

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 DifferenceSM. 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.

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

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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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
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**UNIVERSITY OF SOUTHERN CALIFORNIA STUDENT PLAN
DELTA DENTAL SCHEDULE OF ALLOWANCE**

Oral Surgery

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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

Proc #	Description	Fee
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: 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 edentulous arch	\$230.00
D6054	implant/abutment supported removable denture for partially 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 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 alloy, high noble metal)	\$302.00
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	\$297.00
D6068	abutment supported retainer for porcelain/ceramic FPD	\$309.00

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

Prosthodontics

Proc #	Description	Fee
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

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

Prostodontics

Proc #	Description	Fee
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

Proc #	Description	Fee
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

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

Adjunctive Services

Proc #	Description	Fee
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