

DELTA DENTAL OF CALIFORNIA

Client Name: University of Southern California Student Health Plan

Group No.: 05008

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO – TABLE OF ALLOWANCE

The Delta Dental PPO table plan provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Just refer to the table of allowances listed inside to see how much the plan covers for each dental service. You are responsible for the share of the dentist's fee not covered by the allowance.*

The table of allowance plan allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier® network. However, there are advantages to visiting a PPO network dentist instead of a Premier or non-Delta Dental dentist: Since PPO dentists agree to accept reduced fees, you will usually pay a lower amount for services when you visit a Delta Dental PPO dentist. If you can't visit a PPO network dentist, a Premier dentist may still be able to save you money on out-of-pocket costs. With either network, you'll only be responsible for the difference between Delta Dental's table allowance and the dentist's approved amount.* Non-Delta Dental dentists may balance bill you up to their entire submitted amount.**

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental PPO dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

* Patient's share also includes any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-Delta Dental dentist, we will send Delta Dental's share of the table allowance directly to you. You are responsible for paying the non-Delta Dental dentist's total fee.

WHO'S ELIGIBLE	Primary enrollee, spouse or registered domestic partner and eligible dependent children to age 19 or to age 25 if dependent is full-time student
DEDUCTIBLES	\$50 per person, \$150 per family, per plan year
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE SERVICES?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ANNUAL MAXIMUM	The maximum benefit paid per plan year is \$1,000 per person



Delta Dental of California
100 First Street
San Francisco, CA 94105

Online Services
www.DeltaDentalins.com/USC

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

Customer Service
800-765-6003

The information contained herein is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

SL 4/09 Table: USC

**UNIVERSITY OF SOUTHERN CALIFORNIA STUDENT PLAN
DELTA DENTAL SCHEDULE OF ALLOWANCE 2009**

Diagnostic		Fee
Proc #	Description	Allowance
0120	Periodic oral evaluation -- established patient	\$ 13
0140	Limited oral evaluation -- problem focused	\$ 24
0150	Comprehensive oral evaluation -- new or established patient, by report	\$ 23
0160	Detailed and extensive oral evaluation, problem focused, by report	\$ 32
0170	Reevaluation limited problem focused (established patient; not post operative visit)	\$ 32
0180	Comprehenisve periodontal evaluation -- new or established patient	\$ 24
0210	Intraoral -- complete series (ncluding bitewings)	\$ 47
0220	Intraoral -- periapical first film	\$ 8
0230	Intraoral -- periapical each additonal film	\$ 7
0240	Intraoral -- occlusal film	\$ 12
0250	Extraoral -- first film	\$ 20
0260	Extraoral -- each additional film	\$ 17
0270	Bitewing -- single film	\$ 8
0272	Bitewings -- two films	\$ 14
0274	Bitewings -- four films	\$ 20
0277	Vertical bitewings -- 7 to 8 films	\$ 17
0290	Posterior -- anterior or lateral skull and facial bone survey film	\$ 19
0330	Panoramic film	\$ 38
0340	Cephalometric film	\$ 40
0460	Pulp vitality tests	\$ 15
0470	Diagnostic casts	\$ 32
9310	Consultation -- diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ 15

Preventive

Proc #	Description	Fee
1110	Prophylaxis -- adult	\$ 33
1120	Prophylaxis -- child through age 13	\$ 24
1201	Topical application of fluoride - child	\$ 29
1203	Topical application of fluoride - adult	\$ 11
1204	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$ 10
1351	Sealant -- per tooth	\$ 20
1510	Space maintainer -- fixed -- unilateral	\$ 91
1515	Space maintainer -- fixed -- bilateral	\$ 156
1520	Space maintainer -- removable -- unilateral	\$ 56
1525	Space maintainer -- removable -- bilateral	\$ 165
1550	Recementation of space maintainer	\$ 19

Restorative

Proc #	Description	Fee
2140	Amalgam -- one surface, primary or permanent	\$ 32
2150	Amalgam -- two surfaces, primary or permanent	\$ 43
2160	Amalgam -- three surfaces, primary or permanent	\$ 54
2161	Amalgam -- four or more surfaces, primary or permanent	\$ 58
2330	Resin-based composite -- one surface, anterior	\$ 39
2331	Resin-based composite -- two surfaces, anterior	\$ 49
2332	Resin-based composite -- three surfaces, anterior	\$ 62
2335	Resin-based composite -- four or more surfaces or involving incisal angle (anterior)	\$ 71
2390	Resin-based composite crown, anterior	\$ 78
2391	Resin-based composite -- one surface, posterior	\$ 40
2392	Resin-based composite -- two surfaces, posterior	\$ 56
2393	Resin-based composite -- three surfaces, posterior	\$ 70
2394	Resin-based composite -- four or more surfaces, posterior	\$ 78

