



**Massachusetts State Health Care Professionals' Dental Fund
Group Number: 000657**

Schedule of Dental Benefits (Maximum Payments) Effective April 1, 2021

Dental Plan Maximums:			Standard Plan	High Plan
Orthodontia Benefit Lifetime Maximum:			\$1,500.00	\$3,000.00
Annual Plan Maximum (Excluding Orthodontia):			\$2,500.00	\$3,000.00
Separate Annual Maximum for Implants:			\$1,000.00	\$2,000.00
Code	Type	Description	Fund Payment**	
D0120	I	Periodic oral evaluation (maximum of two per calendar year)*	100%	100%
D0140	I	Limited oral evaluation - problem focused (maximum of two per calendar year)	100%	100%
D0145	I	Oral Evaluation under three years of age, over three years of age will be disallowed	100%	100%
D0150	I	Comprehensive oral evaluation - new or established patient (maximum of two per calendar year)*	100%	100%
D0160	I	Detailed and extensive oral evaluation - problem focused, by report.	100%	100%
D0180	I	Comprehensive periodontal evaluation	100%	100%
D0210	I	Intraoral - complete series (including bitewings) (once in 36 months)	100%	100%
D0220	I	Intraoral - periapical first film	100%	100%
D0230	I	Intraoral - periapical each additional film	100%	100%
D0240	I	Intraoral - occlusal film	100%	100%
D0250	I	Extra oral - 2D radiographic image	100%	100%
D0270	I	Bitewing - single film	100%	100%
D0272	I	Bitewings - two films	100%	100%
D0273	I	Bitewings - three films	100%	100%
D0274	I	Bitewings - four films	100%	100%
D0277	I	Vertical bitewings - 7 to 8 films	100%	100%
D0321	I	Other temporomandibular joint films, by report	100%	100%
D0330	I	Panoramic film.	100%	100%
D0340	I	Cephalometric Film	100%	100%
D0350	I	Oral/Facial Photographic Images	100%	100%
D0414	I	Lab processing for microbial specimen	100%	100%
D0415	I	Bacteriologic studies for determination of pathologic agents	100%	100%
D0460	I	Pulp Vitality Tests - Only for diagnostic and emergency conditions	100%	100%
D0470	I	Diagnostic casts	100%	100%
D1110	I	Prophylaxis - adult, maximum of two per calendar year*	100%	100%
D1120	I	Prophylaxis - child, maximum of two per calendar year*	100%	100%
D1206	I	Topical fluoride varnish	100%	100%



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D1208	I	Topical application of fluoride, maximum of two per calendar year	100%	100%
D1351	I	Sealant - per tooth (applied to unrestored permanent molars, once per tooth every four years through age 15. Also extended to covered members to age 19 who had a recent cavity and are at risk for future decay).	100%	100%
D1352	I	Preventive resin restoration is a moderate to high caries risk patient permanent tooth conservative restoration of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placement of a sealant in radiating non-carious fissure or pits.	100%	100%
D1354	I	Silver Diamine Fluoride: Interim caries arresting medicament application - per tooth	100%	100%
D1510	I	Space maintainer - fixed - unilateral (before age 19)	100%	100%
D1516	I	Space maintainer - fixed - bilateral (before age 19), maxillary	100%	100%
D1517	I	Space maintainer - fixed - bilateral (before age 19), mandibular	100%	100%
D1520	I	Space maintainer - removable - unilateral	100%	100%
D1526	I	Space maintainer - removable - bilateral maxillary	100%	100%
D1527	I	Space maintainer - removable - bilateral mandibular	100%	100%
D1551	I	Re-cement or re-bond space maintainer-maxillary	100%	100%
D1552	I	Re-cement or re-bond space maintainer-mandibular	100%	100%
D1553	I	Re-cement or re-bond space maintainer-per quadrant	100%	100%
D1556	I	Removal of unilateral fixed bilateral space maintainer-per quadrant	100%	100%
D1557	I	Removal of fixed bilateral space maintainer-maxillary	100%	100%
D1558	I	Removal of fixed bilateral space maintainer-mandibular	100%	100%
D1575	I	Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars (A, J, K and T)	100%	100%
D4346	I	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation	100%	100%
D4355	I	Full Mouth Debridement to enable comprehensive evaluation	100%	100%
D4910	I	Periodontal maintenance (following active periodontal therapy - Four periodontal cleanings per calendar year, not to exceed two periodontal cleanings per calendar year if combined with preventative cleanings).	100%	100%
D2140	II	Amalgam - one surface, primary or permanent	\$67.75	\$89.83
D2150	II	Amalgam - two surfaces, primary or permanent	\$85.37	\$121.52
D2160	II	Amalgam - three surfaces, primary or permanent	\$100.79	\$129.12



