

FDP

Flagship Dental Plans

1-800-722-3524 New Jersey
1-800-848-3524 Out of State

Plan NJ7

PRIMARY SERVICES

PRIMARY SERVICES are covered if necessary and performed by your attending Plan Dentist subject to the Limitations, Exclusions and Governing Administrative Policies of the Program.

PROCEDURE CODES

ENROLLEE PAYS

DIAGNOSTIC

D0120	Periodic oral evaluation est. patient	No Cost
D0140	Limited oral evaluation	No Cost
D0145	Oral evaluation for a pat. Under 3yr of	No Cost
D0150	Comprehensive oral evaluation	No Cost
D0160	Detailed and extensive oral exam	No Cost
D0170	Re-eval., limited (est. patient)	No Cost
D0180	Comprehensive periodontal evaluation	No Cost
D0210	Intraoral radiographs	No Cost
D0220/0230	Intraoral periapical film-each add. film	No Cost
D0240	Intraoral occlusal film	No Cost
D0260	Extraoral -each additional film	No Cost
D0270/0272	Bitewing single/two films	No Cost
D0273/0274	Bitewings-three/four films	No Cost
D0290	Post./Ant. or lateral skull/facial film	No Cost
D0330	Panoramic film	No Cost
D0415	Bacteriologic studies	No Cost
D0460/0470	Pulp Vitality Tests/Diagnostic casts	No Cost
	Initial exam by Specialist	\$ 35.00

PREVENTIVE

D1110/1120	Prophylaxis-adult/child -two treatments per any 12 month period	No Cost
D1203	Top. fluoride excluded. proph child	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth	\$ 30.00
D1510/1515	Space maintainer-fixed uni./bilateral	No Cost
D1520/1525	Space maintainer-remov. uni./bilateral	No Cost
D1550/1555	Recementation/Removal of space maint.	No Cost

RESTORATIVE (FILLINGS)

Includes indirect pulp capping, bases, liners and acid Etch procedures

Silver (Amalgam) Restorations- Primary/Permanent Teeth:

D2140	Amalgam-one surface prim./perm.	No Cost
D2150	Amalgam-two surfaces prim./perm.	No Cost
D2160	Amalgam-three surfaces prim./perm.	No Cost
D2161	Amalgam-four or more prim./perm.	No Cost

Resin (White) Restoration, Anterior/Posterior Teeth:

D2330	Resin, one surface, anterior	No Cost
D2331	Resin, two surfaces, anterior	No Cost
D2332	Resin, three surfaces, anterior	No Cost
D2335	Resin, involving incisal angle anterior	No Cost
D2390	Resin based composite crown, anterior	\$100.00
D2391	Resin based composite one surf. post.	\$ 35.00
D2392	Resin based composite two surf. post.	\$ 40.00
D2393	Resin based composite three surf. post.	\$ 50.00
D2394	Resin based composite four + surf. post	\$ 75.00
D2542/43/44	Onlay-metallic-two/three/four + surf.	\$270.00

Crowns:

Limitations may apply, refer to your Benefit Plan Summary booklet.

D2710/12	Resin / ¼ Resin (indirect)	\$100.00/\$270.00
D2720	Resin with high noble metal*	\$290.00
D2721	Resin with predominately base metal	\$290.00
D2722	Resin with noble metal*	\$290.00
D2740	Porcelain/ceramic substrate*	\$290.00
D2750	Porcelain fused to high noble metal*	\$290.00
D2751	Porcelain fused to predom. base metal	\$290.00
D2752	Porcelain fused to noble metal*	\$290.00
D2780/81/82	¾ cast high noble/base./noble metal*	\$270.00
D2783	¾ porcelain / ceramic	\$270.00
D2790	Full cast high noble metal*	\$290.00
D2791	Full cast predominately base metal	\$290.00
D2792	Full cast noble metal*	\$290.00
D2910/15/20	Recement inlay /post & core/ crown	No Cost
D2930/31	Prefab. stainless steel (prim/perm)	\$ 75.00
D2932	Prefabricated resin	\$100.00
D2940	Sedative filling	No Cost
D2950	Core buildup, including any pins	No Cost
D2951	Pin retention-per tooth, + restoration	\$ 27.00
D2952/53	Cast post and core + crown/+ add. post	\$200.00
D2954	Prefabricated post and core + crown	\$275.00
D2957	Each additional prefabricated post	\$200.00

