

## Plan Benefit Highlights for: UNIVERSITY OF SOUTHERN CALIFORNIA STUDENT PLAN

Group No: 05008

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

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

Delta Dental offers you what no other dental plan can – The Delta Dental Difference<sup>SM</sup>. Here's what makes us a leading provider of dental benefits:

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

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

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

|                               |  |
|-------------------------------|--|
| <b>Eligibility</b>            | Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 |
| <b>Deductibles</b>            | \$50 per person / \$150 per family each plan year  |
| Deductibles waived for D & P? | Yes  |
| <b>Maximums</b>               | \$1,200 per person each plan year  |

Delta Dental of California  
100 First St.  
San Francisco, CA 94105

**Customer Service**  
800-765-6003

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

[deltadentalins.com/USC](http://deltadentalins.com/USC)

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

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

**Diagnostic**

| <b>Proc #</b> | <b>Description</b>   | <b>Fee</b>     |
|---------------|--|----------------|
| D0120         | periodic oral evaluation - established patient   | \$13.00        |
| D0140         | limited oral evaluation - problem focused  | \$24.00        |
| D0150         | comprehensive oral evaluation - new or established patient                               | \$23.00        |
| <i>D0150*</i> | <i>comprehensive oral evaluation - new or established patient</i>                        | <i>\$65.00</i> |
| D0160         | detailed and extensive oral evaluation - problem focused, by report                      | \$32.00        |
| D0170         | re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$32.00        |
| D0180         | comprehensive periodontal evaluation - new or established patient                        | \$24.00        |
| <i>D0180*</i> | <i>comprehensive periodontal evaluation - new or established patient</i>                 | <i>\$65.00</i> |
| D0190         | screening of a patient   | \$9.00         |
| D0191         | assessment of a patient  | \$9.00         |
| D0210         | intraoral - complete series of radiographic images                                       | \$47.00        |
| <i>D0210*</i> | <i>intraoral - complete series of radiographic images</i>                                | <i>\$90.00</i> |
| D0220         | intraoral - periapical first radiographic image  | \$8.00         |
| D0230         | intraoral - periapical each additional radiographic image                                | \$7.00         |
| D0240         | intraoral - occlusal radiographic image  | \$12.00        |
| D0250         | extraoral - first radiographic image   | \$20.00        |
| D0260         | extraoral - each additional radiographic image   | \$17.00        |
| D0270         | bitewing - single radiographic image   | \$8.00         |
| D0272         | bitewings - two radiographic images  | \$14.00        |
| D0274         | bitewings - four radiographic images   | \$20.00        |
| <i>D0274*</i> | <i>bitewings - four radiographic images</i>  | <i>\$30.00</i> |
| D0277         | vertical bitewings - 7 to 8 radiographic images  | \$17.00        |
| D0290         | posterior-anterior or lateral skull and facial bone survey radiographic image            | \$19.00        |
| D0330         | panoramic radiographic image   | \$38.00        |
| D0460         | pulp vitality tests  | \$15.00        |

**Preventive**

| <b>Proc #</b> | <b>Description</b>              | <b>Fee</b>     |
|---------------|---------------------------------|----------------|
| D1110         | prophylaxis - adult             | \$33.00        |
| <i>D1110*</i> | <i>prophylaxis - adult</i>      | <i>\$75.00</i> |
| D1120         | prophylaxis - child             | \$24.00        |
| D1208         | topical application of fluoride | \$10.00        |

*\*Members who visit the USC School of Dentistry or the USC Dental Faculty Practice will have an increased fee allowance applied to the following procedures:*

|               |  |                |
|---------------|--|----------------|
| <i>D0150*</i> | <i>comprehensive oral evaluation - new or established patient</i>        | <i>\$65.00</i> |
| <i>D0180*</i> | <i>comprehensive periodontal evaluation - new or established patient</i> | <i>\$65.00</i> |
| <i>D0210*</i> | <i>intraoral - complete series of radiographic images</i>                | <i>\$90.00</i> |
| <i>D0274*</i> | <i>bitewings - four radiographic images</i>                              | <i>\$30.00</i> |
| <i>D1110*</i> | <i>prophylaxis - adult</i>   | <i>\$75.00</i> |