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D2161	II	Amalgam - four or more surfaces, primary or permanent	\$115.69	\$164.68
D2330	II	Resin-based composite - one surface, anterior	\$80.89	\$115.14
D2331	II	Resin-based composite - two surfaces, anterior	\$100.69	\$143.32
D2332	II	Resin-based composite - three surfaces, anterior	\$123.05	\$175.17
D2335	II	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$155.48	\$221.29
D2390	II	Resin-based composite crown, anterior	\$190.38	\$270.99
D2391	II	Resin-based composite - one surface, posterior	\$86.85	\$123.60
D2392	II	Resin-based composite - two surfaces, posterior	\$129.20	\$179.08
D2393	II	Resin-based composite - three surfaces, posterior	\$151.29	\$215.35
D2394	II	Resin-based composite - four or more surfaces	\$172.33	\$242.08
D2910	II	Recement inlay	\$53.44	\$76.05
D2915	II	Recement or re-bond indirectly fabricated or Prefabricated Post and Core	\$53.44	\$76.05
D2920	II	Recement crown	\$53.44	\$76.05
D2930	II	Prefabricated stainless steel crown - primary tooth	\$158.99	\$226.30
D2940	II	Sedative filling	\$57.99	\$82.52
D2941	II	Interim therapeutic restoration - primary tooth	\$57.99	\$82.52
D2951	II	Pin retention - per tooth, in addition to restoration	\$28.22	\$40.19
D3110	II	Pulp cap - direct (excluding final restoration)	\$35.90	\$57.39
D3120	II	Pulp cap - indirect (excluding final restoration)	\$35.90	\$57.39
D3220	II	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$96.86	\$156.52
D3221	II	Pulpal Debridement, primary and permanent teeth, disallowed when endodontic treatment is completed by the same dentist/dental office	\$113.97	\$184.14
D3310	II	Anterior (excluding final restoration)	\$595.77	\$730.72
D3320	II	Bicuspid (excluding final restoration)	\$671.95	\$975.61
D3330	II	Molar (excluding final restoration)	\$797.11	\$1,255.60
D3346	II	Retreatment of previous root canal therapy - anterior	\$620.04	\$768.67
D3347	II	Retreatment of previous root canal therapy - bicuspid	\$704.67	\$914.75



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D3348	II	Retreatment of previous root canal therapy - molar	\$846.26	\$1,129.33
D3410	II	Apicoectomy/periradicular surgery - anterior	\$406.42	\$653.89
D3421	II	Apicoectomy/periradicular surgery - bicuspid (first root)	\$498.03	\$681.72
D3425	II	Apicoectomy/periradicular surgery - molar (first root)	\$518.78	\$738.45
D3426	II	Apicoectomy/periradicular surgery (each additional root)	\$394.93	\$653.89
D3430	II	Retrograde filling - per root	\$113.97	\$162.23
D3920	II	Hemisection, not including root canal therapy, only per posterior tooth per lifetime	\$233.35	\$325.11
D4210	II	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$335.26	\$433.58
D4211	II	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$165.75	\$235.92
D4240	II	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$475.01	\$664.68
D4241	II	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$301.74	\$398.82
D4245	II	Apically positioned flap	\$319.30	\$443.81
D4249	II	Clinical crown lengthening - hard tissue	\$554.14	\$788.78
D4260	II	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$769.25	\$1094.95
D4261	II	Osseous surgery (including flap entry and closure) - 1-3 teeth/quadrant	\$588.90	\$838.25
D4263	II	Bone replacement graft - first site in quadrant	\$341.87	\$486.65
D4264	II	Bone replacement graft - each additional site in quadrant	\$155.83	\$208.99
D4265	II	Biologic Materials to aid soft/osseous. tissue regeneration, once per site on natural teeth, not to exceed two sites/tooth per quadrant per 36 months	\$148.78	\$208.99
D4266	II	Guided tissue regeneration-resorb barrier, per site, once per site on natural teeth, not to exceed two sites/tooth per quadrant per 36 month	\$322.63	\$446.10
D4267	II	Guided tissue regeneration-nonresorb barrier, per site, once per site on natural teeth, not to exceed two sites/tooth per quadrant per 36 months	\$322.63	\$418.00
D4270	II	Pedicle soft tissue graft procedure	\$522.05	\$743.09
D4273	II	Subepithelial connective tissue graft procedures	\$740.76	\$1054.40
D4274	II	Distal or Proximal Wedge procedure	\$342.60	\$487.66
D4275	II	Soft tissue allograft	\$688.80	\$869.21
D4276	II	Combined connective tissue and double pedicle graft	\$740.76	\$1054.40



