Keep Smiling

DeltaCare® USA

provided by Delta Dental Insurance Company



Dental benefits made easy!

With a DeltaCare USA¹ plan, you'll save on out-of-pocket costs when you choose a dentist from our network² of carefully screened, private practice dentists.3

- No restrictions on pre-existing conditions (except work in progress)
- No referral required for specialty care or emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

 Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises when you visit a network dentist. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums for covered services4
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete when you visit a network dentist, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your dentist at any time without contacting us3









deltadentalins.com/enrollees

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Newada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² In AK, CT, LA, MS, MT, NC, ND, NH, ME, OK and VT, you receive in-network benefits through your state's Delta Dental PPO™ network. In SD and WY, you receive in-network benefits through your state's Delta Dental Premier

³ In WY, you must visit a network dentist to receive benefits. In all other states, you can visit any licensed dentist, but if you choose an out-of-network dentist, out-of-network benefits will apply.

 $^{^4}$ In AK, CT, ND and SD, the out-of-network calendar year maximum is \$500 per enrollee and the out-of-network lifetime maximum for orthodontic benefits is \$500. In WY, you must visit a network dentist in order to receive benefits.

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

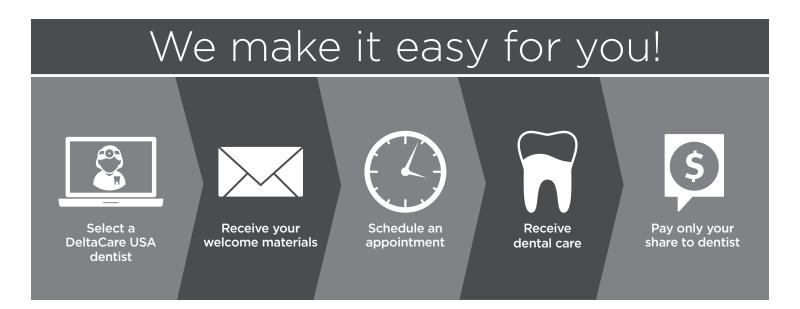
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Section 1: Description of Benefits and Preferred Dentist's Copayments

The benefits shown below are performed as deemed appropriate by the attending Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Preferred Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE DESCRIPTION COPAYMENT*

* Copayments for Preferred Dentists

D0100-	D0999 I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and	
	detector	
D0251	Extraoral posterior dental radiographic image	
D0270	Bitewing - single radiographic image	
D0272	Bitewings - two radiographic images	
D0273	Bitewings three radiographic images	
D0274	Bitewings - four radiographic images - limited to 1 series every 6 months	
D0277	Vertical bitewings - 7 to 8 radiographic images	
D0330		
D0415	Collection of microorganisms for culture and sensitivity	
D0419	Assessment of salivary flow by measurement - 1 every 12 months	
	Caries susceptibility tests	
	Pulp vitality tests	
	3	
	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins	
	for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	No Cost
		No Cost
	Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years	No Cost
	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other	
	services)	\$5.00

S-A-CT-STD-R19 CT13B - V20

D1000-	-D1999 II. PREVENTIVE	
D1110	Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period	No Cost
D1110	Additional prophylaxis cleaning - adult (within the 6 month period)	
D1120	Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period	
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	
D1206	Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period	
D1208	Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month	
	period	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	
	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable - unilateral - per quadrant	
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	
	DOCCO III DECTODATIVE	
	-D2999 III. RESTORATIVE	
- Includ	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure	
- Includ - When	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100	
- Include - When crown, I	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit.	
- Includ - When crown, I - Replace	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.	0.00 per
- Include - When crown, I - Replace D2140	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent	0.00 per No Cost
- Include - When crown, I - Replace D2140 D2150	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent	No Cost No Cost
- Include - When crown, I - Replace D2140 D2150 D2160	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent	No Cost No Cost No Cost
- Include - When crown, I - Replace D2140 D2150 D2160 D2161	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent	No Cost No Cost No Cost No Cost No Cost
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior	No Cost No Cost No Cost No Cost No Cost No Cost
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331	les polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Seement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surfaces, anterior Resin-based composite - two surfaces, anterior	No Cost No Cost No Cost No Cost No Cost No Cost
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332	les polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. I cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surfaces, anterior Resin-based composite - two surfaces, anterior Resin-based composite - three surfaces, anterior	No Cost
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335	les polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - three surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost No Cost No Cost No Cost No Cost No Cost No Cost No Cost \$45.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2335	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - three surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite crown, anterior	No Cost No Cost No Cost No Cost No Cost No Cost No Cost No Cost S45.00 \$55.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D23390 D2391	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior	No Cost No Cost No Cost No Cost No Cost No Cost No Cost No Cost \$45.00 \$55.00 \$45.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Sement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - one surface, posterior Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior	No Cost No Cost No Cost No Cost No Cost No Cost No Cost No Cost \$45.00 \$55.00 \$55.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - three surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - three surfaces, posterior	No Cost S45.00 \$55.00 \$45.00 \$65.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior	No Cost \$45.00 \$55.00 \$45.00 \$55.00 \$75.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior	No Cost \$45.00 \$55.00 \$45.00 \$55.00 \$145.00
- Include - When crown, II - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - three surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior	No Cost No Cost No Cost No Cost No Cost No Cost No Cost \$45.00 \$55.00 \$45.00 \$55.00 \$145.00 \$155.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2530	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surfaces Inlay - metallic - three or more surfaces	No Cost S45.00 \$55.00 \$45.00 \$55.00 \$145.00 \$145.00 \$165.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2530 D2542	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Onlay - metallic - two surfaces	No Cost S55.00 \$45.00 \$55.00 \$145.00 \$155.00 \$165.00 \$165.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - three surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - three surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Onlay - metallic - two surfaces Onlay - metallic - three surfaces Onlay - metallic - three surfaces	No Cost S45.00 \$55.00 \$45.00 \$155.00 \$165.00 \$165.00 \$160.00 \$170.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2542 D2543 D2544	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - three surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - three surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Onlay - metallic - three or more surfaces Onlay - metallic - three surfaces Onlay - metallic - four or more surfaces Onlay - metallic - four or more surfaces	No Cost S45.00 \$45.00 \$55.00 \$45.00 \$155.00 \$165.00 \$160.00 \$170.00 \$190.00
- Include - When crown, Include - When crown, Include D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2540 D2543 D2544 D2610	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. **rement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.** Amalgam - one surface, primary or permanent	No Cost \$45.00 \$55.00 \$45.00 \$155.00 \$145.00 \$165.00 \$160.00 \$170.00 \$190.00 \$270.00
- Include - When crown, Inc. - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2542 D2543 D2544 D2610 D2620	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite crown, anterior Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Onlay - metallic - two surfaces Onlay - metallic - four or more surfaces Inlay - porcelain/ceramic - one surface Inlay - porcelain/ceramic - one surface Inlay - porcelain/ceramic - two surfaces	No Cost No Cost No Cost No Cost No Cost No Cost No Cost No Cost \$45.00 \$55.00 \$45.00 \$145.00 \$145.00 \$165.00 \$160.00 \$170.00 \$190.00 \$305.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620 D2630	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. Dement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - two surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Onlay - metallic - three or more surfaces Onlay - metallic - three surfaces Onlay - metallic - four or more surfaces Inlay - porcelain/ceramic - one surface Inlay - porcelain/ceramic - two surfaces Inlay - porcelain/ceramic - two surfaces Inlay - porcelain/ceramic - three or more surfaces Inlay - porcelain/ceramic - three or more surfaces	No Cost S55.00 \$45.00 \$55.00 \$145.00 \$155.00 \$165.00 \$160.00 \$170.00 \$190.00 \$270.00 \$305.00 \$325.00
- Include - When crown, I - Replace D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2390 D2391 D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620 D2630 D2642	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 beyond the 6th unit. **cement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.** Amalgam - one surface, primary or permanent Amalgam - two surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior Resin-based composite - four or more surfaces or involving incisal angle (anterior) Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Onlay - metallic - three surfaces Onlay - metallic - tour or more surfaces Inlay - porcelain/ceramic - one surface Inlay - porcelain/ceramic - two surfaces Onlay - porcelain/ceramic - three or more surfaces	No Cost S55.00 \$45.00 \$55.00 \$145.00 \$155.00 \$165.00 \$160.00 \$170.00 \$190.00 \$270.00 \$305.00 \$325.00

500.47		477500
	Onlay - porcelain/ceramic - three surfaces	
D2644 D2650		
D2650	Inlay - resin-based composite - one surface	
D2652	Inlay - resin-based composite - two surfaces	
D2662	Onlay - resin-based composite - two surfaces	
D2663	Onlay - resin-based composite - three surfaces	
D2664	Onlay - resin-based composite - four or more surfaces	
D2710	Crown - resin-based composite (indirect)	
D2712	Crown - 3/4 resin-based composite (indirect)	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly base metal	
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic	\$355.00
D2750	Crown - porcelain fused to high noble metal	\$355.00
D2751	Crown - porcelain fused to predominantly base metal	
D2752	Crown - porcelain fused to noble metal	\$295.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$355.00
D2780	Crown - 3/4 cast high noble metal	\$355.00
D2781	Crown - 3/4 cast predominantly base metal	\$255.00
D2782	Crown - 3/4 cast noble metal	\$295.00
D2783	Crown - 3/4 porcelain/ceramic	\$355.00
D2790	Crown - full cast high noble metal	
D2791	Crown - full cast predominantly base metal	
D2792		
D2794		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Re-cement or re-bond crown	
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown - anterior primary tooth	
	Prefabricated stainless steel crown with resin window - anterior primary tooth	
D2940		
D2941	Interim therapeutic restoration - primary dentition	
D2949	Restorative foundation for an indirect restoration	
D2950	Core buildup, including any pins when required	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$70.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework	
D2980	Crown repair necessitated by restorative material failure	\$20.00
D2981	Inlay repair necessitated by restorative material failure	
D2982 D2983	Onlay repair necessitated by restorative material failure	
	Veneer repair necessitated by restorative material failure	\$20.00
D2390	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	\$10.00
D3000	-D3999 IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the	
	dentinocemental junction and application of medicament	
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
S-A-CT	-STD-R19 C	T13B - V20

Plar	n CT13B	DeltaCare USA	Description of Benefits and Copa	yments
D3222	Partial pulpoto	my for apexogenesis - permanent toot!	n with incomplete root development	\$25.00
D3230			ooth (excluding final restoration)	\$40.00
D3240			tooth (excluding final restoration)	\$40.00
D3310			iding final restoration)	\$95.00
D3320	Root canal - er	ndodontic therapy, premolar tooth (exc	luding final restoration)	\$185.00
D3330	Root canal - er	ndodontic therapy, molar tooth (exclud	ng final restoration)	\$335.00
D3331	Treatment of re	oot canal obstruction; non-surgical acc	ess	\$70.00
D3332	•		ble or fractured tooth	\$70.00
D3333				\$70.00
D3346				
D3347			ar	
D3348		• •		\$365.00
D3351	•	recalcification - initial visit (apical closum		\$70.00
D3352	•		acement (apical closure/calcific repair of	\$70.00
D3332	•	•	etc.)	\$45.00
D3353			pleted root canal therapy - apical closure/	T
				\$45.00
D3410				\$115.00
D3421	Apicoectomy -	premolar (first root)		
D3425				\$135.00
D3426				\$80.00
D3427				
D3430				
D3450	· ·	•		\$70.00
D3920	Hemisection (ii	ncluding any root removal), not includi	ng root canal therapy	\$60.00
D4000	-D4999	V. PERIODONTICS		
		and postoperative evaluations and treatme		
D4210		or gingivoplasty - four or more contigu	ous teeth or tooth bounded spaces per	\$130.00
D4211	Gingivectomy	or gingivoplasty - one to three contigue		\$80.00
D4212	•		torative procedure, per tooth	\$80.00
D4240	Gingival flap pr	rocedure, including root planing - four o	or more contiguous teeth or tooth bounded	
D 40 41			A bloom a continuous to a bloom to a bloom a deal	\$135.00
D4241			o three contiguous teeth or tooth bounded	\$80.00
D4245				\$135.00
D4249				\$125.00
D4260	Osseous surge	ry (including elevation of a full thicknes	s flap and closure) - four or more contiguous	
D4261			s flap and closure) - one to three contiguous	φ300.00
				\$240.00
D4263			site in quadrant	\$215.00
D4264	-	_	n additional site in quadrant	\$65.00
D4270				\$215.00
D4274	procedures in	the same anatomical area)	t performed in conjunction with surgical	\$70.00
D4277			nd donor surgical sites) first tooth, implant,	\$215.00
D4278			nd donor surgical sites) each additional on in same graft site	\$215.00
D4341	Periodontal sca	aling and root planing - four or more te	eth per quadrant - <i>limited to 4 quadrants</i>	
D4342	Periodontal sca	aling and root planing - one to three tee	eth per quadrant - <i>limited to 4 quadrants</i>	\$50.00
D4346			gingival inflammation - full mouth, after oral	\$40.00
ς_Λ_CT	evaluation - 1 [)1110, D1120 or D4346 per 6 month per	iod	No Cost

CT13B - V20

S-A-CT-STD-R19

Plan CT13B	DeltaCare USA	Description of Benefits and Copayments
------------	---------------	--

Plar	1 CTI3B DeltaCare	Description of Benefits and Copa	yments
D4355		nable a comprehensive oral evaluation and diagnosis on a subsequent in any 12 consecutive months	\$50.00
D4910	Periodontal maintenance - lin	mited to 1 treatment each 6 month period	\$35.00
D4910	Additional periodontal maint	renance (within the 6 month period)	\$55.00
D4921	Gingival irrigation - per quad	drant	No Cost
D5000	-D5899 VI. PROSTHOI	DONTICS (removable)	
		tures, Copayment includes after delivery adjustments and tissue conditionin	na
		placement. The Enrollee must continue to be eligible, and the service must	
	•	facility where the denture was originally delivered.	
		ng are limited to 1 per denture during any 12 consecutive months.	
- Replac	cement of a denture or a partial	denture requires the existing denture to be 5+ years old.	
D5110	· · · · · · · · · · · · · · · · · · ·	у	
D5120		ular	
D5130		ry	
D5140		bular	
D5211		sin base (including retentive/clasping materials, rests, and teeth)	
D5212		resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5213		st metal framework with resin denture bases (including any retentive/teeth)	\$315.00
D5214	. •	cast metal framework with resin denture bases (including any	φ313.00
20211		rests and teeth)	\$315.00
D5221		denture - resin base (including any retentive/clasping materials, rests	
			\$245.00
D5222		Il denture - resin base (including any retentive/clasping materials,	#045.00
DE227			\$245.00
D5223		denture - cast metal framework with resin denture bases (including rials, rests and teeth)	\$315.00
D5224		I denture - cast metal framework with resin denture bases (including	ψ515.00
DUZZI		rials, rests and teeth)	\$315.00
D5225		exible base (including any clasps, rests and teeth)	
D5226	Mandibular partial denture -	flexible base (including any clasps, rests and teeth)	\$365.00
D5410	Adjust complete denture - m	naxillary	\$10.00
D5411	Adjust complete denture - m	nandibular	\$10.00
D5421		illary	\$10.00
D5422		dibular	\$10.00
D5511		ture base, mandibular	\$40.00
D5512	The state of the s	ture base, maxillary	\$40.00
D5520		eeth - complete denture (each tooth)	\$20.00
D5611		base, mandibular	\$40.00
D5612 D5621		base, maxillaryk, mandibular	\$40.00 \$40.00
D5621		k, maxillary	\$40.00
D5630	-	entive/clasping materials - per tooth	\$40.00
D5640		tooth	\$30.00
D5650	-	l denture	\$30.00
D5660		denture - per tooth	
D5670		on cast metal framework (maxillary)	\$165.00
D5671		on cast metal framework (mandibular)	\$165.00
D5710		denture	\$95.00
D5711	Rebase complete mandibula	r denture	\$95.00
D5720	Rebase maxillary partial den	ture	\$95.00
D5721		enture	\$95.00
D5730	-	enture (chairside)	\$50.00
D5731	-	denture (chairside)	\$50.00
D5740		ure (chairside)	\$50.00
D5741	-	nture (chairside)	\$50.00
D5750	Reline complete maxillary de -stn-p19	enture (laboratory)	\$85.00

