



Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier
Beginning January 1, 2025 - December 31, 2025

Plan Maximums:

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

Procedure Code	Procedure Type	Procedure Description	Frequency	New Fund Payment ***
D0120	1	Periodic oral evaluation	Twice per calendar year	100%
D0140	1	Limited oral evaluation - problem focused	Two in a 12-month period	100%
D0145	1	Oral Evaluation for a patient under three years of age counseling with primary caregiver	Twice per calendar year	100%
D0150	1	Comprehensive oral evaluation - new or established patient	One every 60 months	100%
D0160	1	Detailed oral evaluation - problem focused, by report	One in 60 months	100%
D0170	1	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	Two in a 12-month period	100%
D0180	1	Comprehensive periodontal evaluation - new or established patient	One in 60 months	100%
D0190	1	Patient Screenings	Twice every 12 months	100%
D0210	1	Intraoral - complete series (including bitewings)	One in 60 months	100%
D0220	1	Intraoral - periapical first film	As Needed	100%
D0230	1	Intraoral - periapical each additional film	As Needed	100%
D0240	1	Intraoral - occlusal film	Two in a 12-month period	100%
D0250	1	Extra-oral - first 2D projection radiographic image	Two in a 6-month period	100%
D0251	1	Extra-oral posterior dental radiograph	Two in a 6-month period	100%
D0270	1	Bitewing - single film	Twice per calendar year	100%
D0272	1	Bitewings - two films	Twice per calendar year	100%
D0273	1	Bitewings - three films	Twice per calendar year	100%
D0274	1	Bitewings - four films	Twice per calendar year	100%
D0277	1	Vertical bitewings - 7 to 8 films	Twice per calendar year	100%
D0310	1	Sialography	Once per lifetime	100%
D0321	1	Other temporomandibular joint films, by report	once every 60 months	100%
D0330	1	Panoramic film	Once every 60 months	100%
D0414	1	Lab processing for microbial specimen (separating collecting and analysis like saliva and genetic codes)	Once per lifetime	100%
D0415	1	Bacteriologic studies for determination of pathologic agents	Once per lifetime	100%
D0460	1	Pulp vitality tests	Once per visit per tooth	100%
D0470	1	Diagnostic casts	Once every 60 months	100%
D1110	1	Prophylaxis - adult	Twice per calendar year	100%
D1120	1	Prophylaxis - child	Twice per calendar year	100%
D1206	1	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Twice per calendar year, Covered up to age 19 and over 19 for high-risk member (who had a recent cavity and are at risk for decay)	100%
D1208	1	Topical application of fluoride (prophylaxis not included)	Twice per calendar year, Covered up to age 19 and over 19 for high-risk member (who had a recent cavity and are at risk for decay)	100%
D1351	1	Sealant - per tooth	Unrestored permanent molar and bicuspid, every 48 months per tooth for members up to age 19	100%
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	100%
D1353	1	Sealant Repair	Once per tooth per 12 months	100%
D1354	1	Silver Diamine Fluoride (SDF)	Twice per tooth per 12 months	100%
D1510	1	Space maintainer - fixed - unilateral	Once per lifetime for members through age 13, due to the loss of premature teeth	100%
D1516	1	Space maintainer - fixed - bilateral, maxillary	Once per lifetime for members through age 13, due to the loss of premature teeth	100%
D1517	1	Space maintainer - fixed - bilateral, mandibular	Once per lifetime for members through age 13, due to the loss of premature teeth	100%
D1520	1	Space maintainer - removable - unilateral	Once per lifetime for members through age 13, due to the loss of premature teeth	100%
D1526	1	Space maintainer - removable - maxillary	Once per lifetime for members through age 13, due to the loss of premature teeth	100%
D1527	1	Space maintainer - removable - mandibular	Once per lifetime for members through age 13, due to the loss of premature teeth	100%
D1551	1	Re-cement or re-bond space maintainer-maxillary	Once per lifetime after 6 months of space maintainer insertion	100%
D1552	1	Re-cement or re-bond space maintainer-mandibular	Once per lifetime after 6 months of space maintainer insertion	100%

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Annual Maximum for Implants*	\$1,500