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Endodontics

Proc #	Description	Fee Allowance
3220	Therapeutic pulpotomy (excluding final restoration) -- removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 24
3221	Pulpal debridement, primary and permanent teeth	\$ 11
3230	Pulpal therapy (resorbable filling) -- anterior, primary tooth (excluding final restoration)	\$ 34
3240	Pulpal therapy (resorbable filling) -- posterior, primary tooth (excluding final restoration)	\$ 32
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$ 112
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$ 136
3330	Endodontic therapy, molar tooth (excluding final restoration)	\$ 171
3331	Treatment of root canal obstruction; non-surgical access	\$ 11
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 11
3333	Internal root repair of perforation defects	\$ 11
3346	Retreatment of previous root canal therapy -- anterior	\$ 114
3347	Retreatment of previous root canal therapy -- bicuspid	\$ 152
3348	Retreatment of previous root canal therapy -- molar	\$ 196
3410	Apicoectomy/periradicular surgery -- anterior	\$ 90
3421	Apicoectomy/periradicular surgery -- bicuspid (first root)	\$ 144
3425	Apicoectomy/periradicular surgery -- molar (first root)	\$ 129
3426	Apicoectomy/periradicular surgery (each additional root)	\$ 33
3430	Retrograde filling -- per root	\$ 35
3450	Root amputation -- per root	\$ 98
3920	Hemisection (including any root removal), not including root canal therapy	\$ 37

Periodontics

Proc #	Description	Fee Allowance
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 49
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 30
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 85
4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 85
4245	Apically positioned flap	\$ 101
4249	Clinical crown lengthening -- hard tissue	\$ 115
4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 209
4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 209
4263	Bone replacement graft -- first site in quadrant	\$ 71
4264	Bone replacement graft -- each additional site in quadrant	\$ 82
4265	Biologic materials to aid in soft and osseous tissue regeneration	\$ 110
4266	Guided tissue regeneration -- resorbable barrier, per site	\$ 110
4267	Guided tissue regeneration -- non-resorbable barrier, per site (includes membrane removal)	\$ 117
4270	Pedicle soft tissue graft procedure	\$ 190
4271	Free soft tissue graft procedure (including donor site surgery)	\$ 179
4273	Subepithelial connective tissue graft procedures, per tooth	\$ 233
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 136
4275	Soft tissue allograft	\$ 179
4276	Combined connective tissue and double pedicle graft, per tooth	\$ 233
4341	Periodontal scaling and root planing -- four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 40
4342	Periodontal scaling and root planing -- one to three teeth, per quadrant	\$ 40
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 28
4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$ 30
4910	Periodontal maintenance (following active therapy)	\$ 22
4920	Unscheduled dressing change (by someone other than treating dentist)	\$ 5

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Oral Surgery

Proc #	Description	Fee Allowance
7111	Extraction, coronal remnants -- deciduous tooth	\$ 20
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 20
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$ 40
7220	Removal of impacted tooth -- soft tissue	\$ 56
7230	Removal of impacted tooth -- partially bony	\$ 73
7240	Removal of impacted tooth -- completely bony	\$ 84
7241	Removal of impacted tooth -- completely bony, with unusual surgical complications	\$ 107
7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 36
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 62
7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$ 379
7280	Surgical access of an unerupted tooth	\$ 104
7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ 80
7290	Surgical repositioning of teeth	\$ 67
7310	Alveoplasty in conjunction with extractions -- four or more teeth or tooth spaces, per quadrant	\$ 33
7320	Alveoplasty not in conjunction with extractions -- four or more teeth or tooth spaces, per quadrant	\$ 45
7450	Removal of benign odontogenic cyst or tumor -- lesion diameter up to 1.25 cm	\$ 65
7451	Removal of benign odontogenic cyst or tumor -- lesion diameter greater than 1.25 cm	\$ 102
7485	Surgical reduction of osseous tuberosity	\$ 136
7510	Incision and drainage of abscess -- intraoral soft tissue	\$ 21
7520	Incision and drainage of abscess -- extraoral soft tissue	\$ 23
7960	Frenulectomy (frenectomy or frenotomy) -- separate procedure	\$ 74
7970	Excision of hyperplastic tissue -- per arch	\$ 35
7971	Excision of pericoronal gingiva	\$ 22
7972	Surgical reduction of fibrous tuberosity	\$ 140
7995	Synthetic graft -- mandible or facial bones, by report	\$ 61