CT13B - V20

S-A-CT-STD-R19

Plan CT13B	DeltaCare USA Description of Benefits and Copa	vments
		_
	plete mandibular denture (laboratory)	\$85.00
	illary partial denture (laboratory)	\$85.00
	dibular partial denture (laboratory)	
	tial denture (maxillary) - limited to 1 in any 12 consecutive months	
·	tial denture (mandibular) - limited to 1 in any 12 consecutive months	
	ditioning, maxillary	
	ditioning, mandibular	\$25.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a f partial denture [bridge])	ixed
- When a crown and, \$100.00 per unit, bey	or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additive vond the 6th unit.	onal
-	rown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	
· · · · · · · · · · · · · · · · · · ·	st high noble metal	\$355.00
	st predominantly base metal	
	st noble metal	
D6240 Pontic - po	rcelain fused to high noble metal	\$355.00
D6241 Pontic - po	rcelain fused to predominantly base metal	\$255.00
D6242 Pontic - po	rcelain fused to noble metal	\$295.00
-	rcelain fused to titanium and titanium alloys	
	rcelain/ceramic	
	sin with high noble metal	
	sin with predominantly base metal	
	sin with noble metal	
	lay - porcelain/ceramic, two surfaces	
	lay - porcelain/ceramic, three or more surfaces	
	lay - cast high noble metal, two surfaces	
	lay - cast high noble metal, three or more surfaces	
	lay - cast predominantly base metal, two surfaces	
	ay - cast predominantly base metal, three or more surfaces	
	lay - cast noble metal, two surfaces	
	lay - cast noble metal, three or more surfaces	
	nlay - porcelain/ceramic, two surfaces	
	nlay - porcelain/ceramic, three or more surfaces	
	nlay - cast high noble metal, two surfaces	
	nlay - cast high noble metal, three or more surfaces	
	nlay - cast predominantly base metal, two surfaces	
	nlay - cast predominantly base metal, three or more surfaces	
	nlay - cast noble metal, two surfaces	
	nlay - cast noble metal, three or more surfaces	
	own - resin with high noble metal	
	own - resin with predominantly base metal	
	own - resin with noble metalown - porcelain/ceramic	
	·	
	own - porcelain fused to high noble metalown - porcelain fused to predominantly base metal	
	own - porcelain fused to predominantly base metalown - porcelain fused to noble metal	
	own - porcelain fused to hobie metalown - porcelain fused to titanium and titanium alloys	
	own - 3/4 cast high noble metal	
	own - 3/4 cast fright hobie metalown - 3/4 cast predominantly base metal	
	own - 3/4 cast noble metal	
	own - 3/4 cast noble metalown - 3/4 porcelain/ceramic	
	own 3/4 - titanium and titanium alloys	
	own - full cast high noble metal	
S-A-CT-STD-R19		тав - V20
3-4-01-31D-KIB	C	1130 - VZU

Plar	n CT13B DeltaCare USA Description of Benefits a	and Copayments
D6791	Retainer crown - full cast predominantly base metal	\$255.00
D6792		
D6930	Re-cement or re-bond fixed partial denture	\$15.00
D6940	Stress breaker	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$55.00
D7000	D-D7999 X. ORAL AND MAXILLOFACIAL SURGERY	
- Includ	des preoperative and postoperative evaluations and treatment under a local anesthetic.	
D7111	Extraction, coronal remnants - primary tooth	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and inc	
D7220	elevation of mucoperiosteal flap if indicated	
D7230		
D7230		
D7240	Removal of impacted tooth - completely bony, with unusual surgical complications	
D7250		
D7251	Coronectomy - intentional partial tooth removal	
D7270		
D7280		
D7282		
D7283		
D7286		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per of	quadrant \$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per c	quadrant \$50.00
D7320		
D7321	quadrant	
D7521	quadrantquadrant	
D7450		
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	
D7471	Removal of lateral exostosis (maxilla or mandible)	
D7472	Removal of torus palatinus	\$50.00
D7473	Removal of torus mandibularis	\$50.00
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, p	
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incide another procedure	
D7970	·	
D7971	Excision of pericoronal gingiva	
D8000	D-D8999 XI. ORTHODONTICS	
	sted Copayment for each phase of orthodontic treatment (limited, interceptive or comprehens	siva) cavars un ta 21
	s of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, ma	
	Petention Copayment includes adjustments and/or office visits up to 24 months.	у арргу.
	Pre and post orthodontic records include:	
	The benefit for pre-treatment records and diagnostic services includes:	\$200.00
D0210		φ200.00
	Tomographic survey	
	Panoramic radiographic image	
	2D cephalometric radiographic image - acquisition, measurement and analysis	
	2D oral/facial photographic images obtained intraorally or extraorally	
D0351		
	Diagnostic casts	
	The benefit for post-treatment records includes:	\$70.00
D0210		\$70.00
	Diagnostic casts	
	- Diagnostic casts	CT17B - V/20

D80	10 Limited orthodontic treatment of the primary dentition	\$1,150.00
D80	20 Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19	\$1,150.00
D80	30 Limited orthodontic treatment of the adolescent dentition - adolescent to age 19	\$1,150.00
D80	40 Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult	
	children	,
D80	50 Interceptive orthodontic treatment of the primary dentition	
D80		
D80	70 Comprehensive orthodontic treatment of the transitional dentition - $\it child$ or $\it adolescent$ to $\it age$ 19 . \$	1,900.00
D80	80 Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	1,900.00
D80	90 Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent	
	adult children\$	-
	60 Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D86	· · · · · · · · · · · · · · · · · · ·	*075.00
D 0 0		\$275.00
D86	· · · · · · · · · · · · · · · · · · ·	
D89	99 Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00
D90	00-D9999 XII. ADJUNCTIVE GENERAL SERVICES	
D911	O Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D92	I1 Regional block anesthesia	No Cost
D92	12 Trigeminal division block anesthesia	No Cost
D92	15 Local anesthesia in conjunction with operative or surgical procedures	No Cost
D92	9 Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D92	22 Deep sedation/general anesthesia - first 15 minutes	\$80.00
D92	23 Deep sedation/general anesthesia - each subsequent 15 minute increment	\$80.00
D92	39 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$80.00
D92	13 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$80.00
D93	O Consultation - diagnostic service provided by dentist or physician other than requesting dentist or	
	physicianphysician	
D93		
D94	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	\$5.00
D94		
D94		No Cost
D99	5 · · · · · · · · · · · · · · · · · · ·	
D99	5 · · · · · · · · · · · · · · · · · · ·	No Cost
D99		
	35 Cleaning and inspection of removable partial denture, mandibular	
	43 Occlusal guard adjustment	\$10.00
	44 Occlusal guard - hard appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
	45 Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
	46 Occlusal guard - hard appliance, partial arch - limited to 1 D9944, D9945 or D9946 in 3 years	
D99		\$45.00
D99	· · · · · · · · · · · · · · · · · · ·	\$95.00
D99	75 External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment	\$125.00
D99	86 Missed appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D99	87 Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D99		No Cost
D99	91 Dental case management - addressing appointment compliance barriers	No Cost
D99		No Cost
D99		No Cost
D99		No Cost
D99	97 Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by a Preferred Dentist, the Enrollee pays the specified Copayment.

S-A-CT-STD-R19 CT13B - V20

Section 2: Benefits for Non-Participating Dentists

Procedures listed above may be performed by a Non-Participating Dentist, subject to the limitations and exclusions found in *Schedule B* and the following provisions:

- 1) <u>Benefit Amount</u>: Delta Dental shall pay for covered services received from a Non-Participating Dentist at the rate of 50 percent of the Contract Fee for the covered service. Once the Calendar Year maximum has been paid by Delta Dental, there are no more benefits for services provided by a Non-Participating Dentist for the remainder of that Calendar Year.
- 2) <u>Calendar Year Maximum</u>: \$500.00 per Enrollee

Orthodontic Treatment

- 1) <u>Benefit Amount</u>: Delta Dental shall pay for covered services received from a Non-Participating Orthodontist at the rate of 50 percent of the Contract Fee for the covered service. Once the Lifetime maximum has been paid by Delta Dental, there are no more benefits for services provided by a Non-Participating Dentist.
- 2) <u>Lifetime Maximum</u>: \$500.00 per Enrollee.

Procedures not listed above are not covered.

S-A-CT-STD-R19 CT13B - V20

SCHEDULE B

Limitations of Benefits

The limitations and exclusions apply to all treatment whether it is received from a Preferred Dentist or a Non-Participating Dentist.

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- 2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by an oral surgeon for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated, for any reason, will be based on the Orthodontist's usual fee for the treatment plan. A Preferred Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Preferred Orthodontist, as arranged. A Non-Participating Orthodontist will make payment arrangements directly with the Enrollee.
- 6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

The limitations and exclusions apply to all treatment whether it is received from a Preferred Dentist or a Non-Participating Dentist.

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the treating Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

S-B-CT-STD-R19 V20

Limitations and Exclusions of Benefits

- 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- 9. Consultations for non-covered benefits.
- 10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 11. Prescription drugs.
- 12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 13. Lost, stolen or broken orthodontic appliances.
- 14. Myofunctional and parafunctional appliances and/or therapies.
- 15. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 16. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 17. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 18. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

S-B-CT-STD-R19 V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- · Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

Keep Smiling

DeltaCare® USA

provided by Delta Dental Insurance Company



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.2

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

· Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.



³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.









deltadentalins.com/enrollees

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

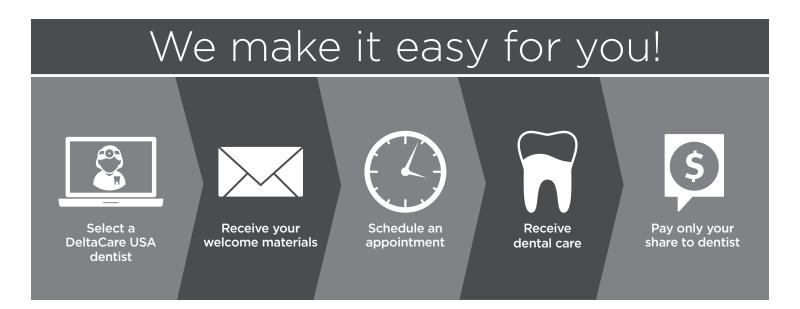
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE DESCRIPTION	ENROLLEE
CODE DESCRIPTION	<u>PAYS</u>
D0100-D0999 I. DIAGNOSTIC	
D0120 Periodic oral evaluation - established patient	
D0140 Limited oral evaluation - problem focused	
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	
D0150 Comprehensive oral evaluation - new or established patient	
D0160 Detailed and extensive oral evaluation - problem focused, by report	
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	
D0171 Re-evaluation - post-operative office visit	
D0180 Comprehensive periodontal evaluation - new or established patient	
D0190 Screening of a patient	
D0191 Assessment of a patient	
D0210 Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	
D0220 Intraoral - periapical first radiographic image	
D0230 Intraoral - periapical each additional radiographic image	
D0240 Intraoral - occlusal radiographic image	No Cost
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and	No Cost
detector	
D0251 Extraoral posterior dental radiographic image	
D0270 Bitewing - single radiographic image	
D0272 Bitewings - two radiographic images	
D0274 Bitewings three radiographic images - <i>limited to 1 series every 6 months</i>	
D0274 Bitewings - Tool Tadiographic images - Illinited to Tseries every of Months	
D0330 Panoramic radiographic image	
D0415 Collection of microorganisms for culture and sensitivity	
D0419 Assessment of salivary flow by measurement - 1 every 12 months	
D0419 Assessment of salivary flow by measurement - revery 12 months	
D0423 Curies susceptibility tests	
D0470 Diagnostic casts	
D0472 Accession of tissue, gross examination, preparation and transmission of written report	
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written	110 0030
report	No Cost
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margin	5
for presence of disease, preparation and transmission of written report	
D0601 Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	No Cost
D0602 Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years	No Cost
D0603 Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years	No Cost
D0999 Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other	
services)	\$5.00
D1000-D1999 II. PREVENTIVE	
D1110 Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period	No Cost
D1110 Additional prophylaxis cleaning - adult (within the 6 month period)	
2 Additional propriyation cleaning addit (Maint the Ornorth period)	ψ 75.00

ENDOLLEE

Plan FL13B DeltaCare USA Description of Benefits and Copaymer	Plan FL13B Delta	Care USA	Description o	f Benefits and	Copayme	nts
---	-------------------------	----------	---------------	----------------	---------	-----

D1120	Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period	No Cost
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	\$35.00
D1206	Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month	
	period	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	
	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$40.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	\$40.00
D2000-	D2999 III RESTORATIVE	

D2000-D2999 III. RESTORATIVE

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45.00
D2390	Resin-based composite crown, anterior	\$55.00
D2391	Resin-based composite - one surface, posterior	\$45.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior	\$75.00
D2510	Inlay - metallic - one surface	\$145.00
D2520	Inlay - metallic - two surfaces	\$155.00
D2530	Inlay - metallic - three or more surfaces	\$165.00
D2542	Onlay - metallic - two surfaces	\$160.00
D2543	Onlay - metallic - three surfaces	\$170.00
D2544	Onlay - metallic - four or more surfaces	\$190.00
D2610	Inlay - porcelain/ceramic - one surface	\$270.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$325.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$300.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$335.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$355.00
D2650	Inlay - resin-based composite - one surface	\$170.00

