment |
|--------|----------------|---|-------------|-----------|--------------|
| D2642  | 3              | Onlay porcelain/ceramic 2 surfaces  | \$ 1,032.89 | \$ 360.92 | \$ 671.97    |
| D2643  | 3              | Onlay porcelain/ceramic 3 surfaces  | \$ 1,032.89 | \$ 360.92 | \$ 671.97    |
| D2644  | 3              | Onlay porcelain/ceramic 4+ surfaces   | \$ 1,032.89 | \$ 360.92 | \$ 671.97    |
| D2650  | 3              | Inlay composite resin 1 surface (laboratory)  | \$ 590.04   | \$ 206.17 | \$ 383.87    |
| D2651  | 3              | Inlay composite resin 2 surfaces(laboratory)  | \$ 751.46   | \$ 262.59 | \$ 488.87    |
| D2652  | 3              | Inlay composite resin 3+ surfaces (laboratory)                                      | \$ 645.73   | \$ 225.64 | \$ 420.09    |
| D2662  | 3              | Onlay composite resin 2 surfaces  | \$ 952.87   | \$ 332.95 | \$ 619.92    |
| D2663  | 3              | Onlay composite resin 3 surfaces  | \$ 952.87   | \$ 332.95 | \$ 619.92    |
| D2664  | 3              | Onlay composite resin 4+ surfaces   | \$ 952.87   | \$ 332.95 | \$ 619.92    |
| D2710  | 3              | Crown resin (laboratory)  | \$ 221.43   | \$ 64.30  | \$ 157.13    |
| D2712  | 3              | Crown 3/4 resin base composite(indirect) not include facial veneers                 | \$ 221.43   | \$ 64.30  | \$ 157.13    |
| D2720  | 3              | Crown, resin w/ high noble metal  | \$ 1,008.60 | \$ 283.37 | \$ 725.23    |
| D2721  | 3              | Crown, resin w/ base metal  | \$ 1,008.60 | \$ 283.37 | \$ 725.23    |
| D2722  | 3              | Crown, resin w/ noble metal   | \$ 1,008.60 | \$ 283.37 | \$ 725.23    |
| D2740  | 3              | Crown, porcelain/ceramic substrate  | \$ 1,182.89 | \$ 276.81 | \$ 906.08    |
| D2750  | 3              | Crown, porcelain fused to metal   | \$ 1,182.88 | \$ 413.32 | \$ 769.56    |
| D2751  | 3              | Crown, porcelain fused to base metal  | \$ 1,182.88 | \$ 413.32 | \$ 769.56    |
| D2752  | 3              | Crown, porcelain fused to noble metal   | \$ 1,182.88 | \$ 413.32 | \$ 769.56    |
| D2780  | 3              | Crown, 3/4 high noble metal   | \$ 1,202.88 | \$ 420.32 | \$ 782.56    |
| D2781  | 3              | Crown, 3/4 base metal   | \$ 1,160.04 | \$ 405.35 | \$ 754.69    |
| D2782  | 3              | Crown, 3/4 noble metal  | \$ 1,160.04 | \$ 405.35 | \$ 754.69    |
| D2783  | 3              | Crown, 3/4 porcelain/ceramic  | \$ 1,034.30 | \$ 361.41 | \$ 672.89    |
| D2790  | 3              | Crown, full cast high noble metal   | \$ 1,092.91 | \$ 381.90 | \$ 711.01    |
| D2791  | 3              | Crown, full cast base metal   | \$ 1,092.91 | \$ 381.90 | \$ 711.01    |
| D2792  | 3              | Crown, full cast noble metal  | \$ 1,092.91 | \$ 381.90 | \$ 711.01    |
| D2794* | 3              | Crown Titanium  | \$ 1,092.91 | \$ 381.42 | \$ 711.49    |
| D2799  | 3              | Provisional crown   | \$ 124.30   | \$ -      | \$ 124.30    |
| D5110  | 3              | Complete upper denture  | \$ 1,154.29 | \$ 403.34 | \$ 750.95    |
| D5120  | 3              | Complete lower denture  | \$ 1,154.29 | \$ 403.34 | \$ 750.95    |
| D5130  | 3              | Immediate upper denture   | \$ 1,178.60 | \$ 411.83 | \$ 766.77    |
| D5140  | 3              | Immediate lower denture   | \$ 1,178.60 | \$ 411.83 | \$ 766.77    |
| D5211  | 3              | Upper partial denture resin base  | \$ 1,130.04 | \$ 394.86 | \$ 735.18    |
| D5212  | 3              | Lower partial denture resin base  | \$ 1,130.04 | \$ 394.86 | \$ 735.18    |
| D5213  | 3              | Upper partial denture cast metal frame  | \$ 1,194.30 | \$ 417.32 | \$ 776.98    |
| D5214  | 3              | Lower partial denture cast metal frame  | \$ 1,211.44 | \$ 423.31 | \$ 788.13    |
| D5221  | 3              | Immediate maxillary partial denture – resin base                                    | \$ 1,152.65 | \$ 403.44 | \$ 749.21    |
| D5222  | 3              | Immediate mandibular partial denture – resin base                                   | \$ 1,152.65 | \$ 403.44 | \$ 749.21    |
| D5223  | 3              | Immediate maxillary partial denture – cast metal framework with resin denture bases | \$ 1,218.19 | \$ 426.37 | \$ 791.82    |





