



DELTA DENTAL PPO™ AGREEMENT SUPPLEMENT TO DELTA DENTAL PREMIER® PARTICIPATING DENTIST'S AGREEMENT

This agreement (the "Supplement") supplements the Delta Dental Premier Participating Dentist's Agreement between Delta Dental of Iowa ("Delta Dental") and the undersigned dentist licensed to practice dentistry in accordance with Chapter 153, Code of Iowa ("Participating Dentist"). This Supplement states the terms of Participating Dentist's participation in the Delta Dental Preferred Provider Organization program.

All terms capitalized in this Supplement are defined in this Supplement, in the Delta Dental Premier Participating Dentist's Agreement, or in the documents incorporated by reference herein or therein.

"PPO Program" means a program administered by Delta Dental or any other Delta Dental Member Company in which Delta Dental contracts with dentists to provide dental care and accept payment for fees that are, on the average, below the fees allowed in conventional fee-for-service programs.

Participating Dentist agrees as follows:

- 1.** I agree to accept from Delta Dental (or from a Delta Dental Member Company, as the case may be) as payment in full for Covered Services rendered to Covered Persons the lesser of: (i) the Delta Dental PPO Fee Schedule attached to this Supplement as Exhibit A, or (ii) my fees for such Covered Services. I shall not bill the Covered Person for the balance, if any, between my fees for such Covered Services and the PPO Fee Schedule; provided, however, that I may bill the Covered Person for Covered Services: (i) for any copayment, coinsurance or deductible amounts, all in accordance with the Delta Dental Uniform Regulations and other rules and regulations; and (ii) up to the PPO Fee Schedule for amounts not payable due to excess of the annual maximum, waiting periods, frequency limitations, or deductibles for Covered Persons receiving dental benefits under a self-funded dental plan administered by Delta Dental or any other Delta Dental Member Company. Delta Dental may revise the Delta Dental PPO Fee Schedule from time to time by written notice to me. No such revision shall apply retroactively to dental services provided prior to notice of the revision.
- 2.** Delta Dental shall include my name and address in the Delta Dental PPO directory of PPO Panel Dentists distributed to persons eligible under the Delta Dental PPO Program.

3. I may terminate this Supplement by giving at least sixty (60) days written notice by certified mail, return receipt requested, sent to Delta Dental. Delta Dental may terminate this Supplement as provided in the Delta Dental Uniform Regulations. This Supplement shall terminate concurrently with the termination of my Delta Dental Premier Participating Dentist's Agreement.

4. Except as otherwise provided in this Supplement, this Supplement shall not modify any of the provisions of the Delta Dental Premier Participating Dentist's Agreement between Delta Dental and me, and all other terms and conditions of the Delta Dental Premier Participating Dentist's Agreement remain in full force and effect.

5. This Supplement shall become effective upon written notice to me by Delta Dental of Delta Dental's acceptance.

<p>Accepted by:</p> <p>Delta Dental of Iowa on this ___ day of _____, _____.</p> <p>_____</p> <p>Dental Director, Delta Dental of Iowa</p> <p>_____</p> <p>President and CEO, Delta Dental of Iowa</p>	<p>Participating Dentist:</p> <p>Signature _____ (name of Participating Dentist)</p> <p>Print Name _____</p> <p>Address _____</p> <p>City/Zip _____</p> <p>Date _____</p>
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Delta Dental of Iowa
Delta Dental PPOSM Fee Schedule
"Exhibit A"

CDT Code	Description of Service	1/1/2024 PPO Fee
D0120	Periodic oral evaluation - established patient	\$33.93
D0140	Limited oral evaluation - problem focused	\$49.25
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$42.22
D0150	Comprehensive oral evaluation - new or established patient	\$54.18
D0180	Comprehensive periodontal evaluation - new or established patient	\$52.87
D0210	Intraoral - complete series of radiographic images	\$114.85
D0220	Intraoral - periapical first radiographic image	\$16.80
D0230	Intraoral - periapical each additional radiographic image	\$14.44
D0272	Bitewings - two radiographic images	\$30.91
D0273	Bitewings - three radiographic images	\$35.94
D0274	Bitewings - four radiographic images	\$42.85
D0330	Panoramic radiographic image	\$81.73
D0701	Panoramic radiographic image - image capture only	\$26.45
D0707	Intraoral - periapical radiographic image - image capture only	\$5.34
D0709	Intraoral - complete series of radiographic images - image capture only	\$37.16
D1110	Prophylaxis - adult	\$64.15
D1120	Prophylaxis - child	\$44.84
D1206	Topical application of fluoride varnish	\$26.60
D1208	Topical application of fluoride - excluding varnish	\$26.60
D1351	Sealant - per tooth	\$36.31
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$39.33
D2140	Amalgam - one surface, primary or permanent	\$76.52
D2150	Amalgam - two surfaces, primary or permanent	\$96.51
D2160	Amalgam - three surfaces, primary or permanent	\$111.95
D2161	Amalgam - four or more surfaces, primary or permanent	\$144.70
D2330	Resin-based composite - one surface, anterior	\$91.95
D2331	Resin-based composite - two surfaces, anterior	\$116.50
D2332	Resin-based composite - three surfaces, anterior	\$145.20
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$158.30
D2391	Resin-based composite - one surface, posterior	\$109.70
D2392	Resin-based composite - two surfaces, posterior	\$145.07
D2393	Resin-based composite - three surfaces, posterior	\$178.22
D2394	Resin-based composite - four or more surfaces, posterior	\$199.09
D2710	Crown - resin-based composite (indirect)	\$668.29
D2720	Crown - resin with high noble metal	\$695.67