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

**Preventive**

| <b>Proc #</b> | <b>Description</b>   | <b>Fee</b> |
|---------------|--|------------|
| D1351         | sealant - per tooth  | \$20.00    |
| D1352         | preventive resin restoration in a moderate to high caries risk patient – permanent tooth | \$24.00    |
| D1510         | space maintainer - fixed - unilateral  | \$91.00    |
| D1515         | space maintainer - fixed - bilateral   | \$156.00   |
| D1520         | space maintainer - removable - unilateral  | \$56.00    |
| D1525         | space maintainer - removable - bilateral   | \$165.00   |
| D1550         | re-cementation of space maintainer   | \$19.00    |

**Restorative**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D2140         | amalgam - one surface, primary or permanent   | \$32.00    |
| D2150         | amalgam - two surfaces, primary or permanent  | \$43.00    |
| D2160         | amalgam - three surfaces, primary or permanent                                      | \$54.00    |
| D2161         | amalgam - four or more surfaces, primary or permanent                               | \$58.00    |
| D2330         | resin-based composite - one surface, anterior                                       | \$39.00    |
| D2331         | resin-based composite - two surfaces, anterior                                      | \$49.00    |
| D2332         | resin-based composite - three surfaces, anterior                                    | \$62.00    |
| D2335         | resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$71.00    |
| D2390         | resin-based composite crown, anterior   | \$78.00    |
| D2391         | resin-based composite - one surface, posterior                                      | \$40.00    |
| D2392         | resin-based composite - two surfaces, posterior                                     | \$56.00    |
| D2393         | resin-based composite - three surfaces, posterior                                   | \$70.00    |
| D2394         | resin-based composite - four or more surfaces, posterior                            | \$78.00    |
| D2910         | recement inlay, onlay, or partial coverage restoration                              | \$15.00    |
| D2920         | recement crown  | \$14.00    |
| D2921         | reattachment of tooth fragment, incisal edge or cusp                                | \$53.00    |
| D2940         | protective restoration  | \$15.00    |
| D2953         | each additional indirectly fabricated post - same tooth                             | \$67.00    |
| D2955         | post removal  | \$50.00    |
| D2957         | each additional prefabricated post - same tooth                                     | \$56.00    |

**Endodontics**

| <b>Proc #</b> | <b>Description</b>   | <b>Fee</b> |
|---------------|--|------------|
| D3220         | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of | \$24.00    |
| D3221         | pulpal debridement, primary and permanent teeth  | \$11.00    |
| D3230         | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)                                      | \$34.00    |
| D3240         | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)                                     | \$32.00    |
| D3310         | endodontic therapy, anterior tooth (excluding final restoration)   | \$112.00   |
| D3320         | endodontic therapy, bicuspid tooth (excluding final restoration)   | \$136.00   |
| D3330         | endodontic therapy, molar tooth (excluding final restoration)  | \$171.00   |
| D3331         | treatment of root canal obstruction; non-surgical access   | \$11.00    |

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

**Endodontics**

| <b>Proc #</b> | <b>Description</b>   | <b>Fee</b> |
|---------------|--|------------|
| D3332         | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$11.00    |
| D3333         | internal root repair of perforation defects                                | \$11.00    |
| D3346         | retreatment of previous root canal therapy - anterior                      | \$114.00   |
| D3347         | retreatment of previous root canal therapy - bicuspid                      | \$152.00   |
| D3348         | retreatment of previous root canal therapy - molar                         | \$196.00   |
| D3410         | apicoectomy – anterior   | \$90.00    |
| D3421         | apicoectomy – bicuspid (first root)  | \$144.00   |
| D3425         | apicoectomy – molar (first root)   | \$129.00   |
| D3426         | apicoectomy (each additional root)   | \$33.00    |
| D3427         | periradicular surgery without apicoectomy                                  | \$35.00    |
| D3430         | retrograde filling - per root  | \$35.00    |
| D3450         | root amputation - per root   | \$98.00    |
| D3920         | hemisection (including any root removal), not including root canal therapy | \$37.00    |