D00F1		¢105.00
D2651	Inlay - resin-based composite - two surfaces	
D2652	Inlay - resin-based composite - three or more surfaces	
D2662	Onlay - resin-based composite - two surfaces	
D2663	Onlay - resin-based composite - three surfaces	
D2664	Onlay - resin-based composite - four or more surfaces	
D2710	Crown - resin-based composite (indirect)	
D2712	Crown - 3/4 resin-based composite (indirect)	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly base metal	
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic	
D2750	Crown - porcelain fused to high noble metal	
D2751	Crown - porcelain fused to predominantly base metal	
D2752	Crown - porcelain fused to noble metal	
D2753	Crown - porcelain fused to titanium and titanium alloys	
D2780	Crown - 3/4 cast high noble metal	
D2781	Crown - 3/4 cast predominantly base metal	
D2782	Crown - 3/4 cast noble metal	
D2783	Crown - 3/4 porcelain/ceramic	\$355.00
D2790	Crown - full cast high noble metal	
D2791	Crown - full cast predominantly base metal	\$255.00
D2792	Crown - full cast noble metal	\$295.00
D2794	Crown - titanium and titanium alloys	\$355.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00
D2920	Re-cement or re-bond crown	\$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$45.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$50.00
D2932	Prefabricated resin crown - anterior primary tooth	\$65.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$75.00
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949		
D2950	Core buildup, including any pins when required	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$70.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50.00
D2980	Crown repair necessitated by restorative material failure	\$20.00
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	\$20.00
D2983	Veneer repair necessitated by restorative material failure	\$20.00
D2990		\$10.00
		φισισσ
D3000	-D3999 IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the	
	dentinocemental junction and application of medicament	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00
S-A-FL-	-STD-R20 F	L13B - V20

Plar	n FL13B DeltaCare USA Description of Benefits and Copa	yments
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$95.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	
D3346	Retreatment of previous root canal therapy - anterior	\$125.00
D3347	Retreatment of previous root canal therapy - premolar	\$215.00
D3348	Retreatment of previous root canal therapy - molar	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior	\$115.00
D3421	Apicoectomy - premolar (first root)	\$125.00
D3425	Apicoectomy - molar (first root)	\$135.00
D3426	Apicoectomy (each additional root)	\$80.00
D3427	Periradicular surgery without apicoectomy	\$115.00
D3430	Retrograde filling - per root	
D3450	·	
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00
	-D4999 V. PERIODONTICS	
	es preoperative and postoperative evaluations and treatment under a local anesthetic.	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212 D4240	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$80.00
D4241	spaces per quadrant	\$135.00
DASAE	spaces per quadrant	\$80.00 \$135.00
D4245		
	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous	\$240.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$215.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$65.00
D4270	Pedicle soft tissue graft procedure	\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$40.00
D4346		
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - limited to 1 treatment in any 12 consecutive months	\$50.00
D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$35.00
S-A-FL	·	_13B - V20

lan FL13B	DeltaCare USA	Description of Benefits and Copayments

D4910	Additional periodontal maintenance (within the 6 month period)	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

	es, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
- Replac	ement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D5110	Complete denture - maxillary	
D5120	Complete denture - mandibular	\$285.00
D5130	Immediate denture - maxillary	\$305.00
D5140	Immediate denture - mandibular	\$305.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/	
	clasping materials, rests and teeth)	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any	
	retentive/clasping materials, rests and teeth)	\$315.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests	
	and teeth)	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials,	
	rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including	4745.00
5.500.4	any retentive/clasping materials, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including	Ф71 Г ОО
DECOL	any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture (each tooth)	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive/clasping materials - per tooth	
D5640	approximate the control of the contr	
	Add tooth to existing partial denture	
D5660	Add clasp to existing partial denture - per tooth	\$40.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165.00
D5710	Rebase complete maxillary denture	\$95.00
D5711	Rebase complete mandibular denture	\$95.00
D5720	Rebase maxillary partial denture	\$95.00
D5721	Rebase mandibular partial denture	\$95.00
D5730	Reline complete maxillary denture (chairside)	\$50.00
D5731	Reline complete mandibular denture (chairside)	\$50.00
D5740	Reline maxillary partial denture (chairside)	\$50.00
D5741	Reline mandibular partial denture (chairside)	\$50.00
D5750	Reline complete maxillary denture (laboratory)	\$85.00
D5751	Reline complete mandibular denture (laboratory)	\$85.00
D5760	Reline maxillary partial denture (laboratory)	\$85.00
D5761	Reline mandibular partial denture (laboratory)	\$85.00
S-A-FL-		_13B - V20

Plan FL13B	DeltaCare USA Description of Benefits and Copa	ymen
	al denture (maxillary) - limited to 1 in any 12 consecutive months	
	al denture (mandibular) - limited to 1 in any 12 consecutive months	
	itioning, maxillaryitioning, mandibular	\$25.0 \$25.0
05900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	φ23.0
06000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fi	ixed
	partial denture [bridge])	,
When a crown and/ 3100.00 per unit, bey	or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an addition	onal
	own, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	
	t high noble metal	\$355.0
	t predominantly base metal	
06212 Pontic - cas	t noble metal	\$295.0
	celain fused to high noble metal	
	celain fused to predominantly base metal	
•	celain fused to noble metal	
-	celain fused to titanium and titanium alloys	
	celain/ceramicn with high noble metal	
	n with predominantly base metal	
	n with noble metal	
	y - porcelain/ceramic, two surfaces	
	y - porcelain/ceramic, three or more surfaces	
	y - cast high noble metal, two surfaces	
	y - cast high noble metal, three or more surfaces	
6604 Retainer inla	y - cast predominantly base metal, two surfaces	\$155.0
6605 Retainer inla	y - cast predominantly base metal, three or more surfaces	\$165.0
	y - cast noble metal, two surfaces	
	y - cast noble metal, three or more surfaces	
	ay - porcelain/ceramic, two surfaces	
	ay - porcelain/ceramic, three or more surfaces	
	ay - cast high noble metal, two surfacesay - cast high noble metal, three or more surfaces	
	ay - cast predominantly base metal, two surfaces	
	ay - cast predominantly base metal, two surfacesay - cast predominantly base metal, three or more surfaces	
	ay - cast noble metal, two surfaces	
	ay - cast noble metal, three or more surfaces	
	wn - resin with high noble metal	
6721 Retainer cro	wn - resin with predominantly base metal	\$195.0
6722 Retainer cro	wn - resin with noble metal	\$235.0
6740 Retainer cro	wn - porcelain/ceramic	\$355.0
	wn - porcelain fused to high noble metal	
	wn - porcelain fused to predominantly base metal	
	wn - porcelain fused to noble metal	
	wn - porcelain fused to titanium and titanium alloys	
	wn - 3/4 cast high noble metalwn - 3/4 cast predominantly base metal	
	wn - 3/4 cast predominantly base metalwn - 3/4 cast noble metal	
	wn - 3/4 porcelain/ceramic	
	wn 3/4 - titanium and titanium alloys	
	wn - full cast high noble metal	
	wn - full cast predominantly base metal	
6791 Retainer cro		
	wn - full cast noble metal	

S-A-FL-STD-R20

FL13B - V20

Pla	n FL13B	DeltaCare USA	Description of Benefits and Copa	yments
D6940	Stress break	er		\$25.00
			storative material failure	
D7000	D7999	X. ORAL AND MAXILLOFACIAL	SURGERY	
- Inclua	les preoperativ	e and postoperative evaluations and		
D7111		•		No Cost
D7140			evation and/or forceps removal)	\$5.00
D7210	•		bone and/or sectioning of tooth, and including	
D7220				\$55.00
D7230				
D7240 D7241			y, with unusual surgical complications	\$95.00 \$115.00
D7241			edure)	
D7250			/al	
D7270		·	cidentally evulsed or displaced tooth	
D7280	•			\$85.00
D7282			h to aid eruption	
D7283			npacted tooth	
D7286			t include pathology laboratory procedures	\$25.00
D7310	Alveoloplast	y in conjunction with extractions -	four or more teeth or tooth spaces, per quadrant	\$50.00
D7311 D7320			one to three teeth or tooth spaces, per quadrant ons - four or more teeth or tooth spaces, per	\$50.00
D7320	quadrant			\$70.00
D7321			ons - one to three teeth or tooth spaces, per	\$70.00
D7450	•		- lesion diameter up to 1.25 cm	
D7451			- lesion diameter greater than 1.25 cm	
D7471			ible)	
D7472			· · · · · · · · · · · · · · · · · · ·	
D7473	Removal of	torus mandibularis		\$50.00
D7510	Incision and	drainage of abscess - intraoral so	ft tissue	No Cost
D7922	Placement o	f intra-socket biological dressing t	o aid in hemostasis or clot stabilization, per site	No Cost
D7960			renotomy - separate procedure not incidental to	
D.70.70				No Cost
D7970 D7971				
	D-D8999	XI. ORTHODONTICS		Ψ7 0.00
			ntment (limited, interceptive or comprehensive) covers u	in to 24
			onal monthly fee, not to exceed \$125.00, may apply.	10 10 24
		ment includes adjustments and/or o		
		orthodontic records include:		
D 0010			gnostic services includes:	\$200.00
D0210		omplete series of radiographic ima	ges	
	Tomographic			
		adiographic image netric radiographic image - acquis	ition measurement and analysis	
		al photographic images obtained in		
D0350	3D photogra		tractary of extractary	
	Diagnostic c	-		
	The benefit	for post-treatment records includ	es:	\$70.00
D0210	Intraoral - co	omplete series of radiographic ima	ges	
D0470	Diagnostic c	asts		
D8010	Limited orth	odontic treatment of the primary	dentition	\$1,150.00
			nal dentition - child or adolescent to age 19	
		odontic treatment of the adolesce	ent dentition - adolescent to age 19	
S-A-FL	-STD-R20		F	L13B - V20

DeltaCare USA

D0040	Limited outle adoptic treatment of the adult dentition and the industries denominated by the children	
D8040	Limited orthodontic treatment of the adult dentition - adults, including dependent adult children covered from age 19 to 25	\$1 350 00
D8050	Interceptive orthodontic treatment of the primary dentition	
D8060		
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19.	
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	
	Comprehensive orthodontic treatment of the adult dentition - adults, including dependent adult	
	children covered from age 19 to 25	
D8660	Pre-orthodontic treatment examination to monitor growth and development	
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	
D0C01	Demonstrate authoritory attitude adjustment	
D8681 D8999	Removable orthodontic retainer adjustment	
		\$100.00
D9000	-D9999 XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	
D9222	Deep sedation/general anesthesia - first 15 minutes	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	. \$10.00
D9311	Consultation with medical health care professional	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
	Office visit - after regularly scheduled hours	
D9450		
D9932	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	. No Cost
	Occlusal guard adjustment	
	Occlusal guard - hard appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	
D9945	Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	
D9946	3	
D9951	Occlusal adjustment, limited	
D9952	Occlusal adjustment, complete	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment	\$125.00
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	
D9990		
D9991	Dental case management - addressing appointment compliance barriers	
D9992	Dental case management - care coordination	
D9995	Teledentistry - synchronous; real-time encounter	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

S-A-FL-STD-R20 FL13B - V20

SCHEDULE B

Limitations of Benefits

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- 2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- 6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
- 7. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed on *Schedule A, Description of Benefits and Copayments.*

Exclusions of Benefits

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
- 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

S-B-FL-STD-R20 V20

Limitations and Exclusions of Benefits

- 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- 9. Consultations for non-covered benefits.
- Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental
 specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Certificate of
 Coverage.
- 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 12. Prescription drugs.
- 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 14. Lost, stolen or broken orthodontic appliances.
- 15. Changes in orthodontic treatment necessitated by accident of any kind.
- 16. Myofunctional and parafunctional appliances and/or therapies.
- 17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 19. Any part of a preventive or soft tissue management program which is not a listed covered service on *Schedule A, Description of Benefits and Copayments*.
- 20. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 21. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

S-B-FL-STD-R20 V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- · Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

Keep Smiling

DeltaCare® USA

provided by Alpha Dental of New Mexico, Inc.



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.2

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

· Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plant deltadentalins.com/about/legal/index-enrollee.html $\,$









deltadentalins.com/enrollees

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² Verify your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

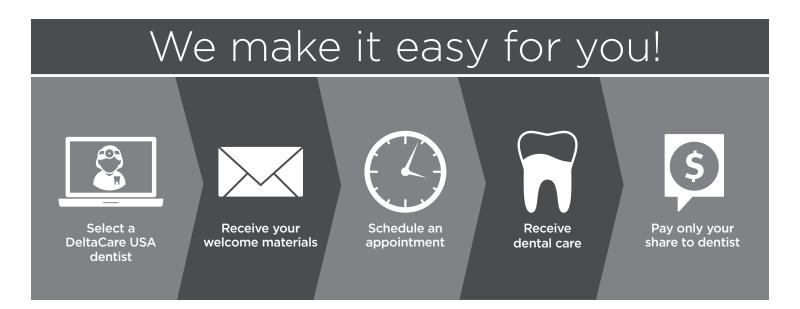
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to limitations and exclusions of the Program. Please refer to the Limitations and Exclusions in the Evidence of Coverage for further clarification of Benefits. The Benefits listed below meet or exceed the requirements of 12 NMAC 10.6. They provide coverage for Emergency Services, Diagnostic Services, and Therapeutic Services, which include, but are not limited to, pulpal therapy for permanent and primary teeth, restoration of carious (decayed) teeth, and the extraction of teeth. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Enrollee Copayment. Each Enrollee must go to his or her assigned Contract Dentist to obtain covered services, except for authorized Specialist Services, Emergency Services and Out of Area Care. Any other treatment is not covered under this program.