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**Boston Teachers Union Health and Welfare Fund - Group No: 006318  
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| <b>Plan Maximums:</b>                                    |                |
|--|----------------|
| Annual Plan Maximum (Excluding Orthodontia and Implants) | <b>\$2,400</b> |
| Orthodontia Benefit Lifetime Maximum**                   | <b>\$3,000</b> |
| Annual Maximum for Implants*                             | <b>\$1,500</b> |

| <b>Code</b> | <b>Procedure Type</b> | <b>Procedure Description</b>  | <b>Fee</b>  | <b>Copay</b> | <b>Fund Payment</b> |
|-------------|-----------------------|---|-------------|--------------|---------------------|
| D5224       | 3                     | Immediate mandibular partial denture – cast metal framework with resin denture bases                        | \$ 1,235.68 | \$ 432.49    | \$ 803.19           |
| D5225       | 3                     | Maxillary partial denture - flexible base   | \$ 1,194.30 | \$ 417.32    | \$ 776.98           |
| D5226       | 3                     | Mandibular partial denture - flexible base  | \$ 1,211.44 | \$ 423.31    | \$ 788.13           |
| D5282       | 3                     | Removable unilateral partial denture 1 piece cast metal (including clasps and teeth), maxillary             | \$ 694.31   | \$ 242.62    | \$ 451.69           |
| D5283       | 3                     | Removable unilateral partial denture 1 piece cast metal (including clasps and teeth), mandibular            | \$ 694.31   | \$ 242.62    | \$ 451.69           |
| D5820       | 3                     | Interim upper partial denture   | \$ 767.18   | \$ 146.84    | \$ 620.34           |
| D5821       | 3                     | Interim lower partial denture   | \$ 767.18   | \$ 146.84    | \$ 620.34           |
| D6010**     | 3                     | Endosteal implant   | \$ 2,564.44 | \$ 1,064.44  | \$ 1,500.00         |
| D6013**     | 3                     | Surgical placement of mini implant  | \$ 1,538.67 | \$ 537.66    | \$ 1,001.01         |
| D6056       | 3                     | Prefabricated abutment - includes placement   | \$ 569.62   | \$ 199.03    | \$ 370.59           |
| D6057*      | 3                     | Custom Abutment   | \$ 645.00   | \$ 225.10    | \$ 419.90           |
| D6058*      | 3                     | Implant Abut Crown  | \$ 1,407.45 | \$ 491.20    | \$ 916.25           |
| D6059       | 3                     | Abutment supported porcelain fused to metal crown (high noble metal)  | \$ 1,407.45 | \$ 491.82    | \$ 915.63           |
| D6060*      | 3                     | Implant Abut Crown  | \$ 1,353.43 | \$ 472.35    | \$ 881.08           |
| D6061       | 3                     | Abutment supported porcelain fused to metal crown (noble metal)   | \$ 1,287.09 | \$ 449.75    | \$ 837.34           |
| D6062*      | 3                     | Implant Abut Crown  | \$ 1,397.50 | \$ 487.72    | \$ 909.78           |
| D6063*      | 3                     | Implant Abut Crown  | \$ 1,182.50 | \$ 412.69    | \$ 769.81           |
| D6064*      | 3                     | Implant Abut Crown  | \$ 1,397.50 | \$ 487.72    | \$ 909.78           |
| D6065*      | 3                     | Implant Abut Crown  | \$ 1,505.00 | \$ 525.24    | \$ 979.76           |
| D6066*      | 3                     | Implant Abut Crown  | \$ 1,505.00 | \$ 525.24    | \$ 979.76           |
| D6067*      | 3                     | Implant Abut Crown  | \$ 1,451.25 | \$ 506.48    | \$ 944.77           |
| D6068*      | 3                     | Abutment supported retainer for porcelain fused to metal FPD (high noble metal)                             | \$ 1,505.00 | \$ 525.24    | \$ 979.76           |
| D6070*      | 3                     | Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)                     | \$ 1,353.43 | \$ 472.35    | \$ 881.08           |
| D6071*      | 3                     | Abutment supported retainer for porcelain fused to metal FPD (noble metal)                                  | \$ 1,397.50 | \$ 487.72    | \$ 909.78           |
| D6072*      | 3                     | Abutment supported retainer for cast metal FPD (high noble metal)   | \$ 1,286.78 | \$ 449.09    | \$ 837.69           |
| D6073*      | 3                     | Abutment supported retainer for cast metal FPD (predominately base metal)                                   | \$ 1,182.50 | \$ 412.69    | \$ 769.81           |
| D6074*      | 3                     | Abutment supported retainer for cast metal FPD (noble metal)  | \$ 1,397.50 | \$ 487.72    | \$ 909.78           |
| D6076*      | 3                     | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | \$ 1,451.25 | \$ 506.48    | \$ 944.77           |



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**Boston Teachers Union Health and Welfare Fund - Group No: 006318  
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|  |                |
|--|----------------|
| <b>Plan Maximums:</b>                                    |                |
| Annual Plan Maximum (Excluding Orthodontia and Implants) | <b>\$2,400</b> |
| Orthodontia Benefit Lifetime Maximum**                   | <b>\$3,000</b> |
| Annual Maximum for Implants*                             | <b>\$1,500</b> |