**Periodontics**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D4210         | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant                          | \$49.00    |
| D4211         | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant                          | \$30.00    |
| D4212         | gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  | \$30.00    |
| D4240         | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant        | \$85.00    |
| D4241         | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant        | \$85.00    |
| D4245         | apically positioned flap  | \$101.00   |
| D4249         | clinical crown lengthening - hard tissue  | \$115.00   |
| D4260         | osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant     | \$209.00   |
| D4261         | osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant     | \$209.00   |
| D4263         | bone replacement graft - first site in quadrant   | \$71.00    |
| D4264         | bone replacement graft - each additional site in quadrant   | \$82.00    |
| D4265         | biologic materials to aid in soft and osseous tissue regeneration   | \$110.00   |
| D4266         | guided tissue regeneration - resorbable barrier, per site   | \$110.00   |
| D4267         | guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)                                    | \$117.00   |
| D4270         | pedicle soft tissue graft procedure   | \$190.00   |
| D4273         | subepithelial connective tissue graft procedures, per tooth   | \$233.00   |
| D4274         | distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$136.00   |
| D4275         | soft tissue allograft   | \$179.00   |
| D4276         | combined connective tissue and double pedicle graft, per tooth  | \$233.00   |

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

**Periodontics**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D4277         | free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft                                | \$179.00   |
| D4278         | free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | \$134.00   |
| D4341         | periodontal scaling and root planing - four or more teeth per quadrant  | \$40.00    |
| D4341*        | <i>periodontal scaling and root planing - four or more teeth per quadrant</i>   | \$90.00    |
| D4342         | periodontal scaling and root planing - one to three teeth per quadrant  | \$40.00    |
| D4355         | full mouth debridement to enable comprehensive evaluation and diagnosis   | \$28.00    |
| D4381         | localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth                              | \$30.00    |
| D4910         | periodontal maintenance   | \$22.00    |
| D4920         | unscheduled dressing change (by someone other than treating dentist or their staff)   | \$5.00     |

**Oral Surgery**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D7111         | extraction, coronal remnants - deciduous tooth  | \$20.00    |
| D7140         | extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | \$20.00    |
| D7210         | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$40.00    |
| D7220         | removal of impacted tooth - soft tissue   | \$56.00    |
| D7230         | removal of impacted tooth - partially bony  | \$73.00    |
| D7240         | removal of impacted tooth - completely bony   | \$84.00    |
| D7241         | removal of impacted tooth - completely bony, with unusual surgical complications  | \$107.00   |
| D7250         | surgical removal of residual tooth roots (cutting procedure)  | \$36.00    |
| D7270         | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth  | \$62.00    |
| D7272         | tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)   | \$379.00   |
| D7282         | mobilization of erupted or malpositioned tooth to aid eruption  | \$80.00    |
| D7290         | surgical repositioning of teeth   | \$67.00    |
| D7310         | alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant  | \$33.00    |
| D7320         | alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant  | \$45.00    |
| D7450         | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm   | \$65.00    |

*\*Members who visit the USC School of Dentistry or the USC Dental Faculty Practice will have an increased fee allowance applied to the following procedures:*

|        |   |         |
|--------|---|---------|
| D4341* | <i>periodontal scaling and root planing - four or more teeth per quadrant</i> | \$90.00 |
|--------|---|---------|

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

**Oral Surgery**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D7451         | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm                            | \$102.00   |
| D7485         | surgical reduction of osseous tuberosity  | \$136.00   |
| D7510         | incision and drainage of abscess - intraoral soft tissue  | \$21.00    |
| D7520         | incision and drainage of abscess - extraoral soft tissue  | \$23.00    |
| D7960         | frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure | \$74.00    |
| D7970         | excision of hyperplastic tissue - per arch  | \$35.00    |
| D7971         | excision of pericoronal gingiva   | \$22.00    |
| D7972         | surgical reduction of fibrous tuberosity  | \$140.00   |
| D7995         | synthetic graft - mandible or facial bones, by report   | \$61.00    |