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	PAYS
D0100-	-D0999 I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	
D0150	Comprehensive oral evaluation - new or established patient	
D0160	Detailed and extensive oral evaluation - problem focused, by report	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - limited to 1 series every 24 months	
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and	
	detector	
D0251	Extraoral posterior dental radiographic image	
D0270		
D0272	Bitewings - two radiographic images	
D0273	Bitewings three radiographic images	
D0274	ggg	
D0277		
D0320	p	
D0321	Other temporomandibular joint radiographic images, by report	
D0322	3p	•
	Panoramic radiographic image	
D0415	Collection of microorganisms for culture and sensitivity	
D0419	Assessment of salivary flow by measurement - 1 every 12 months	
	Caries susceptibility tests	
	Pulp vitality tests	
	Diagnostic casts	
	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
DU473	Accession of tissue, gross and microscopic examination, preparation and transmission of written	No Cost
	report	
$S-\Delta-NIM$	1_STD_D19	M13B - 1/20

ENROLLEE

Plan NM13B DeltaCare USA	Description of Benefits and Copayments
---------------------------------	--

D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins	
D 0 0 0 1	for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	
	Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years	No Cost
D0603		No Cost
	services)	\$5.00
D1000-		
D1110	Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period	
D1110	Additional prophylaxis cleaning - adult (within the 6 month period)	
D1120	Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period	
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	
D1206	Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month	No Coot
D1310	Period	
D1310	Oral hygiene instructions	
D1350	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1351	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	\$10.00
D1332	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable - unilateral - per quadrant	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	\$40.00
D2000	-D2999 III. RESTORATIVE	
- Include	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure	?S.
- When	there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100	0.00 per
crown, k	beyond the 6th unit.	
- Replac	rement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.	
D2140	Amalgam - one surface, primary or permanent	
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	
D2390	Resin-based composite crown, anterior	
D2391	Resin-based composite - one surface, posterior	
D2392	Resin-based composite - two surfaces, posterior	
D2393	Resin-based composite - three surfaces, posterior	
D2394	Resin-based composite - four or more surfaces, posterior	
D2510	Inlay - metallic - one surface	
D2520 D2530	Inlay - metallic - two surfaces	
DZ33U	illay - metallic - tillee or more sundces	φισο.υυ

S-A-NM-STD-R19 NM13B - V20

\$70.00

\$80.00

\$60.00

\$20.00

Each additional indirectly fabricated post - same tooth - includes canal preparation

Prefabricated post and core in addition to crown - base metal post; includes canal preparation

Each additional prefabricated post - same tooth - base metal post; includes canal preparation

Crown repair necessitated by restorative material failure

Onlay repair necessitated by restorative material failure

D2950

D2951

D2952

D2953

D2954

D2957

D2971

D2980

D2981

Plar	NM13B DeltaCare USA Description of Benefits and Copa	yments
	Veneer repair necessitated by restorative material failure	\$20.00 \$10.00
D3000	-D3999 IV. ENDODONTICS	
D3110 D3120 D3220	Pulp cap - direct (excluding final restoration)	No Cost No Cost
	dentinocemental junction and application of medicament	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00
D3310 D3320	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$95.00 \$185.00
D3320	Root canal - endodontic therapy, premotal tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior	\$115.00
D3421	Apicoectomy - premolar (first root)	\$125.00
D3425	Apicoectomy - molar (first root)	\$135.00
D3426	Apicoectomy (each additional root)	\$80.00
D3427	Periradicular surgery without apicoectomy	\$115.00
D3430	Retrograde filling - per root	\$60.00
D3450 D3920	Root amputation - per root	\$70.00 \$60.00
D4000	-D4999 V. PERIODONTICS	
- Include	es preoperative and postoperative evaluations and treatment under a local anesthetic.	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$80.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4245	Apically positioned flap	
D4249		\$125.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$215.00
D4264		
D4270	Pedicle soft tissue graft procedure	\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00

S-A-NM-STD-R19 NM13B - V20

Plar	n NM13B DeltaCare USA Description of Benefits and Cop a	yments
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral	No Cost
D4355		\$50.00
D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$35.00
D4910	Additional periodontal maintenance (within the 6 month period)	
D4921		No Cost
D5000	-D5899 VI. PROSTHODONTICS (removable)	
		. ~
if neede	l listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditionir ed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must d at the Contract Dentist's facility where the denture was originally delivered.	_
	es, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
- Replac	cement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D5110	Complete denture - maxillary	
D5120	Complete denture - mandibular	
D5130	Immediate denture - maxillary	
D5140	Immediate denture - mandibular	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5511	Repair broken complete denture base, mandibular	\$40.00
D5512	Repair broken complete denture base, maxillary	\$40.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00
D5611	Repair resin partial denture base, mandibular	\$40.00
D5612	Repair resin partial denture base, maxillary	\$40.00
D5621	Repair cast partial framework, mandibular	\$40.00
D5622	Repair cast partial framework, maxillary	\$40.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$40.00
D5640	Replace broken teeth - per tooth	\$30.00
D5650	Add tooth to existing partial denture	\$30.00

D5710 Rebase comp D5711 Rebase comp D5720 Rebase maxil D5721 Rebase mand D5730 Reline compl D5731 Reline compl D5740 Reline maxilla	eth and acrylic on cast metal framework (mandibular)	\$95.00
D5710 Rebase comp D5711 Rebase comp D5720 Rebase maxil D5721 Rebase mand D5730 Reline compl D5731 Reline compl D5740 Reline maxilla	plete maxillary dentureblete mandibular denture	\$95.00
D5711 Rebase comp D5720 Rebase maxil D5721 Rebase mand D5730 Reline compl D5731 Reline compl D5740 Reline maxilla	lete mandibular denture	
D5721 Rebase mand D5730 Reline compl D5731 Reline compl D5740 Reline maxilla	lary partial denture	\$95.00
D5730 Reline compl D5731 Reline compl D5740 Reline maxilla	iary partial defitare	\$95.00
D5731 Reline compl D5740 Reline maxilla	libular partial denture	\$95.00
D5740 Reline maxilla	ete maxillary denture (chairside)	\$50.00
	ete mandibular denture (chairside)	
	ary partial denture (chairside)	
	bular partial denture (chairside)	
	ete maxillary denture (laboratory)	
· · · · · · · · · · · · · · · · · · ·	ete mandibular denture (laboratory)	
	ary partial denture (laboratory)	
	bular partial denture (laboratory)	
	I denture (maxillary) - limited to 1 in any 12 consecutive months	
· · · · · · · · · · · · · · · · · · ·	Il denture (mandibular) - limited to 1 in any 12 consecutive months	
	ioning, maxillary	
D5851 Tissue condit	ioning, mandibular	\$25.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a partial denture [bridge])	fixed
- When a crown and/or \$100.00 per unit, beyo	r pontic exceeds six units in the same treatment plan, an Enrollee may be charged an addit.	ional
-	wn, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	
	high noble metalhigh noble metal	\$355.00
	predominantly base metal	
	noble metal	
	elain fused to high noble metal	
	elain fused to predominantly base metal	
	elain fused to noble metal	
	elain fused to titanium and titanium alloys	
D6245 Pontic - porc	elain/ceramic	\$355.00
D6250 Pontic - resir	with high noble metal	\$295.00
D6251 Pontic - resin	with predominantly base metal	\$195.00
D6252 Pontic - resin	with noble metal	\$235.00
	v - porcelain/ceramic, two surfaces	
D6601 Retainer inlay	v - porcelain/ceramic, three or more surfaces	\$325.00
	v - cast high noble metal, two surfaces	
	v - cast high noble metal, three or more surfaces	
	- cast predominantly base metal, two surfaces	
	- cast predominantly base metal, three or more surfaces	
	r - cast noble metal, two surfaces	
	y - cast noble metal, three or more surfaces	
	y - porcelain/ceramic, two surfaces	
	y - porcelain/ceramic, three or more surfaces	
	y - cast high noble metal, two surfaces	
	y - cast high noble metal, three or more surfaces	
	y - cast predominantly base metal, two surfaces	
	y - cast predominantly base metal, three or more surfaces	
	y - cast noble metal, two surfaces	
	y - cast noble metal, three or more surfaces	
	vn - resin with high noble metal	
	vn - resin with predominantly base metal	
	vn - resin with noble metal	
D6/40 Retainer crov	vn - porcelain/ceramic	\$355.00 M13B - V20