ENDODONTICS

D3110/3120	Pulp capping (direct/indirect)	\$ 20.00
D3220/3221	Therapeutic pulpotomy/Pulpal debr.	\$ 50.00
D3230/40	Pulpal therapy (anterior/posterior)	\$ 50.00
D3310	Anterior root canal	\$185.00
D3320	Bicuspid root canal	\$225.00
D3330	Molar root canal	\$285.00
D3346	Retreatment previous root canal (ant.)	\$200.00
D3347	Retreatment previous root canal (post.)	\$260.00
D3348	Retreatment previous root canal (molar)	\$300.00
D3410	Apicoectomy-anterior	\$150.00
D3421/25	Apico.-bicuspid/molar (first root)	\$150.00
D3426	Apicoectomy-each additional root	\$100.00
D3430	Retrograde filling - per root	\$ 70.00
D3450	Root Amputation - per root	\$ 85.00
D3920	Hemisection (include root removal)	\$125.00

SPECIALTY SERVICES-Are covered if necessary by a Plan Dental Specialist with a referral from your primary care dentist. Services are subject to the Limitations, Exclusions and Governing Administrative Policies of the Program

PERIODONTICS

D4210	Gingivectomy or Gingivoplasty, Qd.	\$125.00
D4211	Gingivectomy or gingivoplasty, per tooth (if fewer than four teeth)	\$ 50.00
D4230/4231	Anatom. crown exp.4+/1-3 per qd	\$125.00/\$50.00
D4240	Gingival flap procedures Qd.	\$135.00
D4241	Gingival flap proc. including root plan.	\$ 80.00
D4249	Clinical crown length.-hard tissue	\$125.00
D4260	Osseous surgery Qd. (Incl. flap entry)	\$275.00

D4261	Osseous surgery 1 to 3 teeth per Qd.	\$ 180.00
D4263	Bone replacement graft (first site in Qd.)	\$150.00
D4264	Bone replacement graft (each add. site)	\$150.00
D4270	Pedicle soft tissue graft procedure	\$ 170.00
D4271	Free soft tissue graft(include.donor site)	\$170.00
D4341	Periodontal root planing 4 more Qd.	\$ 70.00
D4342	Periodontal root planing, 1-3 teeth Qd.	\$ 70.00
D4355	Full mouth debridement to enable com.	\$ 70.00
D4910	Periodontal maintenance	\$ 50.00

PROSTHETICS (Removable and Fixed bridges & dentures)

D5110	Complete upper denture	\$300.00
D5120	Complete lower denture	\$300.00
D5211/12	Partial resin denture, upper/lower	\$320.00
D5213	Partial denture, upper	\$340.00
D5214	Partial denture, lower	\$340.00
D5281	Removable partial denture	\$300.00
D5410/5411	Denture Adjustments-max./mand.	No Cost
D5421/5422	Partial Adjustments-max./mand.	No Cost
D5510	Repair broken complete denture	\$ 50.00
D5520	Replace missing/broken teeth(per tooth)	\$ 60.00
D5610	Repair resin denture base	\$ 50.00
D5620/30	Repair cast framework/repair/replace cl	\$ 60.00
D5640	Replace broken teeth per tooth	\$ 60.00
D5650	Add tooth to existing, partial	\$ 70.00
D5660	Add clasp to existing partial	\$ 70.00
D5670/71	Replace all teeth&acrylic (max./mand.)	\$225.00
D5730/5731	Reline full dent. max./mand. (chairside)	\$ 75.00
D5740/41	Reline max./mand. part. dent.(chairside)	\$ 75.00
D5750/5751	Reline full max./mand. denture (lab.)	\$110.00
D5760/61	Reline max./mand. partial dent. (lab.)	\$110.00
D6210	Pontic cast high noble metal*	\$290.00
D6211	Pontic cast predominantly base metal	\$290.00
D6212	Pontic cast noble metal*	\$290.00
D6240	Pontic porcelain fused to high noble*	\$290.00
D6241	Pontic porcelain fused to base metal	\$290.00
D6242	Pontic porcelain fused to noble metal*	\$290.00
D6245	Pontic porcelain / ceramic	\$200.00
D6250	Pontic resin w/high noble metal*	\$290.00
D6251	Pontic resin w/predom. base metal	\$290.00
D6252	Pontic resin with noble metal*	\$290.00
D6545	Retainer cast metal for resin bond fix	\$290.00
D6610	Onlay cast high noble metal, two surf.*	\$270.00
D6611	Onlay cast high noble metal, 3+ surf *	\$270.00
D6612	Onlay cast predominately base metal 2	\$270.00
D6613	Onlay cast pred. base metal 3+ surf.	\$270.00
D6614	Onlay cast noble metal, two surfaces	\$270.00
D6615	Onlay cast noble metal, three + surf.	\$270.00
D6710	Crown indirect resin based composite	\$100.00
D6720/21/22	Crown resin w/high noble/base/noble*	\$290.00
D6740	Crown porcelain / ceramic	\$290.00
D6750	Crown porcelain fused to high noble*	\$290.00
D6751	Crown porcelain fused to base metal	\$290.00
D6752	Crown porcelain fused to noble metal*	\$290.00
D6780	Crown ¼ cast high noble metal*	\$270.00
D6781	Crown-¾ cast pred. base metal	\$270.00
D6782	Crown-¾ cast noble metal*	\$270.00
D6790	Crown full cast high noble metal*	\$290.00
D6791	Crown full cast predominantly base	\$290.00
D6792	Crown full cast noble metal*	\$290.00
D6930	Recent bridge	No Cost
D6970	Post and core+ fixed part. denture, ind.	\$275.00
D6972	Prefabricated post and core +fixed part.	\$275.00
D6973	Core build up for retainer,+ any pins	No Cost
D6976/77	Each add.cast/add. prefab.post same th	\$200.00