**Prosthodontics**

| <b>Proc #</b> | <b>Description</b>                                     | <b>Fee</b> |
|---------------|--|------------|
| D2510         | inlay - metallic - one surface                         | \$95.00    |
| D2520         | inlay - metallic - two surfaces                        | \$176.00   |
| D2530         | inlay - metallic - three or more surfaces              | \$165.00   |
| D2542         | onlay - metallic - two surfaces                        | \$100.00   |
| D2543         | onlay - metallic - three surfaces                      | \$111.00   |
| D2544         | onlay - metallic - four or more surfaces               | \$115.00   |
| D2610         | inlay - porcelain/ceramic - one surface                | \$98.00    |
| D2620         | inlay - porcelain/ceramic - two surfaces               | \$197.00   |
| D2630         | inlay - porcelain/ceramic - three or more surfaces     | \$191.00   |
| D2642         | onlay - porcelain/ceramic - two surfaces               | \$87.00    |
| D2643         | onlay - porcelain/ceramic - three surfaces             | \$107.00   |
| D2644         | onlay - porcelain/ceramic - four or more surfaces      | \$128.00   |
| D2650         | inlay - resin-based composite - one surface            | \$93.00    |
| D2651         | inlay - resin-based composite - two surfaces           | \$85.00    |
| D2652         | inlay - resin-based composite - three or more surfaces | \$107.00   |
| D2662         | onlay - resin-based composite - two surfaces           | \$109.00   |
| D2663         | onlay - resin-based composite - three surfaces         | \$113.00   |
| D2664         | onlay - resin-based composite - four or more surfaces  | \$117.00   |
| D2710         | crown - resin-based composite (indirect)               | \$62.00    |
| D2720         | crown - resin with high noble metal                    | \$131.00   |
| D2721         | crown - resin with predominantly base metal            | \$100.00   |
| D2722         | crown - resin with noble metal                         | \$154.00   |
| D2740         | crown - porcelain/ceramic substrate                    | \$206.00   |
| D2750         | crown - porcelain fused to high noble metal            | \$200.00   |
| D2751         | crown - porcelain fused to predominantly base metal    | \$190.00   |
| D2752         | crown - porcelain fused to noble metal                 | \$192.00   |
| D2780         | crown - 3/4 cast high noble metal                      | \$205.00   |
| D2781         | crown - 3/4 cast predominantly base metal              | \$177.00   |
| D2782         | crown - 3/4 cast noble metal                           | \$179.00   |
| D2783         | crown - 3/4 porcelain/ceramic                          | \$206.00   |
| D2790         | crown - full cast high noble metal                     | \$199.00   |
| D2791         | crown - full cast predominantly base metal             | \$172.00   |
| D2792         | crown - full cast noble metal                          | \$173.00   |