| Code   | Procedure Type | Procedure Description   | Fee         | Copay     | Fund Payment |
|--------|----------------|---|-------------|-----------|--------------|
| D6077* | 3              | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | \$ 1,451.25 | \$ 506.48 | \$ 944.77    |
| D6085  | 3              | Provisional implant crown   | \$ 124.30   | \$ -      | \$ 124.30    |
| D6094* | 3              | Abutment supported crown - titanium   | \$ 1,451.25 | \$ 214.78 | \$ 1,236.47  |
| D6114* | 3              | Implant /abutment complete denture-fixed upper arch   | \$ 1,773.75 | \$ 619.04 | \$ 1,154.71  |
| D6115* | 3              | Implant /abutment complete denture-fixed lower arch   | \$ 1,773.75 | \$ 619.04 | \$ 1,154.71  |
| D6116* | 3              | Implant /abutment partial denture-fixed upper arch  | \$ 1,773.75 | \$ 619.04 | \$ 1,154.71  |
| D6117  | 3              | Implant /abutment partial denture-fixed lower arch  | \$ 1,773.75 | \$ 619.04 | \$ 1,154.71  |
| D6194  | 3              | Abutment supported retainer crown for FPD - titanium  | \$ 1,451.25 | \$ 214.78 | \$ 1,236.47  |
| D6205  | 3              | Pontic -indirect resin based composite  | \$ 221.43   | \$ 64.30  | \$ 157.13    |
| D6210  | 3              | Bridge pontic cast high noble metal   | \$ 1,104.32 | \$ 385.88 | \$ 718.44    |
| D6211  | 3              | Pontic, cast base metal   | \$ 1,104.32 | \$ 385.88 | \$ 718.44    |
| D6212  | 3              | Pontic, cast noble metal  | \$ 1,104.32 | \$ 385.88 | \$ 718.44    |
| D6214  | 3              | Pontic - titanium   | \$ 1,451.25 | \$ 506.48 | \$ 944.77    |
| D6240  | 3              | Bridge pontic porcelain fused to high noble metal   | \$ 1,130.04 | \$ 361.27 | \$ 768.77    |
| D6241  | 3              | Bridge pontic porcelain fused to base metal   | \$ 1,130.04 | \$ 361.27 | \$ 768.77    |
| D6242  | 3              | Bridge pontic porcelain fused to noble metal  | \$ 1,130.04 | \$ 361.27 | \$ 768.77    |
| D6250  | 3              | Bridge pontic resin w/ high noble metal   | \$ 1,130.06 | \$ 369.90 | \$ 760.16    |
| D6251  | 3              | Bridge pontic resin w/ base metal   | \$ 1,130.06 | \$ 369.90 | \$ 760.16    |
| D6252  | 3              | Bridge pontic resin w/ noble metal  | \$ 1,130.06 | \$ 369.90 | \$ 760.16    |