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D1553	1	Re-cement or re-bond space maintainer-per quadrant	Once per lifetime after 6 months of space maintainer insertion	100%
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	100%
D1557	1	Removal of fixed bilateral space maintainer-maxillary	Covered once when done by a dentist who did not place the original appliance	100%
D1558	1	Removal of fixed bilateral space maintainer-mandibular	Covered once when done by a dentist who did not place the original appliance	100%
D1575	1	Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars (A, J, K, T))	Once per lifetime, per quadrant through age 7	100%
D4346	1	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation	Once every 6 months	100%
D4355	1	Full mouth debridement to enable comprehensive evaluation and diagnosis	Once per lifetime	100%
D4910	1	Periodontal maintenance	Four per calendar year, following active periodontal treatment not to be combined with preventive cleanings	100%
D9310	1	Consultations	Once per 12 months	100%
D2391**	2	Resin-based composite - one surface, posterior	One every 24 months, per surface, per tooth	\$98.43
D2140	2	Amalgam - one surface, primary or permanent	One every 24 months, per surface, per tooth	\$72.88
D2150	2	Amalgam - two surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$92.76
D2160	2	Amalgam - three surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$113.58
D2161	2	Amalgam - four or more surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$138.18
D2330	2	Resin-based composite - one surface, anterior	One every 24 months, per surface, per tooth	\$89.91
D2331	2	Resin-based composite - two surfaces, anterior	One every 24 months, per surface, per tooth	\$112.63
D2332	2	Resin-based composite - three surfaces, anterior	One every 24 months, per surface, per tooth	\$139.13
D2335	2	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	One every 24 months, per surface, per tooth	\$174.16
D2392	2	White Fillings - two surfaces	One every 24 months, per surface, per tooth	\$138.10
D2393	2	White fillings - three surfaces	One every 24 months, per surface, per tooth	\$174.70
D2394	2	White fillings - four surfaces	One every 24 months, per surface, per tooth	\$215.00
D2390	2	Resin-based composite crown, anterior	One every 24 months, per surface, per tooth	\$223.65
D2410	2	Gold foil - one surface	One every 24 months, per surface, per tooth	\$389.21
D2420	2	Gold foil - two surfaces	One every 24 months, per surface, per tooth	\$433.07
D2430	2	Gold foil - three surfaces	One every 24 months, per surface, per tooth	\$501.89
D2910	2	Recement inlay	Once per 12 months	\$62.77
D2915	2	Recement cast or prefab post and core	Once per 12 months	\$62.77
D2920	2	Recement crown	Once per 12 months	\$62.77
D2930	2	Prefabricated stainless steel crown - primary tooth	Once in 24 months	\$174.57
D2931	2	Prefabricated stainless steel crown - permanent tooth	Once in 24 months	\$192.86
D2932	2	Prefabricated resin crown	Once in 24 months	\$214.44
D2933	2	Prefabricated stainless steel crown with resin window	Once in 24 months	\$222.10
D2940	2	Sedative filling	Once per tooth every 60 months	\$68.12
D2951	2	Pin retention - per tooth, in addition to restoration	Once per tooth	\$45.75
D2976	2	Band Stabilization - per tooth	Once per permanent posterior tooth per lifetime	\$192.86
D2980	2	Crown repair, by report	Once per 12 months	\$208.28
D3110	2	Pulp cap - direct (excluding final restoration)	Once per lifetime per tooth	\$47.33
D3120	2	Pulp cap - indirect (excluding final restoration)	One per lifetime, per tooth	\$46.38
D3220	2	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	One per lifetime, per tooth	\$111.69
D3221	2	Pulpal debridement, primary and permanent teeth	Once per lifetime	\$126.14
D3222	2	Partial Pulpotomy for Apexogenesis with incomplete root-development	One per tooth per lifetime	\$111.69
D3310	2	Anterior (excluding final restoration)	One per tooth per lifetime	\$505.21
D3320	2	Bicuspid (excluding final restoration)	One per tooth per lifetime	\$607.58
D3330	2	Molar (excluding final restoration)	One per tooth per lifetime	\$742.87
D3333	2	Internal root repair of perforation defects	One per tooth per lifetime	\$177.43
D3346	2	Retreatment of previous root canal therapy - anterior	Once per tooth after 24 months of original root canal treatment	\$585.70
D3347	2	Retreatment of previous root canal therapy - bicuspid	Once per tooth after 24 months of original root canal treatment	\$687.93
D3348	2	Retreatment of previous root canal therapy - molar	One per lifetime per tooth	\$848.21
D3351	2	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	One per lifetime per tooth	\$212.02
D3410	2	Apicoectomy/periradicular surgery - anterior	One per lifetime per tooth	\$436.24
D3421	2	Apicoectomy/periradicular surgery - bicuspid (first root)	One per lifetime per tooth	\$504.63
D3425	2	Apicoectomy/periradicular surgery - molar (first root)	One per lifetime per tooth	\$574.21