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

**Prostodontics**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D2930         | prefabricated stainless steel crown - primary tooth   | \$43.00    |
| D2931         | prefabricated stainless steel crown - permanent tooth   | \$49.00    |
| D2932         | prefabricated resin crown   | \$42.00    |
| D2933         | prefabricated stainless steel crown with resin window   | \$64.00    |
| D2941         | interim therapeutic restoration – primary dentition   | \$15.00    |
| D2950         | core buildup, including any pins when required  | \$37.00    |
| D2951         | pin retention - per tooth, in addition to restoration   | \$9.00     |
| D2952         | post and core in addition to crown, indirectly fabricated   | \$67.00    |
| D2954         | prefabricated post and core in addition to crown  | \$56.00    |
| D2960         | labial veneer (resin laminate) - chairside  | \$63.00    |
| D2961         | labial veneer (resin laminate) - laboratory   | \$135.00   |
| D2962         | labial veneer (porcelain laminate) - laboratory   | \$173.00   |
| D2970         | temporary crown (fractured tooth)   | \$32.00    |
| D2980         | crown repair necessitated by restorative material failure   | \$42.00    |
| D2981         | inlay repair necessitated by restorative material failure   | \$42.00    |
| D2982         | onlay repair necessitated by restorative material failure   | \$42.00    |
| D2983         | veneer repair necessitated by restorative material failure  | \$42.00    |
| D5110         | complete denture - maxillary  | \$230.00   |
| D5120         | complete denture - mandibular   | \$237.00   |
| D5130         | immediate denture - maxillary   | \$259.00   |
| D5140         | immediate denture - mandibular  | \$259.00   |
| D5211         | maxillary partial denture - resin base (including any conventional clasps, rests and teeth)                                     | \$194.00   |
| D5212         | mandibular partial denture - resin base (including any conventional clasps, rests and teeth)                                    | \$209.00   |
| D5213         | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | \$288.00   |
| D5214         | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$284.00   |
| D5281         | removable unilateral partial denture - one piece cast metal (including clasps and teeth)  | \$145.00   |
| D5410         | adjust complete denture - maxillary   | \$11.00    |
| D5411         | adjust complete denture - mandibular  | \$9.00     |
| D5421         | adjust partial denture - maxillary  | \$13.00    |
| D5422         | adjust partial denture - mandibular   | \$10.00    |
| D5510         | repair broken complete denture base   | \$22.00    |
| D5520         | replace missing or broken teeth - complete denture (each tooth)   | \$21.00    |
| D5610         | repair resin denture base   | \$23.00    |
| D5620         | repair cast framework   | \$31.00    |
| D5630         | repair or replace broken clasp  | \$33.00    |
| D5640         | replace broken teeth - per tooth  | \$19.00    |
| D5650         | add tooth to existing partial denture   | \$28.00    |
| D5660         | add clasp to existing partial denture   | \$34.00    |
| D5670         | replace all teeth and acrylic on cast metal framework (maxillary)   | \$92.00    |
| D5671         | replace all teeth and acrylic on cast metal framework (mandibular)  | \$102.00   |
| D5710         | rebase complete maxillary denture   | \$75.00    |
| D5711         | rebase complete mandibular denture  | \$93.00    |

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

**Prosthodontics**

| <b>Proc #</b> | <b>Description</b>   | <b>Fee</b> |
|---------------|--|------------|
| D5720         | rebase maxillary partial denture   | \$92.00    |
| D5721         | rebase mandibular partial denture  | \$102.00   |
| D5730         | reline complete maxillary denture (chairside)  | \$46.00    |
| D5731         | reline complete mandibular denture (chairside)   | \$39.00    |
| D5740         | reline maxillary partial denture (chairside)   | \$38.00    |
| D5741         | reline mandibular partial denture (chairside)  | \$43.00    |
| D5750         | reline complete maxillary denture (laboratory)   | \$73.00    |
| D5751         | reline complete mandibular denture (laboratory)  | \$71.00    |
| D5760         | reline maxillary partial denture (laboratory)  | \$64.00    |
| D5761         | reline mandibular partial denture (laboratory)   | \$66.00    |
| D5820         | interim partial denture (maxillary)  | \$79.00    |
| D5821         | interim partial denture (mandibular)   | \$101.00   |
| D5850         | tissue conditioning, maxillary   | \$35.00    |
| D5851         | tissue conditioning, mandibular  | \$22.00    |
| D5863         | overdenture – complete maxillary   | \$230.00   |
| D5864         | overdenture – partial maxillary  | \$288.00   |
| D5865         | overdenture – complete mandibular  | \$237.00   |
| D5866         | overdenture – partial mandibular   | \$284.00   |
| D5875         | modification of removable prosthesis following implant surgery                                   | \$31.00    |
| D6010         | surgical placement of implant body: endosteal implant  | \$530.00   |
| D6012         | surgical placement of interim implant body for transitional prosthesis:<br>endosteal implant     | \$530.00   |
| D6013         | surgical placement of mini implant   | \$265.00   |
| D6040         | surgical placement: eposteal implant   | \$990.00   |
| D6050         | surgical placement: transosteal implant  | \$1,000.00 |
| D6053         | implant/abutment supported removable denture for completely<br>edentulous arch                   | \$230.00   |
| D6054         | implant/abutment supported removable denture for partially<br>edentulous arch                    | \$288.00   |
| D6055         | connecting bar – implant supported or abutment supported   | \$461.00   |
| D6056         | prefabricated abutment – includes modification and placement                                     | \$126.00   |
| D6057         | custom fabricated abutment – includes placement  | \$172.00   |
| D6058         | abutment supported porcelain/ceramic crown   | \$295.00   |
| D6059         | abutment supported porcelain fused to metal crown (high noble metal)                             | \$302.00   |
| D6060         | abutment supported porcelain fused to metal crown (predominantly<br>base metal)                  | \$278.00   |
| D6061         | abutment supported porcelain fused to metal crown (noble metal)                                  | \$278.00   |
| D6062         | abutment supported cast metal crown (high noble metal)   | \$297.00   |
| D6063         | abutment supported cast metal crown (predominantly base metal)                                   | \$261.00   |
| D6064         | abutment supported cast metal crown (noble metal)  | \$254.00   |
| D6065         | implant supported porcelain/ceramic crown  | \$309.00   |
| D6066         | implant supported porcelain fused to metal crown (titanium, titanium<br>alloy, high noble metal) | \$302.00   |
| D6067         | implant supported metal crown (titanium, titanium alloy, high noble<br>metal)                    | \$297.00   |
| D6068         | abutment supported retainer for porcelain/ceramic FPD  | \$309.00   |