D6750 Retainer crown - porcelain fused to high noble metal \$355.00 D6751 Retainer crown - porcelain fused to predominantly base metal \$255.00 D6752 Retainer crown - porcelain fused to noble metal \$295.00 D6753 Retainer crown - porcelain fused to noble metal \$295.00 D6758 Retainer crown - porcelain fused to titanium and titanium alloys \$355.00 D6780 Retainer crown - 3/4 cast high noble metal \$255.00 D6781 Retainer crown - 3/4 cast high noble metal \$255.00 D6782 Retainer crown - 3/4 cast predominantly base metal \$255.00 D6783 Retainer crown - 3/4 cast noble metal \$295.00 D6783 Retainer crown - 3/4 cast noble metal \$295.00 D6784 Retainer crown - 3/4 to star noble metal \$355.00 D6785 Retainer crown - 3/4 to star noble metal \$355.00 D6790 Retainer crown - full cast high noble metal \$355.00 D6791 Retainer crown - full cast predominantly base metal \$355.00 D6792 Retainer crown - full cast noble metal \$355.00 D6793 Reteiner crown - full cast noble metal \$355.00 D6793 Reteiner crown - full cast noble metal \$355.00 D6793 Reteiner crown - full cast noble metal \$355.00 D6930 Recement or re-bond fixed partial denture \$355.00 D6940 Stress breaker \$355.00 D6950 Fixed partial denture repair necessitated by restorative material failure \$355.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY -Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7110 Extraction, cornoral remnants - primary tooth No Cost Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$55.00 D7220 Removal of impacted tooth response of the fundicated \$45.00 D7210 Extraction, erupted tooth response of the fundicated \$45.00 D7210 Extraction, erupted tooth response of the fundicated \$45.00 D7210 Removal of impacted tooth - soft tissue \$55.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7230 Removal of impacted tooth - soft tissue \$55.00 D7240 Removal of impacted tooth - soft tissue \$55.00 D7250 Removal of impacted tooth - soft tissue \$55.00 D7260 Removal of breaded tooth - soft tissue \$55.00	Plar	NM13B DeltaCare USA Description of Benefits and Copa	yments
66751 Retainer crown - porcelain fused to predominantly base metal \$295.00 D6752 Retainer crown - porcelain fused to titanium and titanium alloys \$355.00 D6780 Retainer crown - 3/4 cast high noble metal \$355.00 D6781 Retainer crown - 3/4 cast high noble metal \$255.00 D6782 Retainer crown - 3/4 cast noble metal \$295.00 D6783 Retainer crown - 3/4 cast noble metal \$295.00 D6784 Retainer crown - 3/4 cast noble metal \$295.00 D6783 Retainer crown - 3/4 citanium and titanium alloys \$355.00 D6790 Retainer crown - full cast high noble metal \$355.00 D6791 Retainer crown - full cast high noble metal \$255.00 D6792 Retainer crown - full cast noble metal \$255.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6940 Stress breaker \$25.00 D7000-D799 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7110 Extraction, coronal remnants - primary tooth No D7210 <td< td=""><td>D6750</td><td>Retainer crown - porcelain fused to high noble metal</td><td>\$355.00</td></td<>	D6750	Retainer crown - porcelain fused to high noble metal	\$355.00
D6752 Retainer crown - porcelain fused to noble metal \$295.00 D6780 Retainer crown - 3/4 cast high noble metal \$355.00 D6781 Retainer crown - 3/4 cast predominantly base metal \$295.00 D6782 Retainer crown - 3/4 cast noble metal \$295.00 D6783 Retainer crown - 3/4 porcelain/ceramic \$355.00 D6784 Retainer crown - 3/4 porcelain/ceramic \$355.00 D6790 Retainer crown - full cast bigh noble metal \$355.00 D6791 Retainer crown - full cast predominantly base metal \$255.00 D6792 Retainer crown - full cast predominantly base metal \$295.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6930 Re-cement or re-bond fixed partial denture \$55.00 D6930 Preses breaker \$25.00 Includes preoperative and postoperative evaluations and treatment under a local anesthetic. No Cost D7111 Extraction, ceronal remants - primary tooth No Cost D7210 Extraction, erupted tooth or exposed root (elevation and/or sectioning of tooth, and including elevation of mucoperiosteal flag if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 <td></td> <td></td> <td></td>			
B6753 Retainer crown - porcelain fused to titanium and titanium alloys \$355.00 D6780 Retainer crown - 3/4 cast high noble metal \$255.00 D6781 Retainer crown - 3/4 cast hoble metal \$295.00 D6782 Retainer crown - 3/4 cast hoble metal \$295.00 D6783 Retainer crown - 3/4 porcelain/ceramic \$355.00 D6780 Retainer crown - 3/4 settanium and titanium alloys \$355.00 D6790 Retainer crown - full cast high noble metal \$255.00 D6791 Retainer crown - full cast high noble metal \$295.00 D6930 Recement or re-bond fixed partial denture \$15.00 D6930 Fixed partial denture repair necessitated by restorative material failure \$25.00 D6940 Stress breaker \$25.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY -Includes preoperative and postoperative evaluations and treatment under a local anesthetic. No Cost D7110 Extraction, cronal remnants - primary tooth No Cost D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00			
D6780 Retainer crown - 3/4 cast high noble metal \$355.00 D6781 Retainer crown - 3/4 cast predominantly base metal \$295.00 D6783 Retainer crown - 3/4 porcelain/ceramic \$355.00 D6784 Retainer crown 3/4 - titanium and titanium alloys \$355.00 D6790 Retainer crown - full cast high noble metal \$355.00 D6791 Retainer crown - full cast predominantly base metal \$255.00 D6792 Retainer crown - full cast predominantly base metal \$255.00 D6791 Retainer crown - full cast predominantly base metal \$255.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6940 Stress breaker \$25.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, cronal remnants - primary tooth No Cost D7110 Extraction, erupted tooth or exposed root (elevation and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Emoval of impacted tooth - soft tissue \$55.00 D7230 Removal of impacted tooth - partially bony \$55.00 <td< td=""><td>D6753</td><td>Retainer crown - porcelain fused to titanium and titanium alloys</td><td>\$355.00</td></td<>	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$355.00
D6782 Retainer crown - 3/4 cast noble metal \$295.00 D6783 Retainer crown - 3/4 porcelain/ceramic \$355.00 D6790 Retainer crown - 1/ul cast high noble metal \$355.00 D6791 Retainer crown - full cast prodominantly base metal \$255.00 D6792 Retainer crown - full cast noble metal \$255.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6940 Stress breaker \$25.00 D6980 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. No Cost D7110 Extraction, crupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - partially bony \$55.00 D7240 Removal of impacted tooth - completely bony \$95.00 D7241 Removal of residual tooth roots (cutting procedure) \$35.00	D6780	Retainer crown - 3/4 cast high noble metal	\$355.00
D6783 Retainer crown - 3/4 porcelain/ceramic \$355.00 D6784 Retainer crown 3/4 - titanium and titanium alloys \$355.00 D6790 Retainer crown - full cast high noble metal \$355.00 D6791 Retainer crown - full cast high noble metal \$255.00 D6792 Retainer crown - full cast predominantly base metal \$255.00 D6793 Retainer crown - full cast noble metal \$295.00 D6794 Retainer crown - full cast noble metal \$295.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6940 Stress breaker \$325.00 D6940 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth No Cost D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth ro exposed root (elevation and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7230 Removal of impacted tooth - soft tissue \$55.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7250 Removal of residual tooth roots (cutting procedure) \$355.00 D7251 Coronectomy - intentional partial tooth removal \$355.00 D7252 Removal of residual tooth roots (cutting procedure) \$355.00 D7253 Placement of device to facilitate eruption of impacted tooth spaces, per quadrant \$50.00 D7284 Placement of device to facilitate eruption of impacted tooth spaces, per quadrant \$50.00 D7285 Removal of impacted tooth - completely bony or more teeth or tooth spaces, per quadrant \$50.00 D7286 Placement of device to facilitate eruption of impacted tooth spaces, per quadrant \$50.00 D7287 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D730 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D731 Alveoloplasty in conj	D6781	Retainer crown - 3/4 cast predominantly base metal	\$255.00
D6784 Retainer crown 3/4 - titanium and titanium alloys \$355.00 D6790 Retainer crown - full cast high noble metal \$255.00 D6791 Retainer crown - full cast predominantly base metal \$255.00 D6792 Retainer crown - full cast predominantly base metal \$255.00 D6793 Retainer crown - full cast noble metal \$255.00 D6930 Re-cement or re-bond fixed partial denture \$150.00 D6940 Stress breaker \$25.00 D6980 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth No Cost D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7240 Removal of impacted tooth - soft tissue \$55.00 D7241 Removal of impacted tooth - completely bony \$95.00 D7242 Removal of impacted tooth - completely bony \$95.00 D7243 Removal of impacted tooth - completely bony \$95.00 D7244 Removal of impacted tooth rost (cutting procedure) \$35.00 D7250 Removal of residual tooth roots (cutting procedure) \$35.00 D7251 Coronectomy - intentional partial tooth removal \$115.00 D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$10.00 D7280 Exposure of an unerupted tooth \$85.00 D7281 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7380 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7381 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7382 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7383 Removal of benign odontogenic cyst or tumor - lesion diameter	D6782	Retainer crown - 3/4 cast noble metal	\$295.00
D6790 Retainer crown - full cast high noble metal \$355.00 D6791 Retainer crown - full cast predominantly base metal \$25.00 D6792 Retainer crown - full cast noble metal \$295.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6930 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth No Cost D7120 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7231 Removal of impacted tooth - completely bony \$95.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7251 Coronectomy - intentional partial tooth removal \$35.00 D7252 Removal of impacted tooth - completely bony, with unusual surgical complications <td< td=""><td>D6783</td><td>Retainer crown - 3/4 porcelain/ceramic</td><td>\$355.00</td></td<>	D6783	Retainer crown - 3/4 porcelain/ceramic	\$355.00
D6791 Retainer crown - full cast predominantly base metal \$255.00 D6792 Retainer crown - full cast noble metal \$225.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6940 Stress breaker \$25.00 D6940 Fixed partial denture repair necessitated by restorative material failure \$55.00 D6980 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth No Cost D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7240 Removal of impacted tooth - partially bony \$75.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7250 Removal of residual tooth roots (cutting procedure) \$35.00 D7251 Coronectomy - intentional partial tooth removal \$115.00 D7260 Exposure of an unerupted tooth modern stabilization of accidentally evulsed or displaced tooth \$85.00 D7280 Exposure of an unerupted tooth modern stabilization of impacted tooth homosome \$85.00 D7281 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7331 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D73320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D73331 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7341 Removal of beni	D6784	Retainer crown 3/4 - titanium and titanium alloys	\$355.00
D6792 Retainer crown - full cast noble metal \$295.00 D6930 Re-cement or re-bond fixed partial denture \$15.00 D6980 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth No Cost D7120 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7230 Removal of impacted tooth - soft tissue \$55.00 D7240 Removal of impacted tooth - completely bony \$95.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7250 Removal of residual tooth roots (cutting procedure) \$35.00 D7251 Coronectomy - intentional partial tooth removal \$115.00 D7280 Exposure of an unerupted tooth \$85.00 D7281	D6790	Retainer crown - full cast high noble metal	\$355.00
D6930Re-cement or re-bond fixed partial denture\$15.00D6940Stress breaker\$25.00D6980 Fixed partial denture repair necessitated by restorative material failure\$55.00D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.D7111Extraction, coronal remnants - primary toothNo CostD7120Extraction, erupted tooth or exposed root (elevation and/or forceps removal)\$5.00D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$45.00D7220Removal of impacted tooth - soft tissue\$55.00D7230Removal of impacted tooth - partially bony\$75.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$85.00D7280Exposure of an unerupted tooth\$85.00D7281Dacement of device to facilitate eruption of impacted tooth\$85.00D7282Placement of device to facilitate eruption of impacted tooth\$0.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadr	D6791	Retainer crown - full cast predominantly base metal	\$255.00
D6940 Stress breaker \$25.00 D6980 Fixed partial denture repair necessitated by restorative material failure \$55.00 D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth No Cost D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$5.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7230 Removal of impacted tooth - partially bony \$75.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7250 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7251 Coronectomy - intentional partial tooth removal \$115.00 D7252 Exposure of an unerupted tooth soft country intentional partial tooth removal \$115.00 D7280 Exposure of an unerupted tooth \$110.00 D7281 Placement of device to facilitate eruption of impacted tooth spaces, per quadrant \$85.00 D7282 Placement of device to facilitate eruption - for more teeth or tooth spaces, per quadrant \$50.00 D7310 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7321 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm No Cost D7452 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost D7453 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost D7452 Removal of torus palatinus \$50.00 D7453 Removal of torus palatinus \$50.00 D7454 Removal of lateral exostosis (maxilla or mandible) \$50.00 D7455 Incision and drainage of abscess - intraoral soft tissue No Cost	D6792		
D6980Fixed partial denture repair necessitated by restorative material failure\$55.00D7000-D7999X. ORAL AND MAXILLOFACIAL SURGERY- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.D7111Extraction, coronal remnants - primary toothNo CostD7120Extraction, erupted tooth or exposed root (elevation and/or forceps removal)\$5.00D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$45.00D7220Removal of impacted tooth - soft tissue\$55.00D7230Removal of impacted tooth - soft tissue\$55.00D7240Removal of impacted tooth - completely bony\$95.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7322Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, p			
No Cost			•
- Includes preoperative and postoperative evaluations and treatment under a local anesthetic. D7111 Extraction, coronal remnants - primary tooth	D6980	Fixed partial denture repair necessitated by restorative material failure	\$55.00
D71110Extraction, coronal remnants - primary toothNo CostD7140Extraction, erupted tooth or exposed root (elevation and/or forceps removal)\$5.00D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$45.00D7220Removal of impacted tooth - soft tissue\$55.00D7230Removal of impacted tooth - partially bony\$75.00D7240Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7251Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7252Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Placement of device to facilitate eruption of impacted tooth\$85.00D7282Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$50.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7471Removal of			
D7140Extraction, erupted tooth or exposed root (elevation and/or forceps removal)\$5.00D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$45.00D7220Removal of impacted tooth - soft tissue\$55.00D7230Removal of impacted tooth - partially bony\$75.00D7240Removal of impacted tooth - completely bony\$95.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7271Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Placement of device to facilitate eruption of impacted toothNo CostD7282Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7471Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of			Na Cast
D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$45.00D7220Removal of impacted tooth - soft tissue\$55.00D7230Removal of impacted tooth - partially bony\$75.00D7240Removal of impacted tooth - completely bony\$95.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$110.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7282Placement of device to facilitate eruption of impacted toothNo CostD7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$50.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7451Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cmNo CostD7471Removal of torus palatinus\$50.00D7472Removal of torus palatinus\$50.00			
elevation of mucoperiosteal flap if indicated \$45.00 D7220 Removal of impacted tooth - soft tissue \$55.00 D7230 Removal of impacted tooth - partially bony \$75.00 D7240 Removal of impacted tooth - completely bony \$75.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7250 Removal of impacted tooth - completely bony, with unusual surgical complications \$115.00 D7251 Coronectomy - intentional partial tooth removal \$115.00 D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$110.00 D7280 Exposure of an unerupted tooth \$10.00 D7281 Mobilization of erupted or malpositioned tooth to aid eruption \$85.00 D7282 Mobilization of erupted or malpositioned tooth to aid eruption \$85.00 D7283 Placement of device to facilitate eruption of impacted tooth No Cost D7286 Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures \$25.00 D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm No Cost D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost D7472 Removal of torus mandibularis \$50.00 D7473 Removal of torus mandibularis \$50.00 D7473 Removal of torus mandibularis \$50.00 D7510 Incision and drainage of abscess - intraoral soft tissue No Cost			\$5.00
D7220Removal of impacted tooth - soft tissue\$55.00D7230Removal of impacted tooth - partially bony\$75.00D7240Removal of impacted tooth - completely bony\$95.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7282Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7283Placement of device to facilitate eruption of impacted toothNo CostD7284Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7471Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibulari	D/210		\$45.00
D7230Removal of impacted tooth - partially bony\$75.00D7240Removal of impacted tooth - completely bony\$95.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7282Placement of device to facilitate eruption of impacted toothNo CostD7283Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$50.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7451Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cmNo CostD7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00 <td>D7220</td> <td></td> <td></td>	D7220		
D7240Removal of impacted tooth - completely bony\$95.00D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7282Placement of device to facilitate eruption of impacted toothNo CostD7286Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$50.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7451Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cmNo CostD7471Removal of torus palatinus\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00D			
D7241Removal of impacted tooth - completely bony, with unusual surgical complications\$115.00D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7282Mobilization of erupted or malpositioned tooth to aid eruptionNo CostD7283Placement of device to facilitate eruption of impacted toothNo CostD7286Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$50.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7451Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cmNo CostD7471Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus ma			
D7250Removal of residual tooth roots (cutting procedure)\$35.00D7251Coronectomy - intentional partial tooth removal\$115.00D7270Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth\$110.00D7280Exposure of an unerupted tooth\$85.00D7281Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7282Placement of device to facilitate eruption of impacted toothNo CostD7283Placement of device to facilitate eruption of impacted toothNo CostD7286Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$50.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7471Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cmNo CostD7471Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00D7510Incision and drainage of abscess - intraoral soft tissueNo Cost<			
D7251 Coronectomy - intentional partial tooth removal			
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$110.00 D7280 Exposure of an unerupted tooth \$85.00 D7282 Mobilization of erupted or malpositioned tooth to aid eruption \$85.00 D7283 Placement of device to facilitate eruption of impacted tooth No Cost D7286 Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures \$25.00 D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$70.00 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$70.00 D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm No Cost D7471 Removal of lateral exostosis (maxilla or mandible) \$50.00 D7472 Removal of torus palatinus \$50.00 D7473 Removal of torus mandibularis \$50.00 D7474 Removal of torus mandibularis \$50.00 D7510 Incision and drainage of abscess - intraoral soft tissue No Cost			
D7280Exposure of an unerupted tooth\$85.00D7282Mobilization of erupted or malpositioned tooth to aid eruption\$85.00D7283Placement of device to facilitate eruption of impacted toothNo CostD7286Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures\$25.00D7310Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant\$50.00D7311Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7320Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7321Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant\$70.00D7450Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cmNo CostD7451Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00D7510Incision and drainage of abscess - intraoral soft tissueNo Cost	D7270		
D7283 Placement of device to facilitate eruption of impacted tooth	D7280		\$85.00
D7286 Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$85.00
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$50.00 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$70.00 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$70.00 D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm No Cost D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost D7471 Removal of lateral exostosis (maxilla or mandible) \$50.00 D7472 Removal of torus palatinus \$50.00 D7473 Removal of torus mandibularis \$50.00 D7510 Incision and drainage of abscess - intraoral soft tissue No Cost	D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$50.00 D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$70.00 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$70.00 D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm No Cost D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost D7471 Removal of lateral exostosis (maxilla or mandible) \$50.00 D7472 Removal of torus palatinus \$50.00 D7473 Removal of torus mandibularis \$50.00 D7510 Incision and drainage of abscess - intraoral soft tissue No Cost	D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	\$25.00
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \dots	\$50.00
quadrant	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50.00
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7320		\$70.00
quadrant	D7321		Ψ, σ.σσ
D7451Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cmNo CostD7471Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00D7510Incision and drainage of abscess - intraoral soft tissueNo Cost		quadrant	
D7471Removal of lateral exostosis (maxilla or mandible)\$50.00D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00D7510Incision and drainage of abscess - intraoral soft tissueNo Cost			
D7472Removal of torus palatinus\$50.00D7473Removal of torus mandibularis\$50.00D7510Incision and drainage of abscess - intraoral soft tissueNo Cost			
D7473 Removal of torus mandibularis		·	
D7510 Incision and drainage of abscess - intraoral soft tissue		·	
NO COCT		-	
	D7520	Incision and drainage of abscess - extraoral soft tissue	No Cost
D7880 Occlusal orthotic device, by report			
D7881 Occlusal orthotic device adjustment		· · · · · · · · · · · · · · · · · · ·	
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site No Cost D7960 Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to			NO COST
another procedure	D/300		No Cost
D7970 Excision of hyperplastic tissue - per arch	D7970	Excision of hyperplastic tissue - per arch	\$70.00
D7971 Excision of pericoronal gingiva	D7971	Excision of pericoronal gingiva	\$70.00

S-A-NM-STD-R19 NM13B - V20

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include
--

	The benefit for pre-treatment records and diagnostic services includes:	\$200.00
D0210	Intraoral - complete series of radiographic images	
	Tomographic survey	
	Panoramic radiographic image	
	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	The benefit for post-treatment records includes:	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	¢11E0 00
	Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19	
	Limited orthodontic treatment of the transitional dentition - child of adolescent to age 19	
	Limited orthodontic treatment of the adolescent dentition - adolescent to age 19	\$1,150.00
D6040	children	\$1 350 00
D8050	Interceptive orthodontic treatment of the primary dentition	
	Interceptive orthodontic treatment of the transitional dentition	
	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19.	
	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	
	Comprehensive orthodontic treatment of the adolescent dentition - adults, including covered dependent	
D0030	adult children	
D8660	Pre-orthodontic treatment examination to monitor growth and development	
	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	Ψ20.00
20000	Crano donde recention (removal or appliances, construction and placement or removable recallions)	\$275.00
	Removable orthodontic retainer adjustment	No Coot
D8681	Removable of thodonic retainer adjustinent	NO COSL
D8681 D8999	·	\$100.00
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	
D8999 D900 0	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00
D8999 D9000	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00 \$10.00
D8999 D9000 D9110 D9211	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00 \$10.00 No Cost
D8999 D9000 D9110 D9211 D9212	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00 \$10.00 No Cost No Cost
D8999 D9000 D9110 D9211 D9212 D9215	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures	\$100.00 \$10.00 No Cost No Cost No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia	\$100.00 \$10.00 No Cost No Cost No Cost No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222	Unspecified orthodontic procedure, by report - includes treatment planning session N-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes	\$100.00 \$10.00 No Cost No Cost No Cost No Cost \$80.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223	Unspecified orthodontic procedure, by report - includes treatment planning session 2-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment	\$100.00 \$10.00 No Cost No Cost No Cost No Cost \$80.00 \$80.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239	Unspecified orthodontic procedure, by report - includes treatment planning session 2-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$100.00 No Cost No Cost No Cost No Cost \$80.00 \$80.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minute increment Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$100.00 \$10.00 No Cost No Cost No Cost No Cost \$80.00 \$80.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239	Unspecified orthodontic procedure, by report - includes treatment planning session 2-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310	Unspecified orthodontic procedure, by report - includes treatment planning session NOTICE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$80.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9430	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9430 D9440	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9430 D9440 D9450	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9243 D9310 D9311 D9430 D9450 D9932	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9450 D9932 D9933	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable complete denture, mandibular	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost No Cost No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9430 D9440 D9450 D9932 D9933 D9934	Unspecified orthodontic procedure, by report - includes treatment planning session D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, maxillary	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost No Cost No Cost No Cost No Cost No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9430 D9440 D9450 D9932 D9933 D9934 D9935	Unspecified orthodontic procedure, by report - includes treatment planning session D-D9999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, mandibular Cleaning and inspection of removable partial denture, mandibular	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9440 D9450 D9932 D9933 D9934 D9935 D9942	Unspecified orthodontic procedure, by report - includes treatment planning session P-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, maxillary	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9450 D9450 D9932 D9933 D9934 D9935 D9942 D9943	D-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, mandibular Cleaning and inspection of removable partial denture, maxillary	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost
D8999 D9000 D9110 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9310 D9311 D9450 D9450 D9932 D9933 D9934 D9935 D9944 D9944 D9944	Unspecified orthodontic procedure, by report - includes treatment planning session P-D999 XII. ADJUNCTIVE GENERAL SERVICES Palliative (emergency) treatment of dental pain - minor procedure Regional block anesthesia Trigeminal division block anesthesia Local anesthesia in conjunction with operative or surgical procedures Evaluation for moderate sedation, deep sedation or general anesthesia Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment Intravenous moderate (conscious) sedation/analgesia - first 15 minutes Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician Consultation with medical health care professional Office visit for observation (during regularly scheduled hours) - no other services performed Office visit - after regularly scheduled hours Case presentation, detailed and extensive treatment planning Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, maxillary	\$100.00 \$10.00 No Cost No Cost No Cost \$80.00 \$80.00 \$80.00 \$10.00 No Cost \$5.00 \$20.00 No Cost Septimized the s

Plan NM13B DeltaCare USA Descrip	otion of Benefits and Copayments
---	----------------------------------

	Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years Occlusal guard - hard appliance, partial arch - limited to 1 D9944, D9945 or D9946 in 3 years Occlusal adjustment, limited	\$95.00 \$95.00 \$45.00
D9952	Occlusal adjustment, complete	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125.00
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Alpha Dental of New Mexico, Inc. The Enrollee pays the Copayment specified for such services.

S-A-NM-STD-R19 NM13B - V20

SCHEDULE B

Limitations of Benefits

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- 2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7220, D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon authorization by ALPHA, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- 6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. ALPHA is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
- 7. Intra-oral services provided by a Contract Dentist, when necessary and customary according to the standards of generally accepted dental practice for surgical and non-surgical treatment of acute dental symptoms associated with myofacial pain dysfunction or malfunction of the temporomandibular (jaw) joint (TMJ). Orthodontic appliances and treatment, crowns, bridges and dentures are not covered for the treatment of craniomandibular and temporomandibular joint disorders unless the disorder is trauma related, subject to the same conditions, limitations and prior review and referral procedures of this Contract.

Exclusions of Benefits

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- 6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

NM-ALPHA-EOC V20

Limitations and Exclusions of Benefits

- 7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- 8. Consultations for non-covered benefits.
- 9. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
- 10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 11. Prescription drugs.
- 12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 13. Lost, stolen or broken orthodontic appliances.
- 14. Changes in orthodontic treatment necessitated by accident of any kind.
- 15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944, D9945, D9946 (occlusal guard).
- 16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 18. Procedures, appliances or restoration solely for the purpose of changing vertical dimension, including but not limited, to full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
- 19. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

NM-ALPHA-EOC V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- · Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Alpha Dental of New Mexico, Inc. 17871 Park Plaza Drive, Suite 200 Cerritos, CA 90703

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

Keep Smiling

DeltaCare® USA

provided by Dentegra Insurance Company



Dental benefits made easy!

With a DeltaCare USA¹ plan, you'll save on out-of-pocket costs when you choose a dentist from our network² of carefully screened, private practice dentists.3

- No restrictions on pre-existing conditions (except work in progress)
- No referral required for specialty care or emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

 Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises when you visit a network dentist. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums for covered services4
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete when you visit a network dentist, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your dentist at any time without contacting us3









deltadentalins.com/enrollees

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² In AK, CT, LA, MS, MT, NC, ND, NH, ME, OK and VT, you receive in-network benefits through your state's Delta Dental PPO™ network. In SD and WY, you receive in-network benefits through your state's Delta Dental Premier

³ In WY, you must visit a network dentist to receive benefits. In all other states, you can visit any licensed dentist, but if you choose an out-of-network dentist, out-of-network benefits will apply.

 $^{^4}$ In AK, CT, ND and SD, the out-of-network calendar year maximum is \$500 per enrollee and the out-of-network lifetime maximum for orthodontic benefits is \$500. In WY, you must visit a network dentist in order to receive benefits.

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

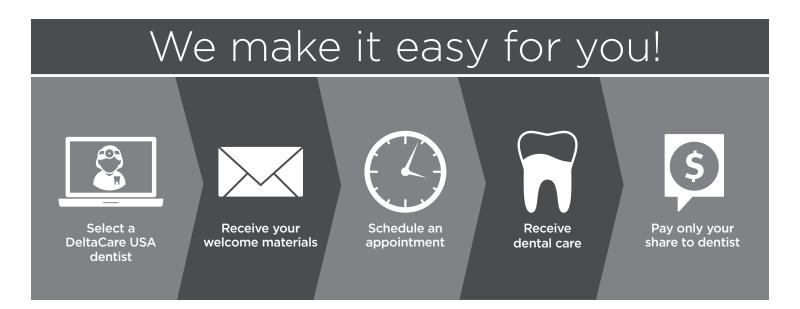
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the treating Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE DESCRIPTION	ENROLLEE
CODE DESCRIPTION CO	<u>PAYMENTS</u>
D0100-D0999 I. DIAGNOSTIC	
D0120 Periodic oral evaluation - established patient	
D0140 Limited oral evaluation - problem focused	
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	
D0150 Comprehensive oral evaluation - new or established patient	
D0160 Detailed and extensive oral evaluation - problem focused, by report	
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	
D0171 Re-evaluation - post-operative office visit	
D0180 Comprehensive periodontal evaluation - new or established patient	
D0190 Screening of a patient	
D0191 Assessment of a patient	
D0210 Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	
D0220 Intraoral - periapical first radiographic image	
D0230 Intraoral - periapical each additional radiographic image	
D0240 Intraoral - occlusal radiographic image	No Cost
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and	No Cost
detector	
D0251 Extraoral posterior dental radiographic image	
D0270 Bitewing - single radiographic image	
D0272 Bitewings - two radiographic images	
D0274 Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	
D0274 Sitewings - Tour radiographic images - <i>Immed to r series every o months</i>	
D0330 Panoramic radiographic image	
D0415 Collection of microorganisms for culture and sensitivity	
D0419 Assessment of salivary flow by measurement - 1 every 12 months	
D0425 Caries susceptibility tests	
D0460 Pulp vitality tests	
D0470 Diagnostic casts	
D0472 Accession of tissue, gross examination, preparation and transmission of written report	
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written	110 0000
report	No Cost
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins	
for presence of disease, preparation and transmission of written report	No Cost
D0601 Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	No Cost
D0602 Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years	No Cost
D0603 Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years	No Cost
D0999 Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other	
services)	\$5.00
D1000-D1999 II. PREVENTIVE	
D1110 Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period	No Cost
D1110 Additional prophylaxis cleaning - adult (within the 6 month period)	
	Ţ.3.00

ENDOLLEE

Plan OKI3B DeltaCare USA Description of Benefits and Copayme	Plan OK13B	DeltaCare USA	Description of Benefits and Copaym	ents
--	------------	---------------	------------------------------------	------

D1120 D1120	Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period	No Cost \$35.00
D1206 D1208	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month</i>	No Cost
	period	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	
	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$40.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	\$40.00
D2000-	D2999 III. RESTORATIVE	

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45.00
D2390	Resin-based composite crown, anterior	\$55.00
D2391	Resin-based composite - one surface, posterior	\$45.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior	\$75.00
D2510	Inlay - metallic - one surface	\$145.00
D2520	Inlay - metallic - two surfaces	\$155.00
D2530	Inlay - metallic - three or more surfaces	\$165.00
D2542	Onlay - metallic - two surfaces	\$160.00
D2543	Onlay - metallic - three surfaces	\$170.00
D2544	Onlay - metallic - four or more surfaces	\$190.00
D2610	Inlay - porcelain/ceramic - one surface	\$270.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$325.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$300.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$335.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$355.00
D2650	Inlay - resin-based composite - one surface	\$170.00
	4 OTD 240	

D2651	Inlay - resin-based composite - two surfaces	\$195.00
D2652	Inlay - resin-based composite - three or more surfaces	\$230.00
D2662	Onlay - resin-based composite - two surfaces	\$225.00
D2663	Onlay - resin-based composite - three surfaces	\$250.00
D2664	Onlay - resin-based composite - four or more surfaces	\$295.00
D2710	Crown - resin-based composite (indirect)	\$145.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$145.00
D2720	Crown - resin with high noble metal	\$295.00
D2721	Crown - resin with predominantly base metal	\$195.00
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic	\$355.00
D2750	Crown - porcelain fused to high noble metal	\$355.00
D2751	Crown - porcelain fused to predominantly base metal	\$255.00
D2752	Crown - porcelain fused to noble metal	
D2753	Crown - porcelain fused to titanium and titanium alloys	\$355.00
D2780	Crown - 3/4 cast high noble metal	
D2781	Crown - 3/4 cast predominantly base metal	\$255.00
D2782	Crown - 3/4 cast noble metal	
D2783	Crown - 3/4 porcelain/ceramic	
D2790		
D2791	Crown - full cast predominantly base metal	
D2792	Crown - full cast noble metal	
D2794		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Re-cement or re-bond crown	
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown - anterior primary tooth	
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	
D2940	, ,	
D2941	Interim therapeutic restoration - primary dentition	
D2949	Restorative foundation for an indirect restoration	
D2950	Core buildup, including any pins when required	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$70.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework	
D2980	Crown repair necessitated by restorative material failure	\$20.00
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	\$20.00
D2983	Veneer repair necessitated by restorative material failure	\$20.00
D2990		\$10.00
		,
	-D3999 IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the	# 05.00
D7001	dentinocemental junction and application of medicament	
D3221	Pulpal debridement, primary and permanent teeth	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	
	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00
S-A-OK	-STD-R19 O	K13B - V20

Plar	OK13B DeltaCare USA Description of Benefits and Copa	yments
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$95.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$125.00
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior	\$115.00
D3421	Apicoectomy - premolar (first root)	\$125.00
D3425	Apicoectomy - molar (first root)	\$135.00
D3426	Apicoectomy (each additional root)	
D3427	Periradicular surgery without apicoectomy	
D3430	3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
D3450	transfer to the transfer to th	
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00
	-D4999 V. PERIODONTICS	
	es preoperative and postoperative evaluations and treatment under a local anesthetic.	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212 D4240	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$80.00
D4241	spaces per quadrant	\$135.00
D 40 4E	spaces per quadrant	\$80.00
	Apically positioned flap	
D4249	Clinical crown lengthening - hard tissue	\$125.00
	teeth or tooth bounded spaces per quadrant	\$300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$215.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$65.00
D4270	Pedicle soft tissue graft procedure	\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$40.00
D4346		
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - limited to 1 treatment in any 12 consecutive months	\$50.00
D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$35.00
	·	(13B - V20

OK13B	DeltaCare USA	Description of Benefits and	Copayments

D4910	Additional periodontal maintenance (within the 6 month period)	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

Plan

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Dentist's facility where the denture was originally delivered.
- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

	es, refines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
	rement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D5110	Complete denture - maxillary	
D5120	Complete denture - mandibular	
D5130	Immediate denture - maxillary	
D5140	Immediate denture - mandibular	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests	φοιο.σο
	and teeth)	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including	
	any retentive/clasping materials, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including	
	any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5511	Repair broken complete denture base, mandibular	\$40.00
D5512	Repair broken complete denture base, maxillary	\$40.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00
D5611	Repair resin partial denture base, mandibular	\$40.00
D5612	Repair resin partial denture base, maxillary	\$40.00
D5621	Repair cast partial framework, mandibular	\$40.00
D5622	Repair cast partial framework, maxillary	\$40.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	
D5640		
D5650	Add tooth to existing partial denture	
	Add clasp to existing partial denture - per tooth	
	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	\$95.00
D5711	Rebase complete mandibular denture	\$95.00
D5720	Rebase maxillary partial denture	\$95.00
D5721	Rebase mandibular partial denture	\$95.00
D5730	Reline complete maxillary denture (chairside)	\$50.00
D5731	Reline complete mandibular denture (chairside)	\$50.00
D5740	Reline maxillary partial denture (chairside)	\$50.00
D5740	Reline mandibular partial denture (chairside)	\$50.00
D5750	Reline complete maxillary denture (laboratory)	\$85.00
D5750		\$85.00
	Reline complete mandibular denture (laboratory)	
D5760	Reline maxillary partial denture (laboratory)	\$85.00
D5761	Reline mandibular partial denture (laboratory)	\$85.00 <13B - V20
J A OK	Of the first	110D VZ0

Plan OK13B	DeltaCare USA Description of Benefits and Copa	ymen
	tial denture (maxillary) - limited to 1 in any 12 consecutive months	
	tial denture (mandibular) - limited to 1 in any 12 consecutive months	
	ditioning, maxillaryditioning, mandibular	\$25.0 \$25.0
D5851 Tissue con D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	Φ23. 0
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a f partial denture [bridge])	ixed
When a crown and, \$100.00 per unit, be	or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an addition of the 6th unit	onal
	rown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	
	st high noble metal	\$355.0
D6211 Pontic - ca	st predominantly base metal	\$225.0
D6212 Pontic - ca	st noble metal	\$295.0
	rcelain fused to high noble metal	
06241 Pontic - po	rcelain fused to predominantly base metal	\$255.0
•	prcelain fused to noble metal	
-	rcelain fused to titanium and titanium alloys	
	prcelain/ceramic	
	sin with high noble metal	
	sin with predominantly base metal	
	sin with noble metal	
	lay - porcelain/ceramic, two surfaces	
	lay - porcelain/ceramic, three or more surfaces	
	lay - cast high noble metal, two surfaces	
	lay - cast high noble metal, three or more surfaces	
	lay - cast predominantly base metal, two surfaces	
	lay - cast predominantly base metal, three or more surfaces	
	lay - cast noble metal, two surfaceslay - cast noble metal, three or more surfaces	
	nlay - porcelain/ceramic, two surfaces	
	nlay - porcelain/ceramic, two surfaces	
	nlay - cast high noble metal, two surfaces	
	nlay - cast high noble metal, three or more surfaces	
	nlay - cast predominantly base metal, two surfaces	
	nlay - cast predominantly base metal, three or more surfaces	
	nlay - cast noble metal, two surfaces	
	nlay - cast noble metal, three or more surfaces	
	own - resin with high noble metal	
	own - resin with predominantly base metal	
06722 Retainer cr	own - resin with noble metal	\$235.0
6740 Retainer cr	own - porcelain/ceramic	\$355.0
06750 Retainer cr	own - porcelain fused to high noble metal	\$355.0
06751 Retainer cr	own - porcelain fused to predominantly base metal	\$255.0
6752 Retainer cr	own - porcelain fused to noble metal	\$295.0
6753 Retainer cr	own - porcelain fused to titanium and titanium alloys	\$355.0
	own - 3/4 cast high noble metal	
	own - 3/4 cast predominantly base metal	
	own - 3/4 cast noble metal	
	own - 3/4 porcelain/ceramic	
	own 3/4 - titanium and titanium alloys	
	own - full cast high noble metal	
	own - full cast predominantly base metal	
	own - full cast noble metal	
16930 Pa-cament	or re-bond fixed partial denture	\$15.0

OK13B - V20

S-A-OK-STD-R19

Plar	n OK13B	DeltaCare USA	Description of Benefits and Copa	yments
D6940	Stress break	(er		\$25.00
			storative material failure	
	-D7999	X. ORAL AND MAXILLOFACIAL		
- Includ	les preoperativ	re and postoperative evaluations and		
D7111		·		No Cost
D7140			evation and/or forceps removal)	\$5.00
D7210			bone and/or sectioning of tooth, and including	¢45.00
D7220		•		\$45.00 \$55.00
D7230				
D7240			/	\$95.00
D7241			, with unusual surgical complications	
D7250			edure)	
D7251			/al	\$115.00
D7270	Tooth reimp	lantation and/or stabilization of ac	cidentally evulsed or displaced tooth	\$110.00
D7280	Exposure of	an unerupted tooth		\$85.00
D7282	Mobilization	of erupted or malpositioned toot	h to aid eruption	\$85.00
D7283	Placement o	of device to facilitate eruption of in	mpacted tooth	No Cost
D7286			t include pathology laboratory procedures	\$25.00
D7310	•	-	four or more teeth or tooth spaces, per quadrant \dots	\$50.00
D7311 D7320	Alveoloplast	ry not in conjunction with extraction	one to three teeth or tooth spaces, per quadrant ons - four or more teeth or tooth spaces, per	\$50.00
D7321			ons - one to three teeth or tooth spaces, per	\$70.00
				\$70.00
D7450	Removal of	benign odontogenic cyst or tumor	- lesion diameter up to 1.25 cm	No Cost
D7451			- lesion diameter greater than 1.25 cm	
D7471			ible)	
D7472		•		
D7473			(t. 1.)	
D7510			ft tissue	
D7922 D7960			o aid in hemostasis or clot stabilization, per site renotomy - separate procedure not incidental to	NO COST
				No Cost
D7970				
D7971	Excision of	pericoronal gingiva		\$70.00
	-D8999	XI. ORTHODONTICS		
		-	ntment (limited, interceptive or comprehensive) covers u	ıp to 24
		tment. Beyond 24 montns, an addition Syment includes adjustments and/or o	onal monthly fee, not to exceed \$125.00, may apply. office visits up to 24 months.	
	-	orthodontic records include:		
D0010			gnostic services includes:	\$200.00
D0210		omplete series of radiographic ima	ges	
	Tomographi			
		adiographic image netric radiographic image - acquis	ition measurement and analysis	
		al photographic image - acquis		
D0350	3D photogra		tagstany of extraording	
	Diagnostic o	-		
	The benefit	for post-treatment records include	es:	\$70.00
D0210		omplete series of radiographic ima		
D0470	Diagnostic c			
D8010	Limited orth	nodontic treatment of the primary	dentition	\$1,150.00
			nal dentition - child or adolescent to age 19	
D8030	Limited orth		ent dentition - adolescent to age 19	\$1,150.00
S-A-Ok	K-STD-R19		Ol	K13B - V20

DeltaCare USA

D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult	
	children	
	Interceptive orthodontic treatment of the primary dentition	
D8060		
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 .	
	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19\$	
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent	
D0000	adult children	
	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$275.00
D8681	Removable orthodontic retainer adjustment	
D8999		
		φ100.00
	-D9999 XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or	\$10.00
D 0 7 1 1	physician	
D9311	Consultation with medical health care professional	
D9430	3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Office visit - after regularly scheduled hours	
D9450	p , ,	
D9932 D9933	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, mandibular	
D9933	Occlusal guard adjustment	\$10.00
	Occlusal guard - hard appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
	Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9946		
D9940	Occlusal adjustment, limited	\$45.00
D9951	Occlusal adjustment, complete	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom	ψ93.00
	trays - limited to one bleaching tray and gel for two weeks of self-treatment	\$125.00
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9990		
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by a Network Dentist, the Enrollee pays the specified Copayment. Enrollees who seek treatment from Non-Network Dentists are responsible for the difference, if any, between the amount Dentegra pays and the Non-Network Dentist's usual fee for such treatment.

S-A-OK-STD-R19 OK13B - V20

Benefits for Non-Network Dentists

Procedures listed above may be performed by a Non-Network Dentist, subject to the Copayments, limitations and exclusions found in *Schedule B* and the following provision:

<u>Benefit Amount</u>: Dentegra shall pay for covered services received from a Non-Network Dentist at the rate of 70 percent of the Maximum Fee Allowance for the covered service.

S-A-OK-STD-R19 OK13B - V20

SCHEDULE B

Limitations of Benefits

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*
- 2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by an oral surgeon for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated, for any reason, will be based on the Orthodontist's usual fee for the treatment plan. A Network Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Network Orthodontist, as arranged. A Non-Network Orthodontist will make payment arrangements directly with the Enrollee.
- 6. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Dentegra is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the treating Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- 9. Consultations for non-covered benefits.

S-B-OK-STD-R19 V20

Limitations and Exclusions of Benefits

- 10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 11. Prescription drugs.
- 12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 13. Lost, stolen or broken orthodontic appliances.
- 14. Changes in orthodontic treatment necessitated by accident of any kind.
- 15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9944, D9945, D9946 (occlusal guards).
- 16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 18. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

S-B-OK-STD-R19 V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Dentegra Insurance Company 560 Mission Street, Suite 1300 San Francisco, CA 94105

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.



Keep Smiling

DeltaCare® USA

provided by Delta Dental Insurance Company



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.2

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

· Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online









deltadentalins.com/enrollees

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² Verify your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

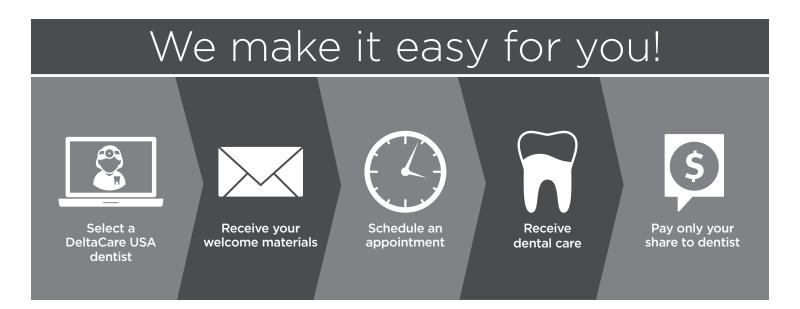
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

DO100-D0999I. DIAGNOSTICD0120Periodic oral evaluation - established patientNo CostD0140Limited oral evaluation - problem focusedNo CostD0145Oral evaluation for a patient under three years of age and counseling with primary caregiverNo CostD0150Comprehensive oral evaluation - new or established patientNo CostD0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0230Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo CostD0271Bitewings - two radiographic imagesNo CostD0272Bitewings - two radiographic imagesNo Cost
D0120 Periodic oral evaluation - established patient No Cost D0140 Limited oral evaluation - problem focused No Cost D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver No Cost D0150 Comprehensive oral evaluation - new or established patient No Cost D0160 Detailed and extensive oral evaluation - problem focused, by report No Cost D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) No Cost D0171 Re-evaluation - post-operative office visit \$5.00 D0180 Comprehensive periodontal evaluation - new or established patient No Cost D0191 Assessment of a patient No Cost D0191 Assessment of a patient No Cost D0210 Intraoral - complete series of radiographic images - limited to 1 series every 24 months No Cost D0220 Intraoral - periapical first radiographic image No Cost D0230 Intraoral - periapical each additional radiographic image No Cost D0240 Intraoral - occlusal radiographic image No Cost D0240 Intraoral - occlusal radiographic image No Cost D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector No Cost D0251 Extraoral posterior dental radiographic image No Cost D0270 Bitewing - single radiographic image No Cost
D0140 Limited oral evaluation - problem focused
D0145Oral evaluation for a patient under three years of age and counseling with primary caregiverNo CostD0150Comprehensive oral evaluation - new or established patientNo CostD0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0150Comprehensive oral evaluation - new or established patientNo CostD0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0171 Re-evaluation - post-operative office visit
D0180 Comprehensive periodontal evaluation - new or established patient No Cost D0190 Screening of a patient No Cost D0191 Assessment of a patient No Cost D0210 Intraoral - complete series of radiographic images - limited to 1 series every 24 months No Cost D0220 Intraoral - periapical first radiographic image No Cost D0230 Intraoral - periapical each additional radiographic image No Cost D0240 Intraoral - occlusal radiographic image No Cost D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector No Cost D0251 Extraoral posterior dental radiographic image No Cost D0270 Bitewing - single radiographic image No Cost
D0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0191 Assessment of a patient
D0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0240 Intraoral - occlusal radiographic image
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector
detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0270 Bitewing - single radiographic image
D0272 Bitewings - two radiographic images
2 02/2 2 100 m 100 100 100 100 100 100 100 100 1
D0273 Bitewings three radiographic images
D0274 Bitewings - four radiographic images - limited to 1 series every 6 months
D0277 Vertical bitewings - 7 to 8 radiographic images
D0330 Panoramic radiographic image
DO415 Collection of microorganisms for culture and sensitivity
D0419 Assessment of salivary flow by measurement - 1 every 12 months
D0425 Caries susceptibility tests
D0460 Pulp vitality tests
D0470 Diagnostic casts
DO472 Accession of tissue, gross examination, preparation and transmission of written report
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written
report
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins
for presence of disease, preparation and transmission of written report
D0601 Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years
D0602 Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years
D0603 Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years
services)\$5.00
D1000-D1999 II. PREVENTIVE
D1110 Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period
D1110 Additional prophylaxis cleaning - adult (within the 6 month period)

Plan TN13B	DeltaCare USA	Description of Benefits and Copayments
------------	---------------	--

D1120 D1120 D1206 D1208	Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period	\$35.00
		No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	
	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$40.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	\$40.00
D2000-	-D2999 III. RESTORATIVE	

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

22110	7 that gain one surface, primary or permanent	110 0000
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45.00
D2390	Resin-based composite crown, anterior	\$55.00
D2391	Resin-based composite - one surface, posterior	\$45.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior	\$75.00
D2510	Inlay - metallic - one surface	\$145.00
D2520	Inlay - metallic - two surfaces	\$155.00
D2530	Inlay - metallic - three or more surfaces	\$165.00
D2542	Onlay - metallic - two surfaces	\$160.00
D2543	Onlay - metallic - three surfaces	\$170.00
D2544	Onlay - metallic - four or more surfaces	\$190.00
D2610	Inlay - porcelain/ceramic - one surface	\$270.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$325.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$300.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$335.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$355.00
	Inlay - resin-based composite - one surface	

Plar	TN13B DeltaCare USA Description of Benefits and Copa	yments
D2651	Inlay - resin-based composite - two surfaces	\$195.00
D2652	Inlay - resin-based composite - three or more surfaces	
D2662	Onlay - resin-based composite - two surfaces	
D2663	Onlay - resin-based composite - three surfaces	
D2664	Onlay - resin-based composite - four or more surfaces	
D2710	Crown - resin-based composite (indirect)	
D2712	Crown - 3/4 resin-based composite (indirect)	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly base metal	
D2722	Crown - resin with noble metal	\$235.00
D2740	Crown - porcelain/ceramic	\$355.00
D2750	Crown - porcelain fused to high noble metal	\$355.00
D2751	Crown - porcelain fused to predominantly base metal	\$255.00
D2752	Crown - porcelain fused to noble metal	\$295.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$355.00
D2780	Crown - 3/4 cast high noble metal	\$355.00
D2781	Crown - 3/4 cast predominantly base metal	\$255.00
D2782	Crown - 3/4 cast noble metal	\$295.00
D2783	Crown - 3/4 porcelain/ceramic	\$355.00
D2790	Crown - full cast high noble metal	\$355.00
D2791	Crown - full cast predominantly base metal	\$255.00
D2792	Crown - full cast noble metal	\$295.00
D2794	Crown - titanium and titanium alloys	\$355.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00
D2920	Re-cement or re-bond crown	\$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
	Prefabricated resin crown - anterior primary tooth	
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$75.00
D2940	Protective restoration	
D2941	Interim therapeutic restoration - primary dentition	
D2949	Restorative foundation for an indirect restoration	
D2950	Core buildup, including any pins when required	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$70.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework	
D2980	Crown repair necessitated by restorative material failure	\$20.00
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	
D2983	Veneer repair necessitated by restorative material failure	\$20.00
	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> . -D3999 IV. ENDODONTICS	\$10.00
		No Cost
D3110	Pulp cap - direct (excluding final restoration)	
D3120	Pulp cap - indirect (excluding final restoration)	NO COST
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the	\$25.00

D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$75.00	
D2940	Protective restoration	No Cost	
D2941	Interim therapeutic restoration - primary dentition	No Cost	
D2949	Restorative foundation for an indirect restoration	\$50.00	
D2950	Core buildup, including any pins when required	\$50.00	
D2951	Pin retention - per tooth, in addition to restoration	No Cost	
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$95.00	
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$70.00	
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00	
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$60.00	
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50.00	
D2980	Crown repair necessitated by restorative material failure	\$20.00	
D2981	Inlay repair necessitated by restorative material failure	\$20.00	
D2982	Onlay repair necessitated by restorative material failure	\$20.00	
D2983	Veneer repair necessitated by restorative material failure	\$20.00	
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	\$10.00	
D3000	-D3999 IV. ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	No Cost	
D3120	Pulp cap - indirect (excluding final restoration)	No Cost	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the		
	dentinocemental junction and application of medicament	\$25.00	
D3221	Pulpal debridement, primary and permanent teeth	\$30.00	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00	
S-A-TN-STD-R19 TN13			

Plar	TN13B DeltaCare USA Description of Benefits and Copay	ments
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$95.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332		\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$125.00
D3347	Retreatment of previous root canal therapy - premolar	\$215.00
D3348	Retreatment of previous root canal therapy - molar	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410		\$115.00
D3421	Apicoectomy - premolar (first root)	\$125.00
D3425	Apicoectomy - molar (first root)	
D3426	Apicoectomy (each additional root)	\$80.00
D3427	Periradicular surgery without apicoectomy	\$115.00
D3430	Retrograde filling - per root	\$60.00
D3450	Root amputation - per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00
D4000	-D4999 V. PERIODONTICS	
- Includ	es preoperative and postoperative evaluations and treatment under a local anesthetic.	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212 D4240	3 · · · · · · · · · · · · · · · · · · ·	\$80.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded	\$135.00
DASAE	spaces per quadrant	\$80.00 \$135.00
D4245		
	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4263		\$215.00
D4264		\$65.00
D4270		\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant,	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants	
D4342	during any 12 consecutive months Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00 \$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 1 D1110, D1120 or D4346 per 6 month period	
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent	\$50.00
D4910		\$35.00
S-A-TN	·	13B - V20

Plan TN13B	Dolto Cove LICA	Description of Denefits and Consuments
Plan INITS	DeltaCare USA	Description of Benefits and Copayments
I Idii II 115D	Deitacale 05A	bescription of benefits and copayments

D4910	Additional periodontal maintenance (within the 6 month period)	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Rebase	es, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
- Replac	ement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D5110	Complete denture - maxillary	\$285.00
D5120	Complete denture - mandibular	\$285.00
D5130	Immediate denture - maxillary	\$305.00
D5140	Immediate denture - mandibular	\$305.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/	
	clasping materials, rests and teeth)	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials,	
	rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including	
	any retentive/clasping materials, rests and teeth)	\$315.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D5226		
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5511	Repair broken complete denture base, mandibular	\$40.00
D5512	Repair broken complete denture base, maxillary	\$40.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00
D5611	Repair resin partial denture base, mandibular	\$40.00
D5612	Repair resin partial denture base, maxillary	\$40.00
D5621	Repair cast partial framework, mandibular	\$40.00
D5622	Repair cast partial framework, maxillary	\$40.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$40.00
D5640	Replace broken teeth - per tooth	\$30.00
D5650	Add tooth to existing partial denture	\$30.00
D5660	Add clasp to existing partial denture - per tooth	\$40.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165.00
D5710	Rebase complete maxillary denture	\$95.00
D5711	Rebase complete mandibular denture	\$95.00
D5720	Rebase maxillary partial denture	\$95.00
D5721	Rebase mandibular partial denture	\$95.00
D5730	Reline complete maxillary denture (chairside)	\$50.00
D5731	Reline complete mandibular denture (chairside)	\$50.00
D5740	Reline maxillary partial denture (chairside)	\$50.00
D5741	Reline mandibular partial denture (chairside)	\$50.00
D5750	Reline complete maxillary denture (laboratory)	\$85.00
D5751	Reline complete mandibular denture (laboratory)	
D5760	Reline maxillary partial denture (laboratory)	\$85.00
D5761	Reline mandibular partial denture (laboratory)	\$85.00
S-A-TN-		N13B - V20

Plan TN13B	DeltaCare USA Description of Benefits and Cop	ayments
D5820 Interim partia	al denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	. \$105.00
D5821 Interim partia	l denture (mandibular) - limited to 1 in any 12 consecutive months	. \$105.00
	ioning, maxillary	
D5851 Tissue condit	ioning, mandibular	. \$25.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a partial denture [bridge])	fixed
\$100.00 per unit, beyon		tional
	wn, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	Ф 7ГГ ОО
	high noble metalpredominantly base metal	
	noble metal	
	elain fused to high noble metal	
-	elain fused to right hobie metalelain fused to predominantly base metal	
•	elain fused to noble metal	
	elain fused to titanium and titanium alloys	
•	elain/ceramic	
D6250 Pontic - resin	with high noble metal	. \$295.00
D6251 Pontic - resin	with predominantly base metal	. \$195.00
	with noble metal	
	/ - porcelain/ceramic, two surfaces	
	/ - porcelain/ceramic, three or more surfaces	
	/ - cast high noble metal, two surfaces	
	/ - cast high noble metal, three or more surfaces	
	r - cast predominantly base metal, two surfaces	
	/ - cast predominantly base metal, three or more surfaces	
	/ - cast noble metal, three or more surfaces	
	y - porcelain/ceramic, two surfaces	
	y - porcelain/ceramic, three or more surfaces	
	y - cast high noble metal, two surfaces	
D6611 Retainer onla	y - cast high noble metal, three or more surfaces	. \$270.00
	y - cast predominantly base metal, two surfaces	
	y - cast predominantly base metal, three or more surfaces	
	y - cast noble metal, two surfaces	
	y - cast noble metal, three or more surfaces	
	vn - resin with high noble metal	
	vn - resin with predominantly base metalvn - resin with noble metal	
	vn - porcelain/ceramic	
	vn - porcelain, ceramicvn - porcelain, ceramicvn - porcelain fused to high noble metal	
	vn - porcelain fused to high hobie metalvn - porcelain fused to predominantly base metal	
	vn - porcelain fused to noble metal	
	vn - porcelain fused to titanium and titanium alloys	
D6780 Retainer crow	vn - 3/4 cast high noble metal	. \$355.00
D6781 Retainer crow	vn - 3/4 cast predominantly base metal	. \$255.00
	vn - 3/4 cast noble metal	
	vn - 3/4 porcelain/ceramic	
	vn 3/4 - titanium and titanium alloys	
	vn - full cast high noble metal	
	vn - full cast predominantly base metal	
	vn - full cast noble metal r re-bond fixed partial denture	
	r re-pond fixed Darliai deniture	. \$15.00

Plar	n TN13B	DeltaCare USA	Description of Benefits and Copa	yments
D6940	Stress break	(er		\$25.00
			estorative material failure	
D7000	-D7999	X. ORAL AND MAXILLOFACIAL	SURGERY	
		ve and postoperative evaluations and		
D7111		•		No Cost
D7140			evation and/or forceps removal)	\$5.00
D7210			bone and/or sectioning of tooth, and including	¢ 45 00
D7220		•		\$45.00 \$55.00
D7230				•
D7240			У	\$95.00
D7241			, with unusual surgical complications	
D7250			edure)	
D7251			val	\$115.00
D7270	Tooth reimp	lantation and/or stabilization of ac	ccidentally evulsed or displaced tooth	\$110.00
D7280	Exposure of	f an unerupted tooth		\$85.00
D7282			h to aid eruption	
D7283			mpacted tooth	
D7286			t include pathology laboratory procedures	\$25.00
D7310			four or more teeth or tooth spaces, per quadrant	\$50.00
D7311 D7320	Alveoloplas	ty not in conjunction with extraction	one to three teeth or tooth spaces, per quadrant ons - four or more teeth or tooth spaces, per	\$50.00
D7321			ons - one to three teeth or tooth spaces, per	\$70.00
D, 02.				\$70.00
D7450	Removal of	benign odontogenic cyst or tumo	r - lesion diameter up to 1.25 cm	No Cost
D7451			- lesion diameter greater than 1.25 cm	
D7471			ible)	
D7472		•		
D7473			6	
D7510			oft tissue	
D7922 D7960			to aid in hemostasis or clot stabilization, per site renotomy - separate procedure not incidental to	NO COST
	another pro	cedure		No Cost
D7970				
D7971	Excision of	pericoronal gingiva		\$70.00
	-D8999	XI. ORTHODONTICS		
		•	atment (limited, interceptive or comprehensive) covers u	p to 24
		tment. Beyond 24 months, an addition yment includes adjustments and/or	onal monthly fee, not to exceed \$125.00, may apply. office visits up to 24 months.	
	-	t orthodontic records include:		
D 0 0 1 0			gnostic services includes:	\$200.00
D0210		omplete series of radiographic ima	ges	
	Tomographi	_		
		adiographic image metric radiographic image - acquis	ition massurement and analysis	
	-	al photographic images obtained i		
D0351	3D photogra		intractany of extractany	
	Diagnostic (
	The benefit	for post-treatment records includ	es:	\$70.00
D0210		omplete series of radiographic ima		
D0470	Diagnostic o	casts		
D8010	Limited orth	nodontic treatment of the primary	dentition	\$1,150.00
			nal dentition - child or adolescent to age 19	
		nodontic treatment of the adolesce	ent dentition - adolescent to age 19	
S-A-TN	I-STD-R19		17	N13B - V20

	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children	
D8050	Interceptive orthodontic treatment of the primary dentition	
D8060	Interceptive orthodontic treatment of the transitional dentition	
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19.	31,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19\$	51,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent	
	adult children	,
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	the state of the s	
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00
D9000	-D9999 XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$80.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$10.00
D9311	Consultation with medical health care professional	
D9430	·	
D9440		
D9450		
D9932	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, maxillary	
D9935	Cleaning and inspection of removable partial denture, mandibular	
D9943		\$10.00
D9944	Occlusal guard - hard appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9945	Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9946	Occlusal guard - hard appliance, partial arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9951	Occlusal adjustment, limited	\$45.00
D9952	Occlusal adjustment, complete	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment	\$125.00
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9990		No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost
20007	2 c	. 10 0000

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

S-A-TN-STD-R19 TN13B - V20

SCHEDULE B

Limitations of Benefits

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- 2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- 6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

S-B-TN-STD-R19 V20

- 9. Consultations for non-covered benefits.
- 10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
- 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 12. Prescription drugs.
- 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 14. Lost, stolen or broken orthodontic appliances.
- 15. Changes in orthodontic treatment necessitated by accident of any kind.
- 16. Myofunctional and parafunctional appliances and/or therapies.
- 17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 19. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.
- 21. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 22. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

S-B-TN-STD-R19 V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- · Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

Keep Smiling

DeltaCare® USA

provided by Alpha Dental Programs, Inc.



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ DHMO plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.2

- No restrictions on pre-existing conditions
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

• Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plant deltadentalins.com/about/legal/index-enrollee.html $\,$

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alph Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.



³ Plans with an Accidental Injury Rider have a \$1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.









deltadentalins.com/enrollees

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

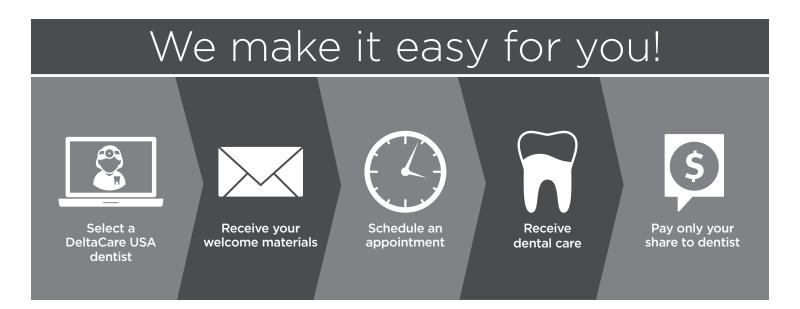
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

	ENROLLEE
CODE DESCRIPTION	<u>PAYS</u>
D0100-D0999 I. DIAGNOSTIC	
D0120 Periodic oral evaluation - established patient	
D0140 Limited oral evaluation - problem focused	
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregive	
D0150 Comprehensive oral evaluation - new or established patient	
D0160 Detailed and extensive oral evaluation - problem focused, by report	
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	
D0171 Re-evaluation - post-operative office visit	
D0180 Comprehensive periodontal evaluation - new or established patient	
D0190 Screening of a patient	No Cost
D0191 Assessment of a patient	No Cost
D0210 Intraoral - complete series of radiographic images - limited to 1 series every 24 months 1 \dots	No Cost
D0220 Intraoral - periapical first radiographic image	No Cost
D0230 Intraoral - periapical each additional radiographic image	No Cost
D0240 Intraoral - occlusal radiographic image	No Cost
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, a	
detector	
D0251 Extraoral posterior dental radiographic image	
D0270 Bitewing - single radiographic image	
D0272 Bitewings - two radiographic images	
D0273 Bitewings three radiographic images	
D0274 Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> ¹	
D0277 Vertical bitewings - 7 to 8 radiographic images	
D0330 Panoramic radiographic image	
DO415 Collection of microorganisms for culture and sensitivity	
DO419 Assessment of salivary flow by measurement - 1 every 12 months	
D0425 Caries susceptibility tests	No Cost
D0460 Pulp vitality tests	No Cost
D0470 Diagnostic casts	
DO472 Accession of tissue, gross examination, preparation and transmission of written report	
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of v	
report	
DO474 Accession of tissue, gross and microscopic examination, including assessment of surgical r	_
for presence of disease, preparation and transmission of written report	
D0601 Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	
D0602 Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 year	
D0603 Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years	
D0999 Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to	
services)	\$5.00
D1000-D1999 II. PREVENTIVE	
D1110 Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period 1	No Cost
D1110 Additional prophylaxis cleaning - adult (within the 6 month period) 1	
S-A-TX-STD-R19	TX13B - V20

Plan TX13B DeltaCare USA Description of Benefits and Copayme
--

D1120	Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period 1	No Cost
D1120	Additional prophylaxis cleaning - child (within the 6 month period) 1	\$35.00
D1206	Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period 1	No Cost
D1208	Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month	
	period	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	
	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$40.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	\$40.00
D2000-	-D2999 III. RESTORATIVE	
- Include	es polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedure	es.
- When	there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100	0.00 per

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amaigant - one surface, primary or permanent	140	J COST	
D2150	Amalgam - two surfaces, primary or permanent	No	o Cost	
D2160	Amalgam - three surfaces, primary or permanent	No	o Cost	
D2161	Amalgam - four or more surfaces, primary or permanent	No	o Cost	
D2330	Resin-based composite - one surface, anterior	No	o Cost	
D2331	Resin-based composite - two surfaces, anterior		o Cost	
D2332	Resin-based composite - three surfaces, anterior	No	o Cost	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$	45.00	
D2390	Resin-based composite crown, anterior	\$	55.00	
D2391	Resin-based composite - one surface, posterior	\$	45.00	
D2392	Resin-based composite - two surfaces, posterior	\$	55.00	
D2393	Resin-based composite - three surfaces, posterior		65.00	
D2394	Resin-based composite - four or more surfaces, posterior	\$	575.00	
D2510	Inlay - metallic - one surface		45.00	
D2520	Inlay - metallic - two surfaces	\$1	155.00	
D2530	Inlay - metallic - three or more surfaces	\$1	65.00	
D2542	Onlay - metallic - two surfaces		60.00	
D2543	Onlay - metallic - three surfaces			
D2544				
D2610	Inlay - porcelain/ceramic - one surface			
D2620	Inlay - porcelain/ceramic - two surfaces			
D2630	Inlay - porcelain/ceramic - three or more surfaces			
D2642	Onlay - porcelain/