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D3426	2	Apicoectomy/periradicular surgery (each additional root)	Once for a premolar tooth and two for a permanent molar	\$303.36
D3430	2	Retrograde filling - per root	One per lifetime per tooth	\$153.33
D3450	2	Root amputation - per root, per tooth	One per lifetime per tooth	\$276.38
D3910	2	Surgical procedure for isolation of tooth with rubber dam	One per lifetime, per tooth	\$156.37
D3920	2	Hemisection (including any root removal), not including root canal therapy	One per lifetime, on posterior teeth only	\$269.75
D4210	2	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	One per quadrant per 36 months	\$383.33
D4211	2	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	One per quadrant per 36 months	\$171.98
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	\$486.03
D4241	2	Gingival flap procedure, including root planing - one to three teeth, per quadrant	Once per quadrant per 36 months	\$345.00
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	\$613.35
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	\$851.44
D4261	2	Osseous surgery (including flap entry and closure) - 1-3 teeth/quadrant	Once per quadrant per 36 months	\$651.82
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	\$410.77
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	\$300.99
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	\$410.77
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	\$562.21
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	\$664.44
D4268	2	Surgical revision procedure, per tooth	Once per quadrant per 36 months	\$501.99
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	\$577.82
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	\$819.91
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	\$421.19
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	\$672.95
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	\$819.91
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	\$705.93
D4278	2	Free Soft Tissue Graft Procedure (including donor site surgery, each additional contiguous tooth or edentulous tooth position in same graft site	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$352.97
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	\$491.95
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	\$403.77
D4341	2	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant. Only two quadrants are allowed per date of service. Additional quadrants will deny.	One every 24 months per quadrant, only two quadrants are allowed per date of service	\$158.07
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	\$118.55
D5410	2	Adjust complete denture - maxillary	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$53.45
D5411	2	Adjust complete denture - mandibular	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$53.45
D5421	2	Adjust partial denture - maxillary	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$53.45
D5422	2	Adjust partial denture - mandibular	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$53.45
D5511	2	Repair broken complete denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$118.82

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D5512	2	Repair broken complete denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$118.82
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)	\$98.71
D5611	2	Repair resin partial denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$121.77
D5612	2	Repair resin partial denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$121.77
D5621	2	Repair cast partial framework, mandibular (lower arch)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$172.75
D5622	2	Repair cast partial framework, maxillary (upper arch)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$172.75
D5630	2	Repair or replace broken clasp	One per tooth per 12 months	\$148.06
D5640	2	Replace broken teeth - per tooth	One per tooth per 12 months	\$98.71
D5650	2	Add tooth to existing partial denture	One per tooth per 12 months	\$127.97
D5660	2	Add clasp to existing partial denture	One per tooth per 12 months	\$163.61
D5670	2	Replace all teeth and acrylic on cast metal framework (maxillary)	Once in 60 months	\$657.41
D5671	2	Replace all teeth and acrylic on cast metal framework (mandibular)	One per 60 months	\$644.83
D5710	2	Rebase complete maxillary denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$345.49
D5711	2	Rebase complete mandibular denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$340.92
D5720	2	Rebase maxillary partial denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$331.78
D5721	2	Rebase mandibular partial denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$327.21
D5725	2	Rebase hybrid prosthesis	Once per arch per 36 months (after 6 months have elapsed since initial placement).	\$331.78
D5730	2	Reline complete maxillary denture (chair side)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$212.39
D5731	2	Reline complete mandibular denture (chair side)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$212.39
D5740	2	Reline maxillary partial denture (chair side)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$212.39
D5741	2	Reline mandibular partial denture (chair side)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$212.39
D5750	2	Reline complete maxillary denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$284.26
D5751	2	Reline complete mandibular denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$283.34
D5760	2	Reline maxillary partial denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$279.68
D5761	2	Reline mandibular partial denture (laboratory)	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$280.60
D5765	2	Soft liner for complete or partial removable denture – indirect	Once per arch per 36 months (after 6 months have elapsed since initial placement).	\$279.68
D5850	2	Tissue conditioning, maxillary	Twice per 36 months (after 6-months have elapsed since initial placement)	\$106.03
D5851	2	Tissue conditioning, mandibular	Twice per 36 months (after 6-months have elapsed since initial placement)	\$106.03
D6092	2	Recement implant/abutment supported fixed partial denture	One per 60 months	\$70.33
D6093	2	Recement implant/abutment supported crown	One per 60 months	\$105.50
D6930	2	Recement fixed bridge	Once per lifetime (after 6-months have elapsed since initial placement)	\$92.12
D6980	2	Fixed partial denture repair, by report	Twice per 36 months (after 6-months have elapsed since initial placement)	\$214.79
D7111	2	Coronal remnants, deciduous tooth	Once per tooth	\$65.79
D7140	2	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Once per tooth	\$89.91
D7210	2	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Once per tooth	\$168.47
D7220	2	Removal of impacted tooth - soft tissue	Once per tooth	\$224.96
D7230	2	Removal of impacted tooth - partially bony	Once per tooth	\$307.34
D7240	2	Removal of impacted tooth - completely bony	Once per tooth	\$352.75
D7241	2	Removal of impacted tooth - completely bony, with unusual surgical complications	Once per tooth	\$358.40
D7250	2	Surgical removal of residual tooth roots (cutting procedure)	Once per tooth	\$186.05