Prosthodontics

Proc #	Description	Fee Allowance
2510	Inlay -- metallic -- one surface	\$ 95
2520	Inlay -- metallic -- two surfaces	\$ 176
2530	Inlay -- metallic -- three or more surfaces	\$ 165
2542	Onlay -- metallic -- two surfaces	\$ 100
2543	Onlay -- metallic -- three surfaces	\$ 111
2544	Onlay -- metallic -- four or more surfaces	\$ 115
2610	Inlay -- porcelain/ceramic -- one surface	\$ 98
2620	Inlay -- porcelain/ceramic -- two surfaces	\$ 197
2630	Inlay -- porcelain/ceramic -- three or more surfaces	\$ 191
2642	Onlay -- porcelain/ceramic -- two surfaces	\$ 87
2643	Onlay -- porcelain/ceramic -- three surfaces	\$ 107
2644	Onlay -- porcelain/ceramic -- four or more surfaces	\$ 128
2650	Inlay -- resin-based composite -- one surface	\$ 93
2651	Inlay -- resin-based composite -- two surfaces	\$ 85
2652	Inlay -- resin-based composite -- three or more surfaces	\$ 107
2662	Onlay -- resin-based composite -- two surfaces	\$ 109
2663	Onlay -- resin-based composite -- three surfaces	\$ 113
2664	Onlay -- resin-based composite -- four or more surfaces	\$ 117
2710	Crown -- resin-based composite (indirect)	\$ 62
2720	Crown -- resin with high noble metal	\$ 131
2721	Crown -- resin with predominantly base metal	\$ 100
2722	Crown -- resin with noble metal	\$ 154
2740	Crown -- porcelain/ceramic substrate	\$ 206
2750	Crown -- porcelain fused to high noble metal	\$ 200

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Prosthodontics		Fee
Proc #	Description	Allowance
2751	Crown -- porcelain fused to predominantly base metal	\$ 190
2752	Crown -- porcelain fused to noble metal	\$ 192
2780	Crown -- 3/4 cast high noble metal	\$ 205
2781	Crown -- 3/4 cast predominantly base metal	\$ 177
2782	Crown -- 3/4 cast noble metal	\$ 179
2783	Crown -- 3/4 porcelain/ceramic	\$ 206
2790	Crown -- full cast high noble metal	\$ 199
2791	Crown -- full cast predominantly base metal	\$ 172
2792	Crown -- full cast noble metal	\$ 173
2910	Recement inlay, onlay, or partial coverage restoration	\$ 15
2920	Recement crown	\$ 14
2930	Prefabricated stainless steel crown -- primary tooth	\$ 43
2931	Prefabricated stainless steel crown -- permanent tooth	\$ 49
2932	Prefabricated resin crown	\$ 42
2933	Prefabricated stainless steel crown with resin window	\$ 64
2940	Prefabricated esthetic coated stainless steel crown -- primary tooth	\$ 15
2950	Core buildup, including any pins	\$ 37
2951	Pin retention -- per tooth, in addition to restoration	\$ 9
2952	Post and core in addition to crown, indirectly fabricated	\$ 67
2953	Each additional indirectly fabricated post - same tooth	\$ 67
2954	Prefabricated post and core in addition to crown	\$ 56
2955	Post removal (not in conjunction with endodontic therapy)	\$ 50
2957	Each additional prefabricated post - same tooth	\$ 56
2960	Labial veneer (resin laminate) -- chairside	\$ 63
2961	Labial veneer (resin laminate) -- laboratory	\$ 135
2962	Labial veneer (porcelain laminate) -- laboratory	\$ 173
2970	Temporary crown (fractured tooth)	\$ 32
2980	Crown repair, by report	\$ 42
5110	Complete denture -- maxillary	\$ 230
5120	Complete denture -- mandibular	\$ 237
5130	Immediate denture -- maxillary	\$ 259
5140	Immediate denture -- mandibular	\$ 259
5211	Maxillary partial denture -- resin base (including any conventional clasps, rests and teeth)	\$ 194
5212	Mandibular partial denture -- resin base (including any conventional clasps, rests and teeth)	\$ 209
5213	Maxillary partial denture -- cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	\$ 288
5214	Mandibular partial denture -- cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	\$ 284
5281	Removable unilateral partial denture -- one piece cast metal (including clasps and teeth)	\$ 145
5410	Adjust complete denture -- maxillary	\$ 11
5411	Adjust complete denture -- mandibular	\$ 9
5421	Adjust partial denture -- maxillary	\$ 13
5422	Adjust partial denture -- mandibular	\$ 10
5510	Repair broken complete denture base	\$ 22
5520	Replace missing or broken teeth -- complete denture (each tooth)	\$ 21
5610	Repair resin denture base (partial)	\$ 23
5620	Repair cast framework (partial)	\$ 31
5630	Repair or replace broken clasp	\$ 33
5640	Replace broken teeth -- per tooth	\$ 19
5650	Add tooth to existing partial denture	\$ 28
5660	Add clasp to existing partial denture	\$ 34
5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 92
5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 102
5710	Rebase complete maxillary denture	\$ 75