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D4277	II	Free Soft Tissue Graft Procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$661.29	\$941.32
D4278	II	Free Soft Tissue Graft Procedure (including donor site surgery, each additional contiguous tooth or edentulous tooth position in same graft site	\$330.65	\$470.65
D4283	II	Autogenous connective tissue graft procedure each additional contiguous tooth - two graphs per 36 month, per quadrant	\$444.46	\$632.64
D4285	II	Non-autogenous connective tissue graft each additional contiguous tooth, position in same graft site - two graphs per 36 month, per quadrant	\$413.28	\$521.53
D4320	II	Provisional splinting - intracoronal	\$211.54	\$225.83
D4321	II	Provisional splinting - extracoronal	\$237.87	\$253.94
D4341	II	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant. Two quadrants are allowed on the same date of service. Additional quadrants will deny.	\$140.96	\$196.16
D4342	II	Periodontal scaling and root planing - one to three teeth/ quadrant	\$118.99	\$198.95
D4381	II	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$45.76	\$76.51
D4920	II	Unscheduled dressing change (by someone other than treating dentist)	\$43.08	\$73.73
D5410	II	Adjust complete denture - maxillary	\$53.88	\$76.70
D5411	II	Adjust complete denture - mandibular	\$53.88	\$76.70
D5421	II	Adjust partial denture - maxillary	\$53.88	\$76.70
D5422	II	Adjust partial denture - mandibular	\$53.88	\$76.70
D5511	II	Repair of broken complete denture base, mandibular (lower arch) - Once per 12 months (after 6 months from insertion)	\$99.72	\$141.93
D5512	II	Repair of broken complete denture base, maxillary (upper arch) - Once per 12 months (after 6 months from insertion)	\$99.72	\$141.93
D5520	II	Replace missing or broken teeth - complete denture (each tooth)	\$85.48	\$121.68
D5611	II	Repair resin partial denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	\$119.74	\$170.43
D5612	II	Repair resin partial denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	\$119.74	\$170.43
D5621	II	Repair cast partial framework, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	\$130.51	\$185.77
D5622	II	Repair cast partial framework, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	\$130.51	\$185.77
D5630	II	Repair or replace broken clasp	\$113.56	\$161.62
D5640	II	Replace broken teeth - per tooth	\$88.31	\$125.72
D5650	II	Add tooth to existing partial denture	\$119.74	\$170.43
D5660	II	Add clasp to existing partial denture	\$133.39	\$170.43



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D5670	II	Replace all teeth and acrylic on cast metal framework (maxillary)	\$403.28	\$557.32
D5671	II	Replace all teeth and acrylic on cast metal framework (mandibular)	\$403.28	\$557.32
D5710	II	Rebase complete maxillary denture (once in three years)	\$303.53	\$426.08
D5711	II	Rebase complete mandibular denture (once in three years)	\$303.53	\$426.08
D5720	II	Rebase maxillary partial denture (once in three years)	\$247.97	\$352.97
D5721	II	Rebase mandibular partial denture (once in three years)	\$247.97	\$352.97
D5730	II	Reline complete maxillary denture (chairside)	\$239.46	\$340.87
D5731	II	Reline complete mandibular denture (chairside)	\$239.46	\$340.87
D5740	II	Reline maxillary partial denture (chairside)	\$239.46	\$340.87
D5741	II	Reline mandibular partial denture (chairside)	\$239.46	\$340.87
D5750	II	Reline complete maxillary denture (laboratory)	\$255.42	\$326.85
D5751	II	Reline complete mandibular denture (laboratory)	\$255.42	\$326.85
D5760	II	Reline maxillary partial denture (laboratory)	\$225.66	\$301.88
D5761	II	Reline mandibular partial denture (laboratory)	\$225.66	\$301.88
D6930	II	Recement fixed partial denture	\$78.41	\$111.62
D6980	II	Fixed partial denture repair, by report	\$146.67	\$208.78
D7111	II	Coronal remnants, deciduous tooth	\$75.91	\$107.12
D7140	II	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$77.96	\$109.91
D7210	II	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$157.39	\$219.82
D7220	II	Removal of impacted tooth - soft tissue	\$213.16	\$286.30
D7230	II	Removal of impacted tooth - partially bony	\$317.80	\$367.98
D7240	II	Removal of impacted tooth - completely bony	\$359.21	\$469.33
D7241	II	Removal of impacted tooth - completely bony, with unusual surgical complications	\$379.17	\$494.26
D7250	II	Surgical removal of residual tooth roots (cutting procedure)	\$168.08	\$239.27
D7280	II	Surgical access of an unerupted tooth	\$370.37	\$527.21
D7285	II	Biopsy of oral tissue - hard (bone, tooth)	\$240.40	\$295.37
D7286	II	Biopsy of oral tissue - soft (all others)	\$292.46	\$362.18