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D7252	2	Partial extraction for immediate implant placement	Once per anterior tooth in conjunction with surgical implant placement.	\$168.47
D7260	2	Oroantral fistula closure	Once per lifetime	\$412.68
D7261	2	Primary closure of a sinus perforation	Once per tooth	\$412.68
D7270	2	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	One per Lifetime	\$348.40
D7272	2	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	One per Lifetime	\$465.35
D7280	2	Surgical access of an unerupted tooth	One per Lifetime	\$409.95
D7283	2	Placement of device to facilitate eruption of impacted tooth	One per Lifetime	\$152.46
D7284	2	Excisional biopsy of minor salivary glands	One per Lifetime	\$306.10
D7285	2	Biopsy of oral tissue - hard (bone, tooth)	As needed	\$306.10
D7286	2	Biopsy of oral tissue - soft (all others)	As needed	\$306.10
D7288	2	Brush biopsy-trans epithelial sample collection	As needed	\$91.73
D7291	2	Transseptal fiberotomy/supra crestal fiberotomy, by report	Once per permanent tooth per lifetime	\$160.90
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 permanent tooth per lifetime	\$345.00
D7297	2	Corticomy-four or more to three teeth spaces per quadrant. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	Once per lifetime, per quadrant	\$486.03
D7310	2	Alveoloplasty in conjunction with extractions - per quadrant	One per quadrant per lifetime	\$179.36
D7311	2	Alveoloplasty in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	One per quadrant per lifetime	\$179.36
D7320	2	Alveoloplasty not in conjunction with extractions - per quadrant	One per quadrant per lifetime	\$288.91
D7321	2	Alveoloplasty not in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	One per quadrant per lifetime	\$269.05
D7340	2	Vestibuloplasty - ridge extension (secondary epithelialization)	One per quadrant per lifetime	\$409.83
D7350	2	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	One per arch per lifetime	\$1,036.41
D7410	2	Excision of benign lesion up to 1.25 cm	As needed	\$259.47
D7411	2	Excision of benign lesion greater than 1.25 cm	As needed	\$391.65
D7412	2	Excision of benign lesion, complicated	As needed	\$526.87
D7440	2	Excision of malignant tumor - lesion diameter up to 1.25 cm	As needed	\$438.55
D7441	2	Excision of malignant tumor - lesion diameter greater than 1.25 cm	As needed	\$792.43
D7450	2	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	As needed	\$372.16
D7451	2	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	As needed	\$491.54
D7460	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	As needed	\$349.01
D7461	2	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	As needed	\$542.09
D7465	2	Destruction of lesion(s) by physical or chemical method, by report	As needed	\$263.13
D7471	2	Removal of lateral exostosis (maxilla or mandible)	One per arch per lifetime	\$405.39
D7472	2	Removal of torus palatinus	One per maxillary per lifetime	\$405.35
D7473	2	Removal of torus mandibularis	One per arch per lifetime	\$405.35
D7485	2	Surgical reduction of osseous tuberosity	One per quadrant per lifetime	\$473.02
D7509	2	Marsupialization of odontogenic cyst	Procedure is by report and subject to coverage under medical plan (the primary plan)	\$491.54
D7510	2	Incision and drainage of abscess - intraoral soft tissue	Once per lifetime	\$129.42
D7511	2	Incision and drainage of abscess intraoral soft tissue complicated	Once per lifetime	\$160.77
D7520	2	Incision and drainage of abscess - extraoral soft tissue	Once per lifetime	\$283.84
D7521	2	Incision and drainage of abscess extraoral soft tissue complicated	Once per lifetime	\$387.38
D7530	2	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Once per lifetime	\$229.63
D7540	2	Removal of reaction producing foreign bodies, musculoskeletal system	Once per lifetime	\$431.24
D7550	2	Partial ostectomy/sequestrectomy for removal of non-vital bone	Once per lifetime	\$362.41
D7670	2	Alveolus closed reduction may include stabilization of teeth	Once per lifetime	\$1,045.21
D7770	2	Alveolus - open reduction stabilization of teeth	Once per lifetime	\$1,824.24
D7820	2	Closed reduction of dislocation	Once per lifetime	\$382.51
D7830	2	Manipulation under anesthesia	Once per lifetime	\$607.27
D7870	2	Arthrocentesis	Once per lifetime	\$1,209.51
D7911	2	Complicated suture - up to 5 cm	Once per lifetime	\$307.59
D7953	2	Bone replacement graft for ridge preservation	Once per lifetime	\$552.98

