



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D0120	1	Periodic oral evaluation	Twice per calendar year	\$27.81
D0140	1	Limited oral evaluation - problem focused	Two in a 12-month period	\$46.56
D0145	1	Oral evaluation (for a patient under three years of age and counseling with primary caregiver)	Twice per calendar year	\$29.67
D0150	1	Comprehensive oral evaluation - new or established patient	One every 60 months	\$47.95
D0160	1	Detailed and extensive oral evaluation - problem focused, by report	Once in 60 months	\$79.60
D0170	1	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	Two in a 12-month period	\$42.69
D0180	1	Comprehensive periodontal evaluation - new or established patient	One in 60 months	\$68.50
D0210	1	Intraoral - complete series (including bitewings)	One in 60 months	\$82.47
D0220	1	Intraoral - periapical first film	As Needed	\$16.30
D0230	1	Intraoral - periapical each additional film	As Needed	\$13.43
D0240	1	Intraoral - occlusal film	Two in a 12-month period	\$25.89
D0250	1	Extraoral - first film	Two in a 6-month period	\$35.48
D0251	1	Extra-oral posterior dental radiograph	Two in a 6-month period	\$35.48
D0270	1	Bitewing - single film	Twice per calendar year	\$16.30
D0272	1	Bitewings - two films	Twice per calendar year	\$26.85
D0273	1	Bitewings - three films	Twice per calendar year	\$33.22
D0274	1	Bitewings - four films	Twice per calendar year	\$40.52
D0277	1	Vertical bitewings - 7 to 8 films	Twice per calendar year	\$72.82
D0310	1	Sialography	Once per lifetime	\$215.14
D0321	1	Other temporomandibular joint films, by report	once every 60 months	\$129.46
D0330	1	Panoramic film	Once every 60 months	\$74.01
D0414	1	Lab processing for microbial specimen (separating collecting and analysis like saliva and genetic codes)	Once per lifetime	\$100.81
D0415	1	Bacteriologic studies for determination of pathologic agents	Once per lifetime	\$100.81
D0460	1	Pulp vitality tests	Once per visit per tooth	\$44.14



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D0470	1	Diagnostic casts (any benefits paid will draw from orthodontia maximum)	Once every 60 months	\$63.88
D1110	1	Prophylaxis - adult	Twice per calendar year	\$58.42
D1120	1	Prophylaxis - child	Twice per calendar year	\$44.47
D1206	1	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Twice per calendar year	\$24.61
D1208	1	Topical application of fluoride (prophylaxis not included)	Twice per calendar year	\$23.02
D1351	1	Sealant - per tooth	Unrestored permanent molar only, every 48 months per tooth for members through age 15	\$37.21
D1352	1	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	Unrestored permanent molar only, every 48 months per tooth for members through age 15	\$37.21
D1510	1	Space maintainer - fixed - unilateral	Once per lifetime for members through age 13, due to the loss of premature teeth	\$236.76
D1516	1	Space maintainer - fixed - bilateral, maxillary	Once per lifetime for members through age 13, due to the loss of premature teeth	\$322.83
D1517	1	Space maintainer - fixed - bilateral, mandibular, once per lifetime	Once per lifetime for members through age 13, due to the loss of premature teeth	\$322.83
D1520	1	Space maintainer - removable - unilateral	Once per lifetime for members through age 13, due to the loss of premature teeth	\$255.21
D1526	1	Space maintainer - removable - bilateral, maxillary	Once per lifetime for members through age 13, due to the loss of premature teeth	\$341.52
D1527	1	Space maintainer - removable - bilateral, mandibular	Once per lifetime for members through age 13, due to the loss of premature teeth	\$341.52
D1551	1	Re-cement or re-bond space maintainer-maxillary	Once per lifetime after 6 months of space maintainer insertion	\$50.83
D1552	1	Re-cement or re-bond space maintainer-mandibular	Once per lifetime after 6 months of space maintainer insertion	\$50.83
D1553	1	Re-cement or re-bond space maintainer-per quadrant	Once per lifetime after 6 months of space maintainer insertion	\$50.83
D1556	1	Removal of unilateral fixed bilateral space maintainer-per quadrant	Covered once when done by a dentist who did not place the original appliance	\$50.83