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D7288	II	Brush Biopsy-transepithelial sample collection	\$77.83	\$110.78
D7290	II	Surgical Repositioning of teeth, covered only if the group has an ortho rider	\$159.64	\$170.43
D7296	II	Corticomy-one to three teeth spaces per quadrant. Once per lifetime per quadrant. Subject to Orthodontia maximum	\$301.74	\$398.82
D7297	II	Corticomy-four or more teeth spaces per quadrant. Once per lifetime per quadrant. Subject to Orthodontia maximum	\$475.01	\$664.68
D7310	II	Alveoloplasty in conjunction with extractions - per quadrant	\$142.27	\$202.49
D7311	II	Alveoloplasty in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	\$84.83	\$120.75
D7320	II	Alveoloplasty not in conjunction with extractions - per quadrant	\$261.02	\$371.55
D7321	II	Alveoloplasty not in conjunction with extractions 1 to 3 teeth or tooth spaces per quad	\$143.68	\$204.52
D7410	II	Excision of Benign Lesion up to 1.25 cm covered only with a pathology report with claim - medical plan will cover	\$235.48	\$373.25
D7510	II	Incision and drainage of abscess - intraoral soft tissue	\$125.73	\$178.96
D7520	II	Incision and drainage of abscess - extraoral soft tissue	\$159.64	\$170.43
D7950	II	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report, maybe be covered if the group has an implant rider.	\$1,596.46	\$1,704.33
D7952	II	Sinus augmentation via a vertical approach, maybe be covered if the group has an implant rider.	\$2331.74	\$2,489.29
D7953	II	bone replacement graft for ridge preservation - per site, maybe be covered if the group has an implant rider.	\$276.19	\$388.59
D7961	II	Buccal / labial frenectomy (frenulectomy) - Two per lifetime for patients over age 6	\$282.04	\$401.49
D7962	II	Lingual frenectomy (frenulectomy) - Once per lifetime per arch for patients over age 6	\$282.04	\$401.49
D7979	II	Non-surgical siaolithotomy. Once per lifetime	\$279.39	\$298.26
D9110	II	Palliative treatment of dental pain, minor procedure	\$56.33	\$70.23
D9222	II	Deep sedation/general anesthesia - first 15 minutes (pre-set up time). Covered in conjunction with impacted teeth only up to one hour.	\$93.67	\$139.85
D9223	II	Deep sedation /general anesthesia-each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	\$78.67	\$124.85
D9230	II	Analgesia, anxiolysis, inhalation of nitrous oxide. If documented as necessary on patient record to complete treatment, then covered once per patient per date of service (for children under age 19 only)	\$41.88	\$64.16
D9239	II	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes (pre-set up time) covered in conjunction with impacted teeth only (up to one hour)	\$92.98	\$132.36