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D7961	2	Buccal / labial frenectomy (frenulectomy)	Two per lifetime	\$312.19
D7962	2	Lingual frenectomy (frenulectomy)	Once per lifetime	\$312.19
D7963	2	Frenuoplasty	Once per arch per lifetime	\$312.19
D9110	2	Palliative (emergency) treatment of dental pain - minor procedure	Three times in 12 months	\$71.93
D9120	2	Fixed partial denture sectioning	Once per bridge per lifetime	\$105.42
D9222	2	Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	First 15 minutes	\$129.05
D9223	2	Deep sedation /general anesthesia - 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)	\$114.05
D9239	2	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	First 15 minutes	\$124.79
D9243	2	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	Each subsequent 15 minute increment (up to one hour)	\$109.79
D9910	2	Application of desensitizing medicament	Once per tooth per lifetime	\$38.81
D9941	2	Fabrication of Athletic Mouth Guard	Once per 24 months, members under age 18	\$93.00
D9944	2	Occlusal guard, hard appliance, full arch	One per 60 months	\$371.98
D9945	2	Occlusal guard, soft appliance, full arch	One per 60 months	\$93.00
D9946	2	Occlusal guard, hard appliance, partial arch	One per 60 months	\$148.79
D9951	2	Occlusal adjustment - limited	Once every 60 months	\$97.49
D0364	3	Cone Beams	One in 12 months	\$252.10
D0365	3	Cone Beams	One in 12 months	\$271.40
D0366	3	Cone Beams	One in 12 months	\$271.40
D0367	3	Cone Beams	One in 12 months	\$349.00
D2510	3	Inlay - metallic - one surface	Once every 60 months	\$417.37
D2520	3	Inlay - metallic - two surfaces	Once every 60 months	\$479.64
D2530	3	Inlay - metallic - three or more surfaces	Once every 60 months	\$532.02
D2542	3	Onlay - metallic-two surfaces	Once every 60 months	\$560.67
D2543	3	Onlay - metallic-three surfaces	Once every 60 months	\$574.72
D2544	3	Onlay - metallic-four or more surfaces	Once every 60 months	\$650.19
D2610	3	Inlay - porcelain/ceramic - one surface	Once every 60 months	\$477.11
D2620	3	Inlay - porcelain/ceramic - two surfaces	Once every 60 months	\$513.29
D2630	3	Inlay - porcelain/ceramic - three or more surfaces	Once every 60 months	\$547.79
D2642	3	Onlay - porcelain/ceramic - two surfaces	Once every 60 months	\$572.19
D2643	3	Onlay - porcelain/ceramic - three surfaces	Once every 60 months	\$599.96
D2644	3	Onlay - porcelain/ceramic - four or more surfaces	Once every 60 months	\$716.18
D2650	3	Inlay - resin-based composite - one surface	Once every 60 months	\$431.67
D2651	3	Inlay - resin-based composite - two surfaces	Once every 60 months	\$477.11
D2652	3	Inlay - resin-based composite - three or more surfaces	Once every 60 months	\$513.29
D2662	3	Onlay - resin-based composite - two surfaces	Once every 60 months	\$545.27
D2663	3	Onlay - resin-based composite - three surfaces	Once every 60 months	\$554.53
D2664	3	Onlay - - resin-based composite - four or more surfaces	Once every 60 months	\$581.45
D2710	3	Crown - resin (indirect)	Once every 60 months	\$422.41
D2712	3	Crown 3/4 resin based composite (indirect) not include facial veneers	Once every 60 months	\$422.41
D2720	3	Crown - resin with high noble metal	Once every 60 months	\$605.86
D2721	3	Crown - resin with predominantly base metal	Once every 60 months	\$545.27
D2722	3	Crown - resin with noble metal	Once every 60 months	\$574.72
D2740	3	Crown - porcelain/ceramic substrate	Once every 60 months	\$645.40
D2750	3	Crown - porcelain fused to high noble metal	Once every 60 months	\$626.89
D2751	3	Crown - porcelain fused to predominantly base metal	Once every 60 months	\$572.19
D2752	3	Crown - porcelain fused to noble metal	Once every 60 months	\$593.24
D2753	3	Crown - porcelain fused to titanium alloys	Once per tooth per 60 months.	\$572.19
D2780	3	Crown - 3/4 cast high noble metal	Once every 60 months	\$631.93
D2781	3	Crown - 3/4 cast predominantly base metal	Once every 60 months	\$564.62
D2782	3	Crown - 3/4 cast noble metal	Once every 60 months	\$593.24
D2783	3	Crown - 3/4 porcelain/ceramic	Once every 60 months	\$716.18
D2790	3	Crown - full cast high noble metal	Once every 60 months	\$630.52
D2791	3	Crown - full cast predominantly base metal	Once every 60 months	\$557.89
D2792	3	Crown - full cast noble metal	Once every 60 months	\$590.71
D2794	3	Crown Titanium	Once every 60 months	\$630.52
D2799	3	Provisional crown	Once every 60 months	\$156.82
D2950	3	Core buildup, including any pins	Once every 60 months	\$153.33
D2952	3	Cast post and core in addition to crown	Once per 60 months	\$242.34
D2954	3	Prefabricated post and core in addition to crown	Once per 60 months	\$181.76
D5110	3	Complete denture - maxillary	Once per 60 months	\$840.62
D5120	3	Complete denture - mandibular	Once per 60 months	\$838.94