*Note: Base metal is the benefit. Noble and High noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast post and cores, inlays and onlays. Porcelain on molars is considered optional treatment.

ORAL SURGERY

D7111	Coronal remnants-deciduous teeth	No Cost
D7140	Ext. erupted tooth or exposed root	No Cost
D7210	Surgical removal of erupted tooth req.	No Cost
D7220	Removal of impacted tooth/soft tissue	No Cost
D7230	Removal of impacted tooth/par. bony	No Cost
D7240/41	Removal of impacted tooth/com. bony	No Cost
D7250	Surgical removal of residual roots	No Cost
D7260	Oroantral fistula closure	No Cost
D7280/83	Surg. exp.of unerupt th/dev. aid erupt.	No Cost
D7285/86	Biopsy of oral tissue (hard/ soft)	No Cost
D7310/11/20/21	Alveoloplasty in conj.w/wo extraction	No Cost
D7340/50	Vestibuloplasty-sec. Epit/Soft tissue grf	No Cost
D7410	Excision of benign lesion (up 1.25 cm)	No Cost
D7411	Excision of benign lesion (+1.25 cm)	No Cost
D7440/41	Excision of mal. up to 1.25/+1.25 cm	No Cost
D7450	Removal of cyst or tumor (up 1.25 cm)	No Cost
D7451	Removal of cyst or tumor (+1.25 cm)	No Cost
D7460	Removal of cyst/tumor nonodon.(↑1.25)	No Cost
D7461	Removal of cyst/tumor nonodon.(+1.25)	No Cost
D7465	Destruction of lesion(s), by report	No Cost
D7471	Removal of lateral exost. (maxi./mand.)	No Cost
D7472/73	Removal of torus palatinus/mandibula	No Cost
D7485	Surgical reduction of mand. oss. Tuber.	No Cost
D7510/11	Incision & drainage of abscess intraoral	No Cost
D7520/21	Incision & drainage of abscess extraoral	No Cost
D7530/40	Removal of foreign/reaction bodies	No Cost
D7550	Removal of non-vital bone (part.ostecl)	No Cost
D7960	Frenulectomy, frenectomy or frenotomy	No Cost
D7963	Frenuloplasty	No Cost
D7970	Excision of hyperplastic tissue-per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost

ORTHODONTICS

Includes initial exam, diagnosis, consultation, initial banding, 24 months of active comprehensive treatment and retention phase of treatment of up to 24 months. This includes construction, placement and adjustment to retainers and office visits for a maximum of 24 months.

Full orthodontic case depending on group contract.

ADJUNCTIVE SERVICES

D9110	Palliative (emergency) treatment (pain)	No Cost
D9210	Local anesthesia not in conj.w/oper./surg.	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9220	General anesthesia 1 st 30min.	No Cost
D9221	General anesthesia each additional 15min.	No Cost
D9241/42	Intravenous sed./analg. 1 st 30 min./15min.	No Cost
D9310	Consultation	No Cost
D9430	Office visit observation (regular hours)	No Cost
D9440	Office visit after regular hours	No Cost
D9450	Case presentation, detailed & exten. trea.	No Cost
D0125	Failed appt. without 24 hours	\$10.00 per 15 min.

OUT - OF - AREA EMERGENCY CARE

DeltaCare will reimburse the enrollee for actual charges less any applicable copayment, up to \$100.00 per enrollee when receiving emergency care while temporarily more than 35 miles from the attending primary care dental office.

Services that are more expensive than the treatment usually provided under accepted dental practice standards are considered optional treatment. The patient must pay the difference in cost between the dentist's usual fees for the covered benefit and the optional or more expensive treatment plus any applicable copayment. All services are subject to the limitations and exclusions outlined in your Dental Benefit Plan summary booklet. dcplanNJ7.doc