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D9243	II	Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	\$82.86	\$117.95
D9248	II	Non-intravenous conscious sedation (Only for eligible dependent children age 19 and under)	\$95.79	\$102.26
D9930	II	Treatment of Complications (post-surgical)-unusual circumstances, individual consideration	\$53.88	\$81.03
D9941	II	Fabrication of Athletic Mouth Guard	\$159.64	\$170.43
D9944	II	Occlusal Guard - Hard appliance, full arch	\$236.92	\$337.24
D9945	II	Occlusal Guard - Soft appliance, full arch	\$59.23	\$84.31
D9946	II	Occlusal Guard - Hard appliance, partial arch	\$94.76	\$134.89
D9951	II	Occlusal adjustment - limited	\$89.88	\$148.40
D9952	II	Occlusal adjustment - complete	\$250.65	\$322.97
D9973	II	External bleaching, per tooth	\$223.51	\$291.50
D2510	III	Inlay - metallic - one surface	\$489.12	\$654.24
D2520	III	Inlay - metallic - two surfaces	\$491.42	\$660.54
D2530	III	Inlay - metallic - three or more surfaces	\$502.90	\$674.40
D2542	III	Onlay - metallic-two surfaces	\$505.20	\$674.40
D2543	III	Onlay - metallic-three surfaces	\$507.49	\$681.96
D2544	III	Onlay - metallic-four or more surfaces	\$518.98	\$706.88
D2610	III	Inlay - porcelain/ceramic - one surface	\$502.90	\$674.40
D2620	III	Inlay - porcelain/ceramic - two surfaces	\$491.42	\$660.54
D2630	III	Inlay - porcelain/ceramic - three or more surfaces	\$489.12	\$654.24
D2642	III	Onlay - porcelain/ceramic - two surfaces	\$505.20	\$674.40
D2643	III	Onlay - porcelain/ceramic - three surfaces	\$507.49	\$681.96
D2644	III	Onlay - porcelain/ceramic - four or more surfaces	\$518.98	\$695.83
D2650	III	Inlay - resin-based composite - one surface	\$509.79	\$681.96
D2651	III	Inlay - resin-based composite - two surfaces	\$369.71	\$496.66
D2652	III	Inlay - resin-based composite - three or more surfaces	\$420.23	\$566.00
D2662	III	Onlay - resin-based composite - two surfaces	\$505.20	\$674.40
D2663	III	Onlay - resin-based composite - three surfaces	\$507.49	\$681.96



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D2664	III	Onlay - resin-based composite - four or more surfaces	\$518.98	\$695.83
D2710	III	Crown - resin (indirect)	\$555.72	\$743.73
D2712	III	Crown- ¾ resin based composite (indirect)	\$555.72	\$743.73
D2720	III	Crown - resin with high noble metal	\$555.72	\$743.73
D2721	III	Crown - resin with predominantly base metal	\$555.72	\$743.73
D2722	III	Crown - resin with noble metal	\$555.72	\$743.73
D2740	III	Crown - porcelain/ceramic substrate	\$555.72	\$743.73
D2750	III	Crown - porcelain fused to high noble metal	\$555.72	\$743.73
D2751	III	Crown - porcelain fused to predominantly base metal	\$555.72	\$743.73
D2752	III	Crown - porcelain fused to noble metal	\$555.72	\$743.73
D2753	III	Crown - porcelain fused to titanium alloys	\$555.72	\$743.73
D2780	III	Crown - 3/4 cast high noble metal	\$555.72	\$743.73
D2781	III	Crown - 3/4 cast predominantly base metal	\$555.72	\$743.73
D2782	III	Crown - 3/4 cast noble metal	\$555.72	\$743.73
D2783	III	Crown - 3/4 porcelain/ceramic	\$555.72	\$743.73
D2790	III	Crown - full cast high noble metal	\$555.72	\$743.73
D2791	III	Crown - full cast predominantly base metal	\$555.72	\$743.73
D2792	III	Crown - full cast noble metal	\$555.72	\$743.73
D2794	III	Crown - titanium	\$555.72	\$743.73
D2799	III	Provisional crown	\$555.72	\$743.73
D2950	III	Core buildup, including any pins	\$94.15	\$157.06
D2952	III	Cast post and core in addition to crown	\$218.15	\$293.71
D2953	III	Each additional indirectly fabricated post - same	\$135.48	\$182.78
D2954	III	Prefabricated post and core in addition to crown	\$169.93	\$226.90
D2960	III	Labial veneer (resin laminate) - chairside	\$349.05	\$466.41
D2961	III	Labial veneer (resin laminate) - laboratory	\$394.97	\$526.92
D2962	III	Labial veneer (porcelain laminate) - laboratory	\$477.64	\$637.85
D2980	III	Crown Repair, by report, once per year per tooth after 24 months of crown insertion	\$99.52	\$130.02



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Schedule of Dental Benefits (Maximum Payments) Effective April 1, 2021