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D1557	1	Removal of fixed bilateral space maintainer-maxillary	Covered once when done by a dentist who did not place the original appliance	\$50.83
D1558	1	Removal of fixed bilateral space maintainer-mandibular	Covered once when done by a dentist who did not place the original appliance	\$50.83
D1575	1	Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars: A, J, K or T)	Once per lifetime, per quadrant through age 7	\$236.76
D4346	1	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall	Once every 6 months	\$58.42
D2140	2	Amalgam - one surface, primary or permanent	One every 24 months, per surface, per tooth	\$57.84
D2150	2	Amalgam - two surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$73.62
D2160	2	Amalgam - three surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$90.14
D2161	2	Amalgam - four or more surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$109.67
D2330	2	Resin-based composite - one surface, anterior	One every 24 months, per surface, per tooth	\$71.36
D2331	2	Resin-based composite - two surfaces, anterior	One every 24 months, per surface, per tooth	\$89.39
D2332	2	Resin-based composite - three surfaces, anterior	One every 24 months, per surface, per tooth	\$110.42
D2335	2	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	One every 24 months, per surface, per tooth	\$138.22
D2390	2	Resin-based composite crown, anterior	One every 24 months, per surface, per tooth	\$175.11
D2391**	2	Resin-based composite - one surface, posterior	One every 24 months, per surface, per tooth	\$78.12
D2410	2	Gold foil - one surface	One every 24 months, per surface, per tooth	\$297.97
D2420	2	Gold foil - two surfaces	One every 24 months, per surface, per tooth	\$331.55
D2430	2	Gold foil - three surfaces	One every 24 months, per surface, per tooth	\$384.24
D2910	2	Recement inlay	Once per 12 months	\$49.15
D2920	2	Recement crown	Once per 12 months	\$49.15
D2929	2	Prefabricated porcelain/ceramic crown - primary tooth	Once in 24 months	\$176.27
D2930	2	Prefabricated stainless steel crown - primary tooth	Once in 24 months	\$138.55



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D2931	2	Prefabricated stainless steel crown - permanent tooth	Once in 24 months	\$153.06
D2932	2	Prefabricated resin crown	Once in 24 months	\$167.90
D2933	2	Prefabricated stainless steel crown with resin window	Once in 24 months	\$176.27
D2940	2	Sedative filling	One per tooth every 60 months	\$53.34
D2941	2	Interim therapeutic restoration (primary tooth)	Once per tooth	\$53.34
D2951	2	Pin retention - per tooth, in addition to restoration	Once per tooth	\$25.97
D2980	2	Crown repair, by report	Once per 12 months	\$165.30
D2982	2	Onlay repair necessitated by restorative material failure	Once per 12 months	\$165.30
D3110	2	Pulp cap - direct (excluding final restoration)	Once per lifetime per tooth	\$37.56
D3120	2	Pulp cap - indirect (excluding final restoration)	Once per lifetime per tooth	\$36.81
D3220	2	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	One per lifetime, per tooth	\$88.64
D3221	2	Pulpal debridement, primary and permanent teeth	One per lifetime, per tooth	\$98.77
D3222	2	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	Once per lifetime on primary teeth only	\$88.64
D3310	2	Anterior (excluding final restoration)	One per tooth per lifetime	\$407.57
D3320	2	Bicuspid (excluding final restoration)	One per tooth per lifetime	\$487.14
D3330	2	Molar (excluding final restoration)	One per tooth per lifetime	\$594.72
D3333	2	Internal root repair of perforation defects	One per tooth per lifetime	\$141.50
D3346	2	Retreatment of previous root canal therapy - anterior tooth	Once per tooth after 24 months of original root canal treatment	\$468.73
D3347	2	Retreatment of previous root canal therapy - bicuspid	Once per tooth after 24 months of original root canal treatment	\$548.27

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D3348	2	Retreatment of previous root canal therapy - molar	Once per tooth after 24 months of original root canal treatment	\$670.28
D3351	2	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	One per lifetime per tooth	\$168.27
D3410	2	Apicoectomy/periradicular surgery - anterior tooth	One per lifetime per tooth	\$343.38
D3421	2	Apicoectomy/periradicular surgery - bicuspid (first root)	One per lifetime per tooth	\$401.32
D3425	2	Apicoectomy/periradicular surgery - molar (first root)	One per lifetime per tooth	\$449.60
D3426	2	Apicoectomy/periradicular surgery (each additional root)	Once for a premolar tooth and two for a permanent molar	\$237.53
D3430	2	Retrograde filling - per root	One per lifetime per tooth	\$121.69
D3450	2	Root amputation - per root	One per lifetime	\$219.35
D3910	2	Surgical procedure for isolation of tooth with rubber dam	One per lifetime per tooth	\$124.10
D3920	2	Hemisection (including any root removal), not including root canal therapy	One per lifetime, on posterior teeth only	\$214.09
D4210	2	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	One per quadrant per 36 months	\$304.23
D4211	2	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	One per quadrant per 36 months	\$134.66
D4212	2	Gingivectomy or gingivoplasty to allow access for restorative procedures, per tooth	Once per tooth each 60 months	\$134.66
D4240	2	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	Once per quadrant per 36 months	\$381.47
D4241	2	Gingival flap procedure, including root planing - one to three teeth, per quadrant	Once per quadrant per 36 months	\$273.81

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D4249	2	Clinical crown lengthening - hard tissue	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$480.24
D4260	2	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	Once per quadrant per 36 months	\$666.67
D4261	2	Osseous surgery (including flap entry and closure) - 1-3 teeth/quadrant	Once per quadrant per 36 months	\$510.37
D4263	2	Bone replacement graft - first site in quadrant	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$326.01
D4264	2	Bone replacement graft - each additional site in quadrant	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$238.88
D4265	2	Biologic materials to aid in soft and osseous tissue regeneration	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$326.01
D4266	2	Guided tissue regeneration - resorbable barrier, per site	Once per tooth, per 36 months on natural teeth only; not to exceed two teeth per quadrant on the same date of service	\$446.20
D4267	2	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Once per tooth, per 36 months on natural teeth only; not to exceed two teeth per quadrant on the same date of service	\$527.33
D4268	2	Surgical revision procedure, per tooth	Once per quadrant per 36 months	\$393.05
D4270	2	Pedicle soft tissue graft procedure	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$452.43
D4273	2	Subepithelial connective tissue graft procedures	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$641.97

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D4274	2	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	One per tooth per 36 months	\$334.28
D4275	2	Soft tissue allograft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$534.09
D4276	2	Combined connective tissue and double pedicle graft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$641.97
D4277	2	Free Soft Tissue Graft Procedure (including donor site surgery), first tooth or edentulous tooth position in graft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$552.73
D4278	2	Free Soft Tissue Graft Procedure (including donor site surgery, each additional contiguous tooth or edentulous tooth position in same graft site	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$276.37
D4283	2	Autogenous connective tissue graft procedure each additional contiguous tooth,	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$385.18
D4285	2	Non-autogenous connective tissue graft each additional contiguous tooth, position in same graft site	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$320.45
D4341	2	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.	One every 24 months per quadrant, only two quadrants are allowed per date of service	\$125.45
D4342	2	Periodontal scaling and root planing - one to three teeth/ quadrant	One every 24 months per quadrant, only two quadrants are allowed per date of service	\$94.09
D4355	2	Full mouth debridement to enable comprehensive evaluation and diagnosis	Once per lifetime	\$92.34
D4910	2	Periodontal maintenance	Four per Calendar Year, following active periodontal treatment not to be combined with preventive cleanings	\$82.23

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D5410	2	Adjust complete denture - maxillary	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$41.85
D5411	2	Adjust complete denture - mandibular	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$41.85
D5421	2	Adjust partial denture - maxillary	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$41.85
D5422	2	Adjust partial denture - mandibular	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$41.85
D5511	2	Repair broken complete denture base, mandibular (lower arch).	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$94.30
D5512	2	Repair broken complete denture base, maxillary (upper arch).	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$94.30
D5520	2	Replace missing or broken teeth - complete denture (each tooth)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$78.34
D5611	2	Repair resin partial denture base, mandibular (lower arch).	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$95.35
D5612	2	Repair resin partial denture base, maxillary (upper arch).	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$95.35
D5621	2	Repair cast partial framework, mandibular (lower arch)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$137.10



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D5622	2	Repair cast partial framework, maxillary (upper arch)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$137.10
D5630	2	Repair or replace broken clasp	One per tooth per 12 months	\$117.51
D5640	2	Replace broken teeth - per tooth	One per tooth per 12 months	\$78.34
D5650	2	Add tooth to existing partial denture	One per tooth per 12 months	\$101.56
D5660	2	Add clasp to existing partial denture	One per tooth per 12 months	\$129.85
D5670	2	Replace all teeth and acrylic on cast metal framework (maxillary)	Once in 60 months	\$521.75
D5671	2	Replace all teeth and acrylic on cast metal framework (mandibular)	One per 60 months	\$511.77
D5710	2	Rebase complete maxillary denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$274.20
D5711	2	Rebase complete mandibular denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$270.57
D5720	2	Rebase maxillary partial denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$263.32
D5721	2	Rebase mandibular partial denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$259.69
D5730	2	Reline complete maxillary denture (chairside)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$166.30
D5731	2	Reline complete mandibular denture (chairside)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$166.30
D5740	2	Reline maxillary partial denture (chairside)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$166.30
D5741	2	Reline mandibular partial denture (chairside)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$166.30
D5750	2	Reline complete maxillary denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$225.60
D5751	2	Reline complete mandibular denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$224.87

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D5760	2	Reline maxillary partial denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$221.97
D5761	2	Reline mandibular partial denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$222.70
D5820	2	Interim partial denture (maxillary)	One per 60 months	\$551.69
D5821	2	Interim partial denture (mandibular)	One per 60 months	\$551.69
D5850	2	Tissue conditioning, maxillary	Twice per 36 months (after 6-months have elapsed since initial placement)	\$84.15
D5851	2	Tissue conditioning, mandibular	Twice per 36 months (after 6-months have elapsed since initial placement)	\$84.15
D6930	2	Recement fixed bridge	Once per lifetime (after 6-months have elapsed since initial placement)	\$72.13
D6980	2	Fixed partial denture repair, by report	Once per 12 months (after 24 months have elapsed since initial placement)	\$0.00
D7111	2	Extraction, coronal remnants, deciduous tooth	Once per tooth	\$51.51
D7140	2	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Once per tooth	\$71.36
D7210	2	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Once per tooth	\$133.71
D7220	2	Removal of impacted tooth - soft tissue	Once per tooth	\$177.60
D7230	2	Removal of impacted tooth - partially bony	Once per tooth	\$242.94
D7240	2	Removal of impacted tooth - completely bony	Once per tooth	\$279.96
D7241	2	Removal of impacted tooth - completely bony, with unusual surgical complications	Once per tooth	\$286.64
D7250	2	Surgical removal of residual tooth roots (cutting procedure)	Once per tooth	\$145.67
D7260	2	Oroantral fistula closure	One per Lifetime	\$327.52
D7261	2	Primary closure of a sinus perforation	One per Lifetime	\$327.52
D7270	2	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	One per Lifetime	\$266.73



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D7272	2	Tooth transplantaion (includes reimplantation from one site to another and splinting and/or stabilization)	One per Lifetime	\$356.26
D7280	2	Surgical access of an unerupted tooth	One per Lifetime	\$320.99
D7283	2	Placement of device to facilitate eruption of impacted tooth	One per Lifetime	\$121.00
D7285	2	Biopsy of oral tissue - hard (bone, tooth)	As needed	\$242.94
D7286	2	Biopsy of oral tissue - soft (all others)	As needed	\$242.94
D7291	2	Transseptal fiberotomy/supra crestal fiberotomy, by report	Once per permanent tooth per lifetime	\$127.70
D7296	2	Corticomy-one to three teeth spaces per quadrant. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	Once per lifetime, per quadrant	\$273.81
D7297		Corticomy-four or more to three teeth spaces per quadrant. Once per lifetime per quadrant if member has orthodontia coverage. (Note: any benefits paid will draw from ortho maximum)	Once per lifetime, per quadrant	\$381.47
D7310	2	Alveoloplasty in conjunction with extractions - per quadrant	One per quadrant per lifetime	\$142.35
D7311	2	Alveoloplasty in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	One per quadrant per lifetime	\$142.35
D7320	2	Alveoloplasty not in conjunction with extractions - per quadrant	One per quadrant per lifetime	\$226.21
D7321	2	Alveoloplasty not in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	One per quadrant per lifetime	\$213.53
D7340	2	Vestibuloplasty - ridge extension (secondary epithelialization)	One per arch per lifetime	\$325.26
D7350	2	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	One per arch per lifetime	\$822.55

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D7410	2	Excision of benign lesion up to 1.25 cm	As needed	\$201.32
D7411	2	Excision of benign lesion greater than 1.25 cm	As needed	\$299.84
D7412	2	Excision of benign lesion, complicated	As needed	\$403.36
D7440	2	Excision of malignant tumor - lesion diameter up to 1.25 cm	As needed	\$335.75
D7441	2	Excision of malignant tumor - lesion diameter greater than 1.25 cm	As needed	\$606.67
D7450	2	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	As needed	\$284.92
D7451	2	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	As needed	\$376.31
D7460	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	As needed	\$267.20
D7461	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	As needed	\$415.02
D7465	2	Destruction of lesion(s) by physical or chemical method, by report	As needed	\$201.45
D7471	2	Removal of lateral exostosis (maxilla or mandible)	One per arch per lifetime	\$321.74
D7472	2	Removal of torus palatinus	One per maxillary per lifetime	\$321.71
D7473	2	Removal of torus mandibularis	One per arch per lifetime	\$321.71
D7485	2	Surgical reduction of osseous tuberosity	One per quadrant per lifetime	\$370.37
D7510	2	Incision and drainage of abscess - intraoral soft tissue	Once per lifetime	\$101.41
D7511	2	Incision and drainage of abscess intraoral soft tissue complicated	Once per lifetime	\$125.88
D7520	2	Incision and drainage of abscess - extraoral soft tissue	Once per lifetime	\$217.30
D7521	2	Incision and drainage of abscess extraoral soft tissue complicated	Once per lifetime	\$296.58
D7530	2	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Once per lifetime	\$175.80

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D7540	2	Removal of reaction producing foreign bodies, musculoskeletal system	Once per lifetime	\$330.15
D7550	2	Partial ostectomy/sequestrectomy for removal of non-vital bone	Once per lifetime	\$277.46
D7670	2	Alveolus closed reduction may include stabilization of teeth	Once per lifetime	\$800.19
D7770	2	Alveolus - open reduction stabilization of teeth	Once per lifetime	\$1,396.61
D7820	2	Closed reduction of dislocation	Once per lifetime	\$292.84
D7830	2	Manipulation under anesthesia	Once per lifetime	\$464.91
D7870	2	Arthrocentesis	Once per lifetime	\$959.93
D7911	2	Complicated suture - up to 5 cm	Once per lifetime	\$235.49
D7961	2	Buccal / labial frenectomy (frenulectomy)	Two per lifetime for patients over age 6	\$244.44
D7962	2	Lingual frenectomy (frenulectomy)	Once per lifetime per arch for patients over age 6	\$244.44
D7963	2	Frenuoplasty	Once per arch per lifetime (for patients 6 year and older)	\$244.44
D8695	4	Removal of fixed orthodontic appliances for reasons other than completion of treatment. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	\$50.83
D9110	2	Palliative (emergency) treatment of dental pain - minor procedure	Three time in 12 months	\$57.09
D9120	2	Fixed partial denture sectioning	Once per bridge per lifetime	\$83.67
D9222	2	Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only	First 15 minutes	\$105.52
D9223	2	Deep sedation /general anesthesia - each subsequent 15 minutes increment - allowed with covered surgical impacted teeth only (up to one hour)	Each subsequent 15 minute increment (up to one hour)	\$90.52

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
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)	First 15 minutes	\$102.15
D9243	2	Intravenous moderate (conscious) sedation/analgesia each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	Each subsequent 15 minute increment (up to one hour)	\$87.15
D9910	2	Application of desensitizing medicament	Once per tooth per lifetime	\$30.80
D9941	2	Fabrication of Athletic Mouth Guard	Once per 24 months, members under age 18	\$73.81
D9944	2	Occlusal guard, hard appliance, full arch	One per 60 months	\$295.22
D9945	2	Occlusal guard, soft appliance, full arch	One per 60 months	\$73.81
D9946	2	Occlusal guard, hard appliance, partial arch	One per 60 months	\$118.09
D9951	2	Occlusal adjustment - limited	Once every 60 months	\$77.37
D2510	3	Inlay - metallic - one surface	Once every 60 months	\$287.84
D2520	3	Inlay - metallic - two surfaces	Once every 60 months	\$330.78
D2530	3	Inlay - metallic - three or more surfaces	Once every 60 months	\$366.91
D2542	3	Onlay - metallic-two surfaces	Once every 60 months	\$386.67
D2543	3	Onlay - metallic-three surfaces	Once every 60 months	\$396.36
D2544	3	Onlay - metallic-four or more surfaces	Once every 60 months	\$477.52
D2610	3	Inlay - porcelain/ceramic - one surface	Once every 60 months	\$329.04
D2620	3	Inlay - porcelain/ceramic - two surfaces	Once every 60 months	\$353.99
D2630	3	Inlay - porcelain/ceramic - three or more surfaces	Once every 60 months	\$377.78
D2642	3	Onlay - porcelain/ceramic - two surfaces	Once every 60 months	\$394.62
D2643	3	Onlay - porcelain/ceramic - three surfaces	Once every 60 months	\$413.77
D2644	3	Onlay - porcelain/ceramic - four or more surfaces	Once every 60 months	\$493.92
D2650	3	Inlay-resin-based composite - one surface	Once every 60 months	\$297.70
D2651	3	Inlay-resin-based composite - two surfaces	Once every 60 months	\$329.04
D2652	3	Inlay-resin-based composite - three or more surfaces	Once every 60 months	\$353.99

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D2662	3	Onlay-resin-based composite - two surfaces	Once every 60 months	\$376.05
D2663	3	Onlay-resin-based composite - three surfaces	Once every 60 months	\$382.43
D2664	3	Onlay-resin-based composite - four or more surfaces	Once every 60 months	\$401.00
D2710	3	Crown-resin (indirect)	Once every 60 months	\$291.32
D2720	3	Crown-resin with high noble metal	Once every 60 months	\$417.83
D2721	3	Crown-resin with predominantly base metal	Once every 60 months	\$376.05
D2722	3	Crown-resin with noble metal	Once every 60 months	\$396.36
D2740	3	Crown-porcelain/ceramic substrate	Once every 60 months	\$463.96
D2750	3	Crown-porcelain fused to high noble metal	Once every 60 months	\$447.93
D2751	3	Crown-porcelain fused to predominantly base metal	Once every 60 months	\$394.62
D2752	3	Crown-porcelain fused to noble metal	Once every 60 months	\$413.86
D2753	3	Crown - porcelain fused to titanium alloys	Once per tooth per 60 months.	\$394.62
D2780	3	Crown-3/4 cast high noble metal	Once every 60 months	\$463.07
D2781	3	Crown-3/4 cast predominantly base metal	Once every 60 months	\$389.39
D2782	3	Crown-3/4 cast noble metal	Once every 60 months	\$409.13
D2783	3	Crown-3/4 porcelain/ceramic	Once every 60 months	\$493.92
D2790	3	Crown-full cast high noble metal	Once every 60 months	\$463.07
D2791	3	Crown-full cast predominantly base metal	Once every 60 months	\$377.64
D2792	3	Crown-full cast noble metal	Once every 60 months	\$407.38
D2799	3	Provisional crown	Once every 60 months	\$115.17
D2950	3	Core buildup, including any pins	Once every 60 months	\$112.61
D2952	3	Cast post and core in addition to crown	Once every 60 months	\$167.13
D2954	3	Prefabricated post and core in addition to crown	Once every 60 months	\$125.35
D5110	3	Complete denture - maxillary	Once per 60 months	\$579.74
D5120	3	Complete denture - mandibular	Once per 60 months	\$578.58
D5130	3	Immediate denture - maxillary	Once per 60 months	\$611.07
D5140	3	Immediate denture - mandibular	Once per 60 months	\$609.91
D5211	3	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Once per 60 months	\$450.90

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	\$1,310
Orthodontia Lifetime Maximum ****	\$2,000
Annual Maximum Dental Implants *	\$1,000

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D5212	3	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Once per 60 months	\$454.39
D5213	3	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Once per 60 months	\$612.24
D5214	3	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Once per 60 months	\$611.07
D5221	3	Immediate maxillary partial denture – resin base	Once per 60 months	\$473.45
D5222	3	Immediate mandibular partial denture – resin base	Once per 60 months	\$477.11
D5223	3	Immediate maxillary partial denture – cast metal framework with resin denture bases	Once per 60 months	\$642.85
D5224	3	Immediate mandibular partial denture – cast metal framework with resin denture bases	Once per 60 months	\$641.62
D5225	3	Maxillary Partial Denture - Flexible Base	Once per 60 months	\$612.24
D5226	3	Mandibular Partial Denture - Flexible Base	Once per 60 months	\$611.07
D5282	3	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	Once per 60 months, not to be combined with any other denture in the same arch	\$351.67
D5283	3	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	Once per 60 months, not to be combined with any other denture in the same arch	\$351.67
D5284	3	Partial Denture - removable unilateral – one piece flexible base (including clasps and teeth) – per quadrant	Once per arch 60 months.	\$351.67
D5286	3	Partial Denture - removable unilateral – one piece resin (including clasps and teeth) – per quadrant	Once per arch 60 months.	\$351.67
D6010*	3	Surgical placement of implant	One per 60 months	\$767.27



**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	\$1,310
Orthodontia Lifetime Maximum ****	\$2,000
Annual Maximum Dental Implants *	\$1,000

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D6013*	3	Surgical placement of mini-implant	One per 60 months	\$383.64
D6056	3	Prefabricated abutment	One per 60 months	\$217.13
D6057	3	Custom Abutment	One per 60 months	\$295.92
D6058	3	Implant Abut Crown	One per 60 months	\$514.96
D6059	3	Abutment supported porcelain fused to metal crown (high noble metal)	One per 60 months	\$526.84
D6060	3	Implant Abut Crown	One per 60 months	\$465.54
D6061	3	Abutment supported porcelain fused to metal crown (noble metal)	One per 60 months	\$487.49
D6062	3	Implant Abut Crown	One per 60 months	\$495.24
D6063	3	Implant Abut Crown	One per 60 months	\$417.00
D6064	3	Implant Abut Crown	One per 60 months	\$465.57
D6065	3	Implant Abut Crown	One per 60 months	\$559.50
D6066	3	Implant Abut Crown	One per 60 months	\$559.42
D6067	3	Implant Abut Crown	One per 60 months	\$493.25
D6069	3	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	One per 60 months	\$526.84
D6070	3	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	One per 60 months	\$465.54
D6071	3	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	One per 60 months	\$487.49
D6072	3	Abutment supported retainer for cast metal FPD (high noble metal)	One per 60 months	\$495.24
D6073	3	Abutment supported retainer for cast metal FPD (predominately base metal)	One per 60 months	\$417.00
D6074	3	Abutment supported retainer for cast metal FPD (noble metal)	One per 60 months	\$465.57
D6076	3	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	One per 60 months	\$559.42
D6077	3	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	One per 60 months	\$493.25

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D6082	3	Implant supported crown – porcelain fused to predominantly base alloys	Once per tooth per 60 months.	\$465.54
D6083	3	Implant supported crown – porcelain fused to noble alloys	Once per tooth per 60 months.	\$487.49
D6084	3	Implant supported crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$465.54
D6085	3	Provisional Implant crown	Once per tooth per 60 months	\$115.17
D6086	3	Implant supported crown – predominantly base alloys	Once per tooth per 60 months.	\$417.00
D6087	3	Implant supported crown – noble alloys	Once per tooth per 60 months.	\$465.57
D6088	3	Implant supported crown – titanium and titanium alloys	Once per tooth per 60 months.	\$491.20
D6092	3	recement implant/abutment supported crown	Once per tooth per 60 month	\$55.07
D6093	3	recement implant/abutment supported fixed partial denture	Once per tooth per 60 month	\$82.60
D6094	3	Abutment supported crown - titanium	One per 60 months	\$491.20
D6097	3	Abutment supported crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$465.54
D6098	3	Implant supported retainer – porcelain fused to predominantly base alloys	Once per 60 months.	\$465.54
D6099	3	Implant supported retainer for FPD – porcelain fused to noble alloys	Once per 60 months.	\$559.42
D6114	3	Implant /abutment complete denture-fixed upper arch	One per 60 months	\$649.30
D6115	3	Implant /abutment complete denture-fixed lower arch	One per 60 months	\$649.30
D6116	3	Implant /abutment partial denture-fixed upper arch	One per 60 months	\$649.30

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D6117	3	Implant /abutment partial denture-fixed lower arch	One per 60 months	\$649.30
D6120	3	Implant supported retainer – porcelain fused to titanium and titanium alloys	Once per 60 months.	\$559.42
D6121	3	Implant supported retainer for metal FPD – predominantly base alloys	Once per 60 months.	\$493.25
D6122	3	Implant supported retainer for metal FPD – noble alloys	Once per 60 months.	\$493.25
D6123	3	Implant supported retainer for metal FPD – titanium and titanium alloys	Once per 60 months.	\$493.25
D6194	3	Abutment supported retainer crown for FPD - titanium	One per 60 months	\$491.20
D6195	3	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Once per 60 months.	\$465.54
D6205	3	Pontic - indirect resin based composite	One per 60 months	\$430.01
D6210	3	Pontic - cast high noble metal	One per 60 months	\$463.07
D6211	3	Pontic - cast predominantly base metal	One per 60 months	\$382.43
D6212	3	Pontic - cast noble metal	One per 60 months	\$398.65
D6214	3	Pontic - titanium	One per 60 months	\$463.07
D6240	3	Pontic - porcelain fused to high noble metal	One per 60 months	\$437.83
D6241	3	Pontic - porcelain fused to predominantly base metal	One per 60 months	\$391.71
D6242	3	Pontic - porcelain fused to noble metal	One per 60 months	\$409.02
D6243	3	Pontic – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$391.71
D6245	3	Pontic porcelain ceramic substrate	One per 60 months	\$431.29
D6250	3	Pontic - resin with high noble metal	One per 60 months	\$423.06
D6251	3	Pontic - resin with predominantly base metal	One per 60 months	\$391.71
D6252	3	Pontic - resin with noble metal	One per 60 months	\$407.38

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

<b>Procedure Code</b>	<b>Procedure Type</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Fund Payment ***</b>
D6545	3	Retainer - cast metal for resin bonded fixed prosthesis	One per 60 months	\$247.80
D6549	3	Resin retainer for resin bonded fixed prosthesis	One per 60 months	\$430.01
D6602	3	Inlay - cast high noble metal, two surfaces	One per 60 months	\$330.78
D6603	3	Inlay - cast high noble metal, three or more surfaces	One per 60 months	\$366.91
D6604	3	Inlay - cast predominantly base metal, two surfaces	One per 60 months	\$326.14
D6605	3	Inlay - cast predominantly base metal, three or more surfaces	One per 60 months	\$351.10
D6606	3	Inlay - cast noble metal, two surfaces	One per 60 months	\$326.14
D6607	3	Inlay - cast noble metal, three or more surfaces	One per 60 months	\$351.10
D6610	3	Onlay - cast high noble metal, two surfaces	One per 60 months	\$399.26
D6611	3	Onlay - cast high noble metal, three or more surfaces	One per 60 months	\$419.57
D6612	3	Onlay - cast predominantly base metal, two surfaces	One per 60 months	\$399.26
D6613	3	Onlay - cast predominantly base metal, three or more surfaces	One per 60 months	\$419.57
D6614	3	Onlay - cast noble metal, two surfaces	One per 60 months	\$399.26
D6615	3	Onlay - cast noble metal, three or more surfaces	One per 60 months	\$419.57
D6624	3	Inlay - titanium	One per 60 months	\$289.36
D6634	3	Onlay - titanium	One per 60 months	\$463.07
D6710	3	Crown - indirect resin based composite	One per 60 months	\$430.02
D6720	3	Crown - resin with high noble metal	One per 60 months	\$415.51
D6721	3	Crown - resin with predominantly base metal	One per 60 months	\$387.66
D6722	3	Crown - resin with noble metal	One per 60 months	\$406.22
D6740	3	Retainer Crown-porcelain/ceramic	One per 60 months	\$431.29
D6750	3	Crown - porcelain fused to high noble metal	One per 60 months	\$431.29
D6751	3	Crown - porcelain fused to predominantly base metal	One per 60 months	\$391.71
D6752	3	Crown - porcelain fused to noble metal	One per 60 months	\$409.02

**Boston Teachers Union Paraprofessional Health and Welfare Fund - Group No. 004357**  
**Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier**  
**Beginning January 1, 2021 - December 31, 2021**

<b>Plan Maximums:</b>	
Annual Plan Maximum (Excluding Orthodontia and Implants)	<b>\$1,310</b>
Orthodontia Lifetime Maximum ****	<b>\$2,000</b>
Annual Maximum Dental Implants *	<b>\$1,000</b>

Procedure Code	Procedure Type	Procedure Description	Frequency	Fund Payment ***
D6753	3	Retainer crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$391.71
D6780	3	Crown - 3/4 cast high noble metal	One per 60 months	\$477.52
D6781	3	Crown - 3/4 cast predominantly base metal	One per 60 months	\$457.67
D6782	3	Crown - 3/4 cast noble metal	One per 60 months	\$437.81
D6784	3	Retainer crown ¾ – titanium and titanium alloys	Once per tooth per 60 months.	\$457.67
D6790	3	Crown - full cast high noble metal	One per 60 months	\$463.07
D6791	3	Crown - full cast predominantly base metal	One per 60 months	\$382.43
D6792	3	Crown - full cast noble metal	One per 60 months	\$407.38
D6794	3	Crown - titanium	One per 60 months	\$463.07

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

\*\*Multi-surface resin base composite (white fillings) on back teeth will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for the white filling.

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

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

Current Dental Terminology © 2021 American Dental Association

Revised - 12-07-2020