| D6545  | 3              | Retainer/cast metal acid etched prosthesis  | \$ 557.14   | \$ 157.33 | \$ 399.81    |
| D6549  | 3              | Rein retainer fir resin binded fixed prosthesis   | \$ 557.14   | \$ 157.33 | \$ 399.81    |
| D6600  | 3              | Inlay, porcelain/ceramic, 2 surfaces  | \$ 888.57   | \$ 310.49 | \$ 578.08    |
| D6601  | 3              | Inlay, porcelain/ceramic, 3 or more surfaces  | \$ 968.61   | \$ 338.47 | \$ 630.14    |
| D6602  | 3              | Inlay, cast high noble metal, 2 surfaces  | \$ 775.74   | \$ 271.05 | \$ 504.69    |
| D6603  | 3              | Inlay, cast high noble metal, 3 or more surfaces  | \$ 1,001.44 | \$ 349.93 | \$ 651.51    |
| D6604* | 3              | Inlay - cast predominantly base metal, two surfaces   | \$ 791.20   | \$ 276.12 | \$ 515.08    |
| D6605* | 3              | Inlay - cast predominantly base metal, three or more surfaces                                 | \$ 851.40   | \$ 297.13 | \$ 554.27    |
| D6606* | 3              | Inlay - cast noble metal, two surfaces  | \$ 821.30   | \$ 286.63 | \$ 534.67    |
| D6607* | 3              | Inlay - cast noble metal, three or more surfaces  | \$ 919.13   | \$ 320.77 | \$ 598.36    |
| D6608  | 3              | Onlay, porcelain/ceramic, 2 surfaces  | \$ 1,032.89 | \$ 360.92 | \$ 671.97    |
| D6609  | 3              | Onlay, porcelain/ceramic, 3 or more surfaces  | \$ 1,032.89 | \$ 360.92 | \$ 671.97    |
| D6610  | 3              | Onlay, cast high noble metal, 2 surfaces  | \$ 1,041.44 | \$ 363.90 | \$ 677.54    |
| D6611  | 3              | Onlay, cast high noble metal, 3 or more surfaces  | \$ 1,041.44 | \$ 363.90 | \$ 677.54    |
| D6612  | 3              | Onlay - cast predominantly base metal, two surfaces   | \$ 887.95   | \$ 309.89 | \$ 578.06    |
| D6613  | 3              | Onlay - cast predominantly base metal, three or more surfaces                                 | \$ 972.88   | \$ 339.53 | \$ 633.35    |
| D6614  | 3              | Onlay - cast noble metal, two surfaces  | \$ 940.63   | \$ 328.28 | \$ 612.35    |
| D6615  | 3              | Onlay - cast noble metal, three or more surfaces  | \$ 1,021.25 | \$ 356.41 | \$ 664.84    |
| D6624  | 3              | Inlay - titanium  | \$ 860.00   | \$ 300.14 | \$ 559.86    |
| D6634  | 3              | Onlay - titanium  | \$ 1,182.50 | \$ 412.69 | \$ 769.81    |