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**Prosthodontics**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D6069         | abutment supported retainer for porcelain fused to metal FPD (high noble metal)   | \$302.00   |
| D6070         | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)   | \$278.00   |
| D6071         | abutment supported retainer for porcelain fused to metal FPD (noble metal)  | \$278.00   |
| D6072         | abutment supported retainer for cast metal FPD (high noble metal)   | \$297.00   |
| D6073         | abutment supported retainer for cast metal FPD (predominantly base metal)   | \$261.00   |
| D6074         | abutment supported retainer for cast metal FPD (noble metal)  | \$254.00   |
| D6075         | implant supported retainer for ceramic FPD  | \$309.00   |
| D6076         | implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)   | \$302.00   |
| D6077         | implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)   | \$297.00   |
| D6078         | implant/abutment supported fixed denture for completely edentulous arch   | \$230.00   |
| D6079         | implant/abutment supported fixed denture for partially edentulous arch  | \$288.00   |
| D6080         | implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments  | \$44.00    |
| D6090         | repair implant supported prosthesis, by report  | \$76.00    |
| D6091         | replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per  | \$49.00    |
| D6092         | recement implant/abutment supported crown   | \$28.00    |
| D6093         | recement implant/abutment supported fixed partial denture   | \$42.00    |
| D6094         | abutment supported crown - (titanium)   | \$281.00   |
| D6095         | repair implant abutment, by report  | \$86.00    |
| D6100         | implant removal, by report  | \$113.00   |
| D6101         | debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure  | \$85.00    |
| D6102         | debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure  | \$209.00   |
| D6103         | bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration | \$71.00    |
| D6104         | bone graft at time of implant placement   | \$71.00    |
| D6210         | pontic - cast high noble metal  | \$204.00   |
| D6211         | pontic - cast predominantly base metal  | \$184.00   |
| D6212         | pontic - cast noble metal   | \$165.00   |
| D6240         | pontic - porcelain fused to high noble metal  | \$196.00   |
| D6241         | pontic - porcelain fused to predominantly base metal  | \$182.00   |
| D6242         | pontic - porcelain fused to noble metal   | \$180.00   |
| D6245         | pontic - porcelain/ceramic  | \$206.00   |
| D6250         | pontic - resin with high noble metal  | \$202.00   |
| D6251         | pontic - resin with predominantly base metal  | \$227.00   |

