

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, 2025 - December 31, 2025

Plan Maximums:

| | |
|--|----------------|
| 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 *** |
|----------------|----------------|--|--|------------------|
| 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 and 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 and extensive oral evaluation - problem focused, by report | Once 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 in conjunction with Teledentistry. | 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 | Extraoral - first film | 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 (any benefits paid will draw from orthodontia maximum) | 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 age 19 for high-risk members (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 age 19 for high-risk members (who had a recent cavity and are at risk for decay). | 100% |
| D1351 | 1 | Sealant - per tooth | Unrestored permanent molars and bicuspid, every 48 months per tooth for members through 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 | 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 - bilateral, maxillary | Once per lifetime for members through age 13, due to the loss of premature teeth | 100% |
| D1527 | 1 | Space maintainer - removable - bilateral, mandibular | Once per lifetime for members through age 13, due to the loss of premature teeth | 100% |

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| 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% |
| 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 or 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% |
| D4346 | 1 | Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation | Once every 6 months | \$58.42 |
| D9310 | 1 | Consultations | Once per 12 months. | 100% |
| 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 | 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 |
| D2392 | 2 | White Fillings - two surfaces | One every 24 months, per surface, per tooth | \$112.59 |
| D2393 | 2 | White fillings - three surfaces | One every 24 months, per surface, per tooth | \$136.76 |
| D2394 | 2 | White fillings - four surfaces | One every 24 months, per surface, per tooth | \$170.67 |
| 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 |
| 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 |
| D2951 | 2 | Pin retention - per tooth, in addition to restoration | Once per tooth | \$25.97 |
| D2976 | 2 | Band Stabilization - per tooth | Once per permanent posterior tooth per lifetime | \$153.06 |
| D2980 | 2 | Crown repair, by report | Once per 12 months | \$165.30 |

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| 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 |
| 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, per tooth | 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 |
| 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 | Once per quadrant per 36 months | \$666.67 |
| D4261 | 2 | Osseous surgery (including flap entry and closure) - 1-3 | 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 |

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| Procedure Code | Procedure Type | Procedure Description | Frequency | Fund Payment *** |
| 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 |
| D4274 | 2 | Distal or proximal wedge procedure (when not performed in | 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 |
| 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 |
| 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 |

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| 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 |
| D5725 | 2 | Rebase hybrid prosthesis | Once per arch per 36 months (after 6 months have elapsed since initial placement). | \$263.32 |
| 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 |
| 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 |
| 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). | \$221.97 |
| 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) | 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 |
| D7252 | 2 | Partial extraction for immediate implant placement. | Once per anterior tooth in conjunction with surgical implant placement. | \$133.71 |
| 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 |
| D7272 | 2 | Tooth transplantation (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 |
| D7284 | 2 | Excisional biopsy of minor salivary glands | One per Lifetime | \$242.94 |
| 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 |

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| 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 | 2 | 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 |
| 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 |
| D7509 | 2 | Marsupialization of odontogenic cyst | Procedure is by report and subject to coverage under medical plan (the primary plan) | \$376.31 |
| 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 |
| 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 | \$244.44 |
| D7962 | 2 | Lingual frenectomy (frenulectomy) | Once per lifetime per arch | \$244.44 |
| D7963 | 2 | Frenuoplasty | Once per arch per lifetime | \$244.44 |

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, 2025 - December 31, 2025

| Plan Maximums: | | | | |
|--|-----------------------|--|--|-------------------------|
| 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 *** |
| 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 |
| 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 |
| D9942 | 2 | Occlusal guard Repair | Oncer per 12 months | \$78.49 |
| D9943 | 2 | Occlusal Guard Adjustment | Oncer per 12 months | \$39.87 |
| 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 |
| D0364 | 3 | Cone Beams | Once every 12 months | \$251.94 |
| D0365 | 3 | Cone Beams | Once every 12 months | \$271.24 |
| D0366 | 3 | Cone Beams | Once every 12 months | \$271.24 |
| D0367 | 3 | Cone Beams | Once every 12 months | \$348.76 |
| 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 |
| 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 |

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, 2025 - December 31, 2025

| Plan Maximums: | | | | |
|--|-----------------------|---|--|-------------------------|
| 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 *** |
| 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 |
| 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 |
| D5227 | 3 | Immediate maxillary partial denture - flexible base | One maxillary denture whether immediate, complete, partial or implant supported in 60 months | \$612.24 |
| D5228 | 3 | Immediate mandibular partial denture - flexible base | One maxillary denture whether immediate, complete, partial or implant supported in 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 |
| 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 |

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, 2025 - December 31, 2025

| Plan Maximums: | | | | |
|--|-----------------------|---|---|-------------------------|
| 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 *** |
| 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 |
| 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 |
| D6089 | 3 | Accessing and retorquing loose implant screw - per screw | Once every 24 months after 6 months of crown insertion | \$78.12 |
| 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 |
| D6100 | 3 | Surgical removal of implant body | Once per lifetime (per implant) after 6-months of implant placement | \$133.71 |
| D6105 | 3 | removal of implant body not requiring bone removal or flap elevation | Once per lifetime (per implant) after 6 months of implant placement | \$71.36 |
| D6106 | 3 | Guided tissue regeneration – resorbable barrier, per implant | Once per 60 months, per tooth | \$446.20 |
| D6107 | 3 | guided tissue regeneration – non-resorbable barrier, per implant | Once per 60 months, per tooth | \$527.33 |
| 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 |
| 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 |
| D6193 | 3 | Replacement of an implant screw. | Once per implant every 24-months after six-months of insertion. | \$78.12 |
| D6195 | 3 | Abutment supported retainer – porcelain fused to titanium and titanium alloys | Once per 60 months | \$465.54 |
| 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 | \$78.12 |
| 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 |

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, 2025 - December 31, 2025

Plan Maximums:

| | |
|--|----------------|
| 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 *** |
|----------------|----------------|---|---|------------------|
| 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 |
| 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 |
| 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 |
| D7956 | 3 | Guided tissue regeneration, edentulous area – resorbable barrier, per site | Once per lifetime, per tooth | \$446.20 |
| D7957 | 3 | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site | Once per lifetime, per tooth | \$527.33 |
| 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 |

* 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.