Dental Plan Maximums:			Standard Plan	High Plan
Orthodontia Benefit Lifetime Maximum:			\$1,500.00	\$3,000.00
Annual Plan Maximum (Excluding Orthodontia):			\$2,500.00	\$3,000.00
Separate Annual Maximum for Implants:			\$1,000.00	\$2,000.00
D5110	III	Complete denture, upper (maxillary)	\$615.42	\$826.93
D5120	III	Complete denture, lower (mandibular)	\$601.64	\$809.02
D5130	III	Immediate denture, upper (maxillary)	\$626.90	\$840.80
D5140	III	Immediate denture, lower (mandibular)	\$654.46	\$878.62
D5211	III	Maxillary partial denture -resin base	\$567.20	\$760.12
D5212	III	Mandibular partial denture - resin base	\$578.68	\$776.51
D5213	III	Maxillary partial denture - cast metal framework with resin bases	\$714.16	\$956.77
D5214	III	Mandibular partial denture - cast metal framework with resin bases	\$711.87	\$951.73
D5221	III	Immediate maxillary partial denture – resin base	\$572.87	\$767.72
D5222	III	Immediate mandibular partial denture – resin base	\$584.93	\$784.73
D5223	III	Immediate maxillary partial denture – cast metal framework with resin denture bases	\$721.30	\$966.34
D5224	III	Immediate mandibular partial denture – cast metal framework with resin denture bases	\$719.55	\$962.02
D5225	III	Maxillary partial denture - flexible base	\$567.20	\$760.12
D5226	III	Mandibular partial denture - flexible base	\$578.68	\$776.51
D5282	III	Rem. unilateral partial denture-1 piece cast metal (including clasps and teeth), maxillary	\$296.96	\$403.87
D5283	III	Rem. unilateral partial denture-1 piece cast metal (including clasps and teeth), mandibular	\$296.96	\$403.87
D5284	III	Partial Denture - removable unilateral – one piece flexible base (including clasps and teeth) – per quadrant	\$296.96	\$403.87
D5286	III	Partial Denture - removable unilateral – one piece resin (including clasps and teeth) – per quadrant	\$296.96	\$403.87
D5820	III	Interim partial denture (maxillary), to replace anterior permanent teeth during the healing period after an extraction, also in children 16 years of age and under for missing anterior teeth	\$209.37	\$292.30
D5821	III	Interim partial denture (mandibular) to replace anterior permanent teeth during the healing period after an extraction, also in children 16 years of age and under for missing anterior teeth	\$209.37	\$292.30
D5862	III	Precision attachment, by report	\$282.45	\$376.91
D5863	III	Overdenture - complete, upper arch	\$615.42	\$826.93
D5864	III	Overdenture - partial, upper arch	\$578.68	\$809.02
D5865	III	Overdenture - complete, lower arch	\$615.42	\$826.93
D5866	III	Overdenture - partial, lower arch	\$578.68	\$809.02
D6010	III	Surgical placement of Implant body (once per tooth in 60 months)	\$520.83	\$1,034.87



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Dental Plan Maximums:			Standard Plan	High Plan
Orthodontia Benefit Lifetime Maximum:			\$1,500.00	\$3,000.00
Annual Plan Maximum (Excluding Orthodontia):			\$2,500.00	\$3,000.00
Separate Annual Maximum for Implants:			\$1,000.00	\$2,000.00
D6013	III	Surgical placement of Mini-Implant body (once per tooth in 60 months)	\$260.42	\$517.43
D6056	III	Prefabricated Abutment (once per tooth in 60 months)	\$147.15	\$290.04
D6057	III	Custom Abutment (if a cast post and core was performed on the tooth within 60 months of the implant abutment, the implant abutment will be denied)	\$196.56	\$431.48
D6058	III	Implant abutment supported porcelain/ceramic crown	\$555.72	\$743.73
D6059	III	Abutment supported porcelain fused to metal crown (high noble metal)	\$555.72	\$744.35
D6060	III	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$555.72	\$743.73
D6061	III	Abutment supported porcelain fused to metal crown (noble metal)	\$555.72	\$743.73
D6062	III	Abutment supported cast metal crown (high noble metal)	\$555.72	\$743.73
D6063	III	Abutment supported cast metal crown (predominantly base metal)	\$555.72	\$743.73
D6064	III	Abutment supported cast metal crown (noble metal)	\$555.72	\$743.73
D6065	III	Implant supported porcelain/ceramic crown	\$555.72	\$814.93
D6066	III	Implant supported porcelain fused to metal crown	\$555.72	\$862.96
D6067	III	Implant supported metal crown	\$555.72	\$743.73
D6068	III	Abutment Supported Retainer Porc/Ceramic FPD, alternate benefit of a partial denture or bridge	\$609.38	\$815.50
D6069	III	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$555.72	\$744.35
D6072	III	Abutment supported retainer for cast metal FPD (high noble metal)	\$555.72	\$743.73
D6082	III	Implant supported crown – porcelain fused to predominantly base alloys	\$555.72	\$748.74
D6083	III	Implant supported crown – porcelain fused to noble alloys	\$555.72	\$794.67
D6084	III	Implant supported crown – porcelain fused to titanium and titanium alloys	\$555.72	\$748.74
D6085	III	Provisional Implant crown	\$555.72	\$743.73
D6086	III	Implant supported crown – predominantly base alloys	\$555.72	\$743.73
D6087	III	Implant supported crown – noble alloys	\$555.72	\$743.73
D6088	III	Implant supported crown – titanium and titanium alloys	\$555.72	\$743.73
D6090	III	Repair Implant Supported Prosthesis, by report	\$75.60	\$112.05
D6092	III	Recement implant/abutment supported crown	\$39.80	\$58.77
D6093	III	Recement implant/abutment supported fixed partial denture (once per tooth after 6 month have elapsed from the initial seating date by the same dentist/dental office)	\$36.86	\$80.91