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**Prostodontics**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D6252         | pontic - resin with noble metal   | \$202.00   |
| D6545         | retainer - cast metal for resin bonded fixed prosthesis                   | \$60.00    |
| D6548         | retainer - porcelain/ceramic for resin bonded fixed prosthesis            | \$206.00   |
| D6600         | inlay - porcelain/ceramic, two surfaces                                   | \$175.00   |
| D6601         | inlay - porcelain/ceramic, three or more surfaces                         | \$196.00   |
| D6602         | inlay - cast high noble metal, two surfaces                               | \$175.00   |
| D6603         | inlay - cast high noble metal, three or more surfaces                     | \$196.00   |
| D6604         | inlay - cast predominantly base metal, two surfaces                       | \$175.00   |
| D6605         | inlay - cast predominantly base metal, three or more surfaces             | \$196.00   |
| D6606         | inlay - cast noble metal, two surfaces                                    | \$175.00   |
| D6607         | inlay - cast noble metal, three or more surfaces                          | \$196.00   |
| D6608         | onlay - porcelain/ceramic, two surfaces                                   | \$100.00   |
| D6609         | onlay - porcelain/ceramic, three or more surfaces                         | \$111.00   |
| D6610         | onlay - cast high noble metal, two surfaces                               | \$100.00   |
| D6611         | onlay - cast high noble metal, three or more surfaces                     | \$111.00   |
| D6612         | onlay - cast predominantly base metal, two surfaces                       | \$100.00   |
| D6613         | onlay - cast predominantly base metal, three or more surfaces             | \$111.00   |
| D6614         | onlay - cast noble metal, two surfaces                                    | \$100.00   |
| D6615         | onlay - cast noble metal, three or more surfaces                          | \$111.00   |
| D6720         | crown - resin with high noble metal                                       | \$226.00   |
| D6721         | crown - resin with predominantly base metal                               | \$190.00   |
| D6722         | crown - resin with noble metal  | \$165.00   |
| D6740         | crown - porcelain/ceramic   | \$206.00   |
| D6750         | crown - porcelain fused to high noble metal                               | \$201.00   |
| D6751         | crown - porcelain fused to predominantly base metal                       | \$186.00   |
| D6752         | crown - porcelain fused to noble metal                                    | \$186.00   |
| D6780         | crown - 3/4 cast high noble metal   | \$221.00   |
| D6781         | crown - 3/4 cast predominantly base metal                                 | \$177.00   |
| D6782         | crown - 3/4 cast noble metal  | \$179.00   |
| D6783         | crown - 3/4 porcelain/ceramic   | \$206.00   |
| D6790         | crown - full cast high noble metal  | \$198.00   |
| D6791         | crown - full cast predominantly base metal                                | \$177.00   |
| D6792         | crown - full cast noble metal   | \$169.00   |
| D6920         | connector bar   | \$61.00    |
| D6930         | recement fixed partial denture  | \$19.00    |
| D6975         | coping  | \$104.00   |
| D6980         | fixed partial denture repair necessitated by restorative material failure | \$39.00    |

**Adjunctive Services**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D9110         | palliative (emergency) treatment of dental pain - minor procedure | \$18.00    |
| D9220         | deep sedation/general anesthesia - first 30 minutes               | \$50.00    |
| D9221         | deep sedation/general anesthesia - each additional 15 minutes     | \$17.00    |
| D9230         | inhalation of nitrous oxide / anxiolysis, analgesia               | \$7.00     |
| D9241         | intravenous conscious sedation/analgesia - first 30 minutes       | \$44.00    |
| D9242         | intravenous conscious sedation/analgesia - each additional 15     | \$20.00    |

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**Adjunctive Services**

| <b>Proc #</b> | <b>Description</b>  | <b>Fee</b> |
|---------------|---|------------|
| D9310         | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$15.00    |
| D9430         | office visit for observation (during regularly scheduled hours) - no other services performed                 | \$11.00    |
| D9440         | office visit - after regularly scheduled hours  | \$19.00    |
| D9450         | case presentation, detailed and extensive treatment planning  | \$8.00     |
| D9930         | treatment of complications (post-surgical) - unusual circumstances, by report                                 | \$7.00     |
| D9940         | occlusal guard, by report   | \$125.00   |
| D9951         | occlusal adjustment - limited   | \$13.00    |
| D9952         | occlusal adjustment - complete  | \$116.00   |