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Prosthodontics		Fee
Proc #	Description	Allowance
5711	Rebase complete mandibular denture	\$ 93
5720	Rebase maxillary partial denture	\$ 92
5721	Rebase mandibular partial denture	\$ 102
5730	Reline complete maxillary denture (chairside)	\$ 46
5731	Reline complete mandibular denture (chairside)	\$ 39
5740	Reline maxillary partial denture (chairside)	\$ 38
5741	Reline mandibular partial denture (chairside)	\$ 43
5750	Reline complete maxillary denture (laboratory)	\$ 73
5751	Reline complete mandibular denture (laboratory)	\$ 71
5760	Reline maxillary partial denture (laboratory)	\$ 64
5761	Reline mandibular partial denture (laboratory)	\$ 66
5820	Interim partial denture (maxillary)	\$ 79
5821	Interim partial denture (mandibular)	\$ 101
5850	Tissue conditioning, maxillary	\$ 35
5851	Tissue conditioning, mandibular	\$ 22
5860	Overdenture -- complete -- by report	\$ 299
5861	Overdenture -- partial -- by report	\$ 242
5875	Modification of removable prosthesis following implant surgery	\$ 31
6010	Surgical placement of implant body: endosteal implant	\$ 530
6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$ 530
6040	Surgical placement: eposteal implant	\$ 990
6050	Surgical placement: transosteal implant	\$ 1,000
6100	Implant removal, by report	\$ 113
6053	Implant/abutment supported removable denture for completely edentulous arch	\$ 230
6054	Implant/abutment supported removable denture for partially edentulous arch	\$ 288
6055	Dental implant supported connecting bar	\$ 461
6056	Prefabricated abutment -- includes placement	\$ 126
6057	Custom abutment -- includes placement	\$ 172
6058	Abutment supported porcelain/ceramic crown	\$ 295
6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ 302
6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$ 278
6061	Abutment supported porcelain fused to metal crown (noble metal)	\$ 278
6062	Abutment supported cast metal crown (high noble metal)	\$ 297
6063	Abutment supported cast metal crown (predominantly base metal)	\$ 261
6064	Abutment supported cast metal crown (noble metal)	\$ 254
6065	Implant supported porcelain/ceramic crown	\$ 309
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$ 302
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$ 297
6068	Abutment supported retainer for porcelain/ceramic FPD	\$ 309
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$ 302
6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$ 278
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$ 278
6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$ 297
6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$ 261
6074	Abutment supported retainer for cast metal FPD (noble metal)	\$ 254
6075	Implant supported retainer for ceramic FPD	\$ 309
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$ 302
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$ 297
6078	Implant/abutment supported fixed denture for completely edentulous arch	\$ 230
6079	Implant/abutment supported fixed denture for partially edentulous arch	\$ 288
6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$ 44
6090	Repair implant supported prosthesis, by report	\$ 76

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DELTA DENTAL SCHEDULE OF ALLOWANCE 2009**