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier
Beginning January 1, 2025 - December 31, 2025

Plan Maximums:

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

Procedure Code	Procedure Type	Procedure Description	Frequency	New Fund Payment ***
D5130	3	Immediate denture - maxillary	Once per 60 months	\$886.05
D5140	3	Immediate denture - mandibular	Once per 60 months	\$884.37
D5211	3	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Once per 60 months	\$653.81
D5212	3	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Once per 60 months	\$658.87
D5213	3	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Once per 60 months	\$887.75
D5214	3	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Once per 60 months	\$886.05
D5221	3	Immediate maxillary partial denture – resin base	Once per 60 months	\$686.50
D5222	3	Immediate mandibular partial denture – resin base	Once per 60 months	\$691.81
D5223	3	Immediate maxillary partial denture – cast metal framework with resin denture bases	Once per 60 months	\$932.14
D5224	3	Immediate mandibular partial denture – cast metal framework with resin denture bases	Once per 60 months	\$930.44
D5225	3	Maxillary partial denture - flexible base	Once per 60 months	\$887.75
D5226	3	Mandibular partial denture - flexible base	Once per 60 months	\$886.05
D5227	3	Immediate maxillary partial denture - flexible base	One maxillary denture whether immediate, complete, partial or implant supported in 60 months	\$887.75
D5228	3	Immediate mandibular partial denture - flexible base	One maxillary denture whether immediate, complete, partial or implant supported in 60 months	\$886.05
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	\$509.92
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	\$509.92
D5284	3	Partial Denture - removable unilateral – one piece flexible base (including clasps and teeth) – per quadrant	Once per arch 60 months.	\$509.92
D5286	3	Partial Denture - removable unilateral – one piece resin (including clasps and teeth) – per quadrant	Once per arch 60 months.	\$509.92
D5820	3	Interim partial denture (maxillary)	One per 60 months	\$639.96
D5821	3	Interim partial denture (mandibular)	One per 60 months	\$639.96
D6010*	3	Implant-surgical endosteal, single tooth	One per 60 months	\$1,029.37
D6013*	3	Mini-Implant, single tooth	One per 60 months	\$514.69
D6056	3	Prefabricated abutment	One per 60 months	\$286.83
D6057	3	Custom Abutment	One per 60 months	\$394.57
D6058	3	Implant Abut Crown	One per 60 months	\$683.29
D6059	3	Abutment supported porcelain fused to metal crown (high noble metal)	One per 60 months	\$702.78
D6060	3	Implant Abut Crown	One per 60 months	\$616.48
D6061	3	Abutment supported porcelain fused to metal crown (noble metal)	One per 60 months	\$652.04
D6062	3	Implant Abut Crown	One per 60 months	\$650.95
D6063	3	Implant Abut Crown	One per 60 months	\$567.79
D6064	3	Implant Abut Crown	One per 60 months	\$616.50
D6065	3	Implant Abut Crown	One per 60 months	\$756.37
D6066	3	Implant Abut Crown	One per 60 months	\$750.03
D6067	3	Implant Abut Crown	One per 60 months	\$661.49
D6068	3	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	One per 60 months	\$686.75
D6070	3	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	One per 60 months	\$616.48
D6071	3	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	One per 60 months	\$652.04
D6072	3	Abutment supported retainer for cast metal FPD (high noble metal)	One per 60 months	\$650.95
D6073	3	Abutment supported retainer for cast metal FPD (predominately base metal)	Once per tooth per 60 months	\$567.79
D6074	3	Abutment supported retainer for cast metal FPD (noble metal)	Once per tooth per 60 month	\$616.50
D6076	3	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Once per tooth per 60 month	\$750.03
D6077	3	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	One per 60 months	\$661.49
D6082	3	Implant supported crown – porcelain fused to predominantly base alloys	Once per tooth per 60 months.	\$616.48
D6083	3	Implant supported crown – porcelain fused to noble alloys	Once per tooth per 60 months.	\$652.04
D6084	3	Implant supported crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$616.48
D6085	3	Provisional implant crown	Once per tooth per 60 months	\$156.82
D6086	3	Implant supported crown – predominantly base alloys	Once per tooth per 60 months.	\$567.79
D6087	3	Implant supported crown – noble alloys	Once per tooth per 60 months.	\$616.50