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Dental Plan Maximums:			Standard Plan	High Plan
Orthodontia Benefit Lifetime Maximum:			\$1,500.00	\$3,000.00
Annual Plan Maximum (Excluding Orthodontia):			\$2,500.00	\$3,000.00
Separate Annual Maximum for Implants:			\$1,000.00	\$2,000.00
D6095	III	Repair implant abutment, by report (once per 12 months after 24 months have elapsed from the initial insertion date of the crown)	\$70.88	\$137.52
D6097	III	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$555.72	\$743.73
D6098	III	Implant supported retainer – porcelain fused to predominantly base alloys	\$609.38	\$815.50
D6099	III	Implant supported retainer for FPD – porcelain fused to noble alloys	\$609.38	\$815.50
D6100	III	Implant removal (once per tooth per lifetime)	\$60.68	\$117.71
D6103	III	Bone graft for repair of peri-implant defect – does not include flap entry and closure.	\$184.45	\$301.32
D6104	III	Bone graft at time of implant placement	\$184.45	\$301.32
D6110	III	Implant/Abutment Complete Denture-Removable Upper Arch	\$615.42	\$826.93
D6111	III	Implant/Abutment Complete Denture-Removable Lower Arch	\$615.42	\$826.93
D6112	III	Implant/Abutment Partial Denture-Removable Upper Arch	\$714.16	\$956.77
D6113	III	Implant/Abutment Partial Denture-Removable Lower Arch	\$714.16	\$956.77
D6120	III	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$609.38	\$815.50
D6121	III	Implant supported retainer for metal FPD – predominantly base alloys	\$609.38	\$815.50
D6122	III	Implant supported retainer for metal FPD – noble alloys	\$609.38	\$815.50
D6123	III	Implant supported retainer for metal FPD – titanium and titanium alloys	\$609.38	\$815.50
D6195	III	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$609.38	\$815.50
D6210	III	Pontic - cast high noble metal	\$656.76	\$882.40
D6211	III	Pontic - cast predominantly base metal	\$484.53	\$649.19
D6212	III	Pontic - cast noble metal	\$493.72	\$663.06
D6214	III	Pontic - titanium	\$656.76	\$882.40
D6240	III	Pontic - porcelain fused to high noble metal	\$656.76	\$882.40
D6241	III	Pontic - porcelain fused to predominantly base metal	\$484.53	\$649.19
D6242	III	Pontic - porcelain fused to noble metal	\$493.72	\$663.06
D6243	III	Pontic – porcelain fused to titanium and titanium alloys	\$484.53	\$649.19
D6245	III	Pontic - porcelain/ceramic	\$656.76	\$882.40
D6250	III	Pontic - resin with high noble metal	\$470.75	\$629.02
D6251	III	Pontic - resin with predominantly base metal	\$470.75	\$629.02