Prosthodontics

Proc #	Description	Fee Allowance
6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$ 49
6092	Recement implant/abutment supported crown	\$ 28
6093	Recement implant/abutment supported fixed partial denture	\$ 42
6095	Repair implant abutment, by report	\$ 86
6094	Abutment supported crown -- (titanium)	\$ 281
6210	Pontic -- cast high noble metal	\$ 204
6211	Pontic -- cast predominantly base metal	\$ 184
6212	Pontic -- cast noble metal	\$ 165
6240	Pontic -- porcelain fused to high noble metal	\$ 196
6241	Pontic -- porcelain fused to predominantly base metal	\$ 182
6242	Pontic -- porcelain fused to noble metal	\$ 180
6245	Pontic -- porcelain/ceramic substrate	\$ 206
6250	Pontic -- resin with high noble metal	\$ 202
6251	Pontic -- resin with predominantly base metal	\$ 227
6252	Pontic -- resin with noble metal	\$ 202
6545	Retainer -- cast metal for resin bonded fixed prosthesis	\$ 60
6548	Retainer -- porcelain/ceramic for resin bonded fixed prosthesis	\$ 206
6600	Inlay -- porcelain/ceramic, two surfaces	\$ 175
6601	Inlay -- porcelain/ceramic, three or more surfaces	\$ 196
6602	Inlay -- cast high noble metal, two surfaces	\$ 175
6603	Inlay -- cast high noble metal, three or more surfaces	\$ 196
6604	Inlay -- cast predominantly base metal, two surfaces	\$ 175
6605	Inlay -- cast predominantly base metal, three or more surfaces	\$ 196
6606	Inlay -- cast noble base metal, two surfaces	\$ 175
6607	Inlay -- cast noble base metal, three or more surfaces	\$ 196
6608	Onlay -- porcelain/ceramic, two surfaces	\$ 100
6609	Onlay -- porcelain/ceramic, three or more surfaces	\$ 111
6610	Onlay -- cast high noble metal, two surfaces	\$ 100
6611	Onlay -- cast high noble metal, three or more surfaces	\$ 111
6612	Onlay -- cast predominantly base metal, two surfaces	\$ 100
6613	Onlay -- cast predominantly base metal, three or more surfaces	\$ 111
6614	Onlay -- cast noble metal, two surfaces	\$ 100
6615	Onlay -- cast noble metal, three or more surfaces	\$ 111
6720	Crown -- resin with high noble metal	\$ 226
6721	Crown -- resin with predominantly base metal	\$ 190
6722	Crown -- resin with noble metal	\$ 165
6740	Crown -- porcelain/ceramic	\$ 206
6750	Crown -- porcelain fused to high noble metal	\$ 201
6751	Crown -- porcelain fused to predominantly base metal	\$ 186

Other

Proc #	Description	Fee Allowance
6752	Crown -- porcelain fused to noble metal	\$ 186
6780	Crown -- 3/4 cast high noble metal	\$ 221
6781	Crown -- 3/4 cast predominantly base metal	\$ 177
6782	Crown -- 3/4 cast noble metal	\$ 179
6783	Crown -- 3/4 porcelain/ceramic	\$ 206
6790	Crown -- full cast high noble metal	\$ 198
6791	Crown -- full cast predominantly base metal	\$ 177
6792	Crown -- full cast noble metal	\$ 169
6920	Connector bar	\$ 61
6930	Recement fixed partial denture	\$ 19
6972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 44

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Other		Fee
Proc #	Description	Allowance
6973	Core buildup for retainer, including any pins	\$ 33
6975	Coping -- metal	\$ 104
6976	Each additional indirectly fabricated post -- same tooth	\$ 67
6977	Each additional prefabricated post -- same tooth	\$ 56
6980	Fixed partial denture repair, by report	\$ 39
9110	Palliative (emergency) treatment of dental pain -- minor procedure	\$ 18
9220	Deep sedation/general anesthesia -- first 30 minutes	\$ 50
9221	Deep sedation/general anesthesia -- each additional 15 minutes	\$ 17
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$ 7
9430	Office visit for observation (during regularly scheduled hours) -- no other services performed	\$ 11
9440	Office visit -- after regularly scheduled hours	\$ 19
9450	Case presentation, detailed and extensive treatment planning	\$ 8
9930	Treatment of complications (post-surgical) -- unusual circumstances, by report	\$ 7
9940	Occlusal guard, by report	\$ 125
9951	Occlusal adjustment -- limited	\$ 13
9952	Occlusal adjustment -- complete	\$ 116

NOTE: PROCEDURE CODES NOT INCLUDED IN THE ABOVE SCHEDULE OF ALLOWANCES ARE NOT A COVERED BENEFIT.