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier
Beginning January 1, 2025 - December 31, 2025

Plan Maximums:

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Orthodontia Benefit Lifetime Maximum****	\$3,000
Annual Maximum for Implants*	\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	New Fund Payment ***
D6088	3	Implant supported crown – titanium and titanium alloys	Once per tooth per 60 months.	\$644.32
D6089	3	Accessing and retorquing loose implant screw – per screw	Once every 24-months after 6-months of a crown insertion	\$98.43
D6094	3	Abutment supported crown - titanium	One per 60 months	\$644.32
D6097	3	Abutment supported crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$616.48
D6098	3	Implant supported retainer – porcelain fused to predominantly base alloys	Once per 60 months.	\$616.48
D6099	3	Implant supported retainer for FPD – porcelain fused to noble alloys	Once per 60 months.	\$750.03
D6100	3	Surgical removal of implant body	Once per lifetime (per implant) after 6-months of implant placement	\$168.47
D6105	3	removal of implant body not requiring bone removal or flap elevation	Once per lifetime (per implant) after 6-months of implant placement	\$89.91
D6106	3	Guided tissue regeneration – resorbable barrier, per implant	Once every 60 months, per tooth	\$562.21
D6107	3	Guided tissue regeneration – non-resorbable barrier, per implant	Once every 60 months, per tooth	\$664.44
D6114	3	Implant /abutment complete denture-fixed upper arch	One per 60 months	\$851.58
D6115	3	Implant /abutment complete denture-fixed lower arch	One per 60 months	\$851.58
D6116	3	Implant /abutment partial denture-fixed upper arch	One per 60 months	\$887.75
D6117	3	Implant /abutment partial denture-fixed lower arch	One per 60 months	\$887.75
D6120	3	Implant supported retainer – porcelain fused to titanium and titanium alloys	Once per 60 months.	\$750.03
D6121	3	Implant supported retainer for metal FPD – predominantly base alloys	Once per 60 months.	\$661.49
D6122	3	Implant supported retainer for metal FPD – noble alloys	Once per 60 months.	\$661.49
D6123	3	Implant supported retainer for metal FPD – titanium and titanium alloys	Once per 60 months.	\$661.49
D6194	3	Abutment supported retainer crown for FPD - titanium	One per 60 months	\$644.32
D6193	3	Replacement of an implant screw	Once per implant every 24-months after six-months of insertion	\$98.43
D6195	3	Abutment supported retainer – porcelain fused to titanium and titanium alloys		\$616.48
D6197	3	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Once every 24-months (per crown) after 6-months of crown insertion.	\$98.43
D6205	3	Pontic - indirect resin based composite	One per 60 months	\$623.52
D6210	3	Pontic - cast high noble metal	One per 60 months	\$630.52
D6211	3	Pontic - cast predominantly base metal	One per 60 months	\$554.53
D6212	3	Pontic - cast noble metal	One per 60 months	\$577.24
D6214	3	Pontic - titanium	One per 60 months	\$630.52
D6240	3	Pontic - porcelain fused to high noble metal	One per 60 months	\$616.80
D6241	3	Pontic - porcelain fused to predominantly base metal	One per 60 months	\$567.98
D6242	3	Pontic - porcelain fused to noble metal	One per 60 months	\$590.71
D6243	3	Pontic – porcelain fused to titanium and titanium alloys		\$567.98
D6250	3	Pontic - resin with high noble metal	One per 60 months	\$613.43
D6251	3	Pontic - resin with predominantly base metal	One per 60 months	\$567.98
D6252	3	Pontic - resin with noble metal	One per 60 months	\$590.71