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Dental Plan Maximums:			Standard Plan	High Plan
Orthodontia Benefit Lifetime Maximum:			\$1,500.00	\$3,000.00
Annual Plan Maximum (Excluding Orthodontia):			\$2,500.00	\$3,000.00
Separate Annual Maximum for Implants:			\$1,000.00	\$2,000.00
D6252	III	Pontic - resin with noble metal	\$470.75	\$629.02
D6545	III	Retainer-Cast Metal for resin bonded fixed prosth	\$236.32	\$323.61
D6608	III	Onlay - porcelain/ceramic, two surfaces	\$505.20	\$674.40
D6609	III	Onlay - porcelain/ceramic, three or more surfaces	\$507.49	\$681.96
D6610	III	Onlay - cast high noble metal, two surfaces	\$505.20	\$674.40
D6611	III	Onlay - cast high noble metal, three or more surfaces	\$507.49	\$681.96
D6612	III	Onlay - cast predominantly base metal, two surfaces	\$505.20	\$674.40
D6613	III	Onlay - cast predominantly base metal, three or more surfaces	\$507.49	\$681.96
D6614	III	Onlay - cast noble metal, two surfaces	\$505.20	\$674.40
D6615	III	Onlay - cast noble metal, three or more surfaces	\$507.49	\$681.96
D6634	III	Onlay - titanium	\$507.49	\$685.48
D6720	III	Crown - resin with high noble metal	\$555.72	\$743.73
D6721	III	Crown - resin with predominantly base metal	\$555.72	\$743.73
D6722	III	Crown - resin with noble metal	\$555.72	\$743.73
D6740	III	Crown - porcelain/ceramic	\$555.72	\$743.73
D6750	III	Crown - porcelain fused to high noble metal	\$675.13	\$903.82
D6751	III	Crown - porcelain fused to predominantly base metal	\$585.57	\$787.86
D6752	III	Crown - porcelain fused to noble metal	\$603.94	\$809.29
D6753	III	Retainer crown – porcelain fused to titanium and titanium alloys	\$585.57	\$787.86
D6780	III	Crown - 3/4 cast high noble metal	\$555.72	\$743.73
D6781	III	Crown - 3/4 cast predominantly base metal	\$555.72	\$743.73
D6782	III	Crown - 3/4 cast noble metal	\$555.72	\$743.73
D6783	III	Crown - 3/4 porcelain/ceramic	\$555.72	\$743.73
D6784	III	Retainer crown 3/4 – titanium and titanium alloys	\$555.72	\$743.73
D6790	III	Crown - full cast high noble metal	\$560.31	\$751.30
D6791	III	Crown - full cast predominantly base metal	\$555.72	\$743.73
D6792	III	Crown - full cast noble metal	\$555.72	\$743.73
D6794	III	Crown - titanium	\$560.31	\$751.30



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Annual Plan Maximum (Excluding Orthodontia):			\$2,500.00	\$3,000.00
Separate Annual Maximum for Implants:			\$1,000.00	\$2,000.00
D6940	III	Stress breaker	\$144.67	\$191.61
D6950	III	Precision attachment	\$282.45	\$376.91
D8210	IV	Removable appliance therapy	\$90.00	\$220.00
D8220	IV	Fixed appliance therapy	\$90.00	\$220.00
D8695	IV	Removal of fixed orthodontic appliances for reasons other than completion of treatment. Once per lifetime, per quadrant. Subject to orthodontia lifetime maximum.	\$74.91	\$93.32

Orthodontia (Braces)

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

All valid Orthodontia CDT codes are reimbursable. The reimbursement amount will depend upon which CDT code is billed and reimbursement is subject to the maximums denoted in the chart below (\$1,500 lifetime maximum is payable under the Standard Plan or \$3,000 lifetime maximum is payable under the High Plan). In no Reimbursement will be based on 24-months of active treatment and the Dentist's total submitted case fee which will be divided by 12-months to determine the monthly payment amount. This amount will be paid out on a monthly basis until the lifetime maximum has been reached. The first payment is based on the date the of banding (the

Important Notes

Type I Services are excluded for the Annual Plan Maximum for the Standard Plan and for the High Plan. Type I Services are covered at 100% of Delta Dental's regional *Maximum of two cleanings and two oral evaluations per calendar year. Limitations apply to other procedures. Please call Delta Dental of Massachusetts at 1-800-872-

** To get the maximum savings, visit a participating dentist in the Delta Dental PPO or Delta Dental Premier networks. If you choose to receive services from a non-participating dentist, you will have higher out of pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply. Visit

*** Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate in advance any out of pocket expenses you may incur and will confirm that the services you are having are covered under your dental plan.