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D2721	Crown - resin with predominantly base metal	\$623.86
D2722	Crown - resin with noble metal	\$655.39
D2740	Crown - porcelain/ceramic substrate	\$792.13
D2750	Crown - porcelain fused to high noble metal	\$768.67
D2751	Crown - porcelain fused to predominantly base metal	\$653.98
D2752	Crown - porcelain fused to noble metal	\$692.21
D2753	Crown - porcelain fused to titanium or titanium alloys	\$768.67
D2790	Crown - full cast high noble metal	\$792.13
D2791	Crown - full cast predominantly base metal	\$580.88
D2792	Crown - full cast noble metal	\$696.57
D2932	Prefabricated resin crown	\$146.30
D2950	Core buildup, including any pins when required	\$164.65
D2952	Post and core in addition to crown, indirectly fabricated	\$249.73
D2954	Prefabricated post and core in addition to crown	\$216.30
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$444.42
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$524.72
D3330	Endodontic therapy, molar (excluding final restoration)	\$644.16
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$662.01
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$480.43
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$174.69
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$106.13
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$64.15
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$95.00
D4910	Periodontal maintenance	\$86.28
D5110	Complete denture - maxillary	\$1011.05
D5120	Complete denture - mandibular	\$1038.08
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$1038.03
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1320.90
D6210	Pontic - cast high noble metal	\$663.07
D6211	Pontic - cast predominantly base metal	\$571.75
D6212	Pontic - cast noble metal	\$622.45

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D6240	Pontic - porcelain fused to high noble metal	\$694.61
D6241	Pontic - porcelain fused to predominantly base metal	\$615.22
D6242	Pontic - porcelain fused to noble metal	\$660.87
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$694.61
D6245	Pontic - porcelain/ceramic	\$733.71
D6250	Pontic - resin with high noble metal	\$656.46
D6251	Pontic - resin with predominantly base metal	\$554.38
D6252	Pontic - resin with noble metal	\$592.43
D6710	Retainer crown - indirect resin based composite	\$668.29
D6720	Retainer crown - resin with high noble metal	\$695.67
D6721	Retainer crown - resin with predominantly base metal	\$623.86
D6722	Retainer crown - resin with noble metal	\$655.39
D6740	Retainer crown - porcelain/ceramic	\$772.81
D6750	Retainer crown - porcelain fused to high noble metal	\$729.34
D6751	Retainer crown - porcelain fused to predominantly base metal	\$646.77
D6752	Retainer crown - porcelain fused to noble metal	\$688.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$729.34
D6790	Retainer crown - full cast high noble metal	\$709.75
D6791	Retainer crown - full cast predominantly base metal	\$567.40
D6792	Retainer crown - full cast noble metal	\$667.34
D7111	Extraction, coronal remnants - deciduous tooth	\$75.20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$90.44
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$167.92
D7230	Removal of impacted tooth - partially bony	\$275.54
D7240	Removal of impacted tooth - completely bony	\$316.84
D8010	Limited orthodontic treatment of the primary dentition	\$1670.20
D8020	Limited orthodontic treatment of the transitional dentition	\$2605.62
D8030	Limited orthodontic treatment of the adolescent dentition	\$2605.62
D8040	Limited orthodontic treatment of the adult dentition	\$3038.76
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$4975.10
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$4975.10
D8090	Comprehensive orthodontic treatment of the adult dentition	\$4975.10
D8210	Removable appliance therapy	\$1281.54
D8220	Fixed appliance therapy	\$2131.62



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CDT Code	Description of Service	1/1/2024 PPO Fee
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$351.93
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$90.66
D9222	Deep sedation/general anesthesia - first 15 minutes	\$163.94
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$86.32
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$48.42
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$162.32
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$86.32
D9630	Drugs or medicaments dispensed in the office for home use	\$29.88
D9944	Occlusal guard - hard appliance, full arch	\$311.00
D9945	Occlusal guard - soft appliance, full arch	\$118.01
D9946	Occlusal guard - hard appliance, partial arch	\$186.78