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

| <b>Code</b> | <b>Procedure Type</b> | <b>Procedure Description</b>                     | <b>Fee</b>  | <b>Copay</b> | <b>Fund Payment</b> |
|-------------|-----------------------|--|-------------|--------------|---------------------|
| D6710       | 3                     | Crown - indirect resin based composite           | \$ 221.43   | \$ 64.30     | \$ 157.13           |
| D6720       | 3                     | Crown resin with high noble metal                | \$ 1,130.04 | \$ 394.86    | \$ 735.18           |
| D6721       | 3                     | Crown resin with base metal                      | \$ 1,130.04 | \$ 394.86    | \$ 735.18           |
| D6722       | 3                     | Crown resin with noble metal                     | \$ 1,130.04 | \$ 394.86    | \$ 735.18           |
| D6740       | 3                     | Retainer Crown-porcelain/ceramic                 | \$ 1,202.88 | \$ 420.32    | \$ 782.56           |
| D6750       | 3                     | Bridge crown porcelain fused to high noble metal | \$ 1,202.88 | \$ 420.32    | \$ 782.56           |
| D6751       | 3                     | Bridge crown porcelain fused to base metal       | \$ 1,025.74 | \$ 358.43    | \$ 667.31           |
| D6752       | 3                     | Bridge crown porcelain fused to noble metal      | \$ 1,025.74 | \$ 358.43    | \$ 667.31           |
| D6780       | 3                     | Bridge crown 3/4 cast high noble metal           | \$ 1,202.88 | \$ 420.32    | \$ 782.56           |
| D6781       | 3                     | Abutment, 3/4 cast                               | \$ 1,160.04 | \$ 405.35    | \$ 754.69           |
| D6782       | 3                     | Abutment, 3/4 noble                              | \$ 1,160.04 | \$ 405.35    | \$ 754.69           |
| D6790       | 3                     | Bridge crown full cast high noble metal          | \$ 1,202.88 | \$ 420.32    | \$ 782.56           |
| D6791       | 3                     | Bridge crown full cast base metal                | \$ 1,202.88 | \$ 420.32    | \$ 782.56           |
| D6792       | 3                     | Bridge crown full cast noble metal               | \$ 1,202.88 | \$ 420.32    | \$ 782.56           |
| D6794       | 3                     | Crown - titanium                                 | \$ 1,397.50 | \$ 487.72    | \$ 909.78           |
| D9310       |                       | Professional consultation                        | \$ -        | \$ -         | \$ -                |
| D9972       |                       | Cosmetic bleaching per arch - in office          | \$ 387.15   | \$ 387.15    | \$ -                |
| D9999       |                       | Missed appointment charge (w/o 24 hour notice)   | \$ 25.00    | \$ 25.00     | \$ -                |

\* 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.

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

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