D6545	3	Retainer - cast metal for resin bonded fixed prosthesis	One per 60 months	\$359.31
D6549	3	Resin retainer for resin bonded fixed prosthesis - Once per tooth every five years.	One per 60 months	\$623.52
D6602	3	Inlay - cast high noble metal, two surfaces"	One per 60 months	\$479.64
D6603	3	Inlay - cast high noble metal, three or more surfaces	One per 60 months	\$532.02
D6604	3	Inlay - cast predominantly base metal, two surfaces	One per 60 months	\$472.90
D6605	3	Inlay - cast predominantly base metal, three or more surfaces	One per 60 months	\$509.09
D6606	3	Inlay - cast noble metal, two surfaces	One per 60 months	\$472.90
D6607	3	Inlay - cast noble metal, three or more surfaces	One per 60 months	\$509.09
D6610	3	Onlay - cast high noble metal, two surfaces	One per 60 months	\$578.92
D6611	3	Onlay - cast high noble metal, three or more surfaces	One per 60 months	\$608.37
D6612	3	Onlay - cast predominantly base metal, two surfaces	One per 60 months	\$578.92
D6613	3	Onlay - cast predominantly base metal, three or more surfaces	One per 60 months	\$608.37
D6614	3	Onlay - cast noble metal, two surfaces	One per 60 months	\$578.92
D6615	3	Onlay - cast noble metal, three or more surfaces	One per 60 months	\$608.37
D6624	3	Inlay - titanium	One per 60 months	\$387.10
D6634	3	Onlay - titanium	One per 60 months	\$630.52
D6710	3	Crown - indirect resin based composite	One per 60 months	\$623.52
D6720	3	Crown - resin with high noble metal	One per 60 months	\$602.49
D6721	3	Crown - resin with predominantly base metal	One per 60 months	\$562.10
D6722	3	Crown - resin with noble metal	One per 60 months	\$589.02
D6740	3	Retainer Crown-porcelain/ceramic	One per 60 months	\$623.52
D6750	3	Crown - porcelain fused to high noble metal	One per 60 months	\$623.52
D6751	3	Crown - porcelain fused to predominantly base metal	One per 60 months	\$567.98

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for Delta Dental PPO Plus Premier
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Plan Maximums:

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

Procedure Code	Procedure Type	Procedure Description	Frequency	New Fund Payment ***
D6752	3	Crown - porcelain fused to noble metal	One per 60 months	\$590.71
D6753	3	Retainer crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months	\$567.98
D6780	3	Crown - 3/4 cast high noble metal	One per 60 months	\$650.19
D6781	3	Crown - 3/4 cast predominantly base metal	One per 60 months	\$623.16
D6782	3	Crown - 3/4 cast noble metal	One per 60 months	\$615.95
D6784	3	Retainer crown ¾ – titanium and titanium alloys	Once per tooth per 60 months	\$623.16
D6790	3	Crown - full cast high noble metal	One per 60 months	\$630.52
D6791	3	Crown - full cast predominantly base metal	One per 60 months	\$554.53
D6792	3	Crown - full cast noble metal	One per 60 months	\$590.71
D6794	3	Crown - titanium	One per 60 months	\$630.52
D7956	3	Guided tissue regeneration, edentulous area – resorbable barrier, per site	Once per lifetime, per tooth	\$562.21
D7957	3	Guided tissue regeneration, edentulous area-non-resorbable barrier, per site	Once per lifetime, per tooth	\$664.44
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)	\$60.49

*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.

**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.

***For out-of-network services with a non-participating dentist, the Fund payment is reduced by 20% and members are responsible for the difference between the Fund payment and the fee charged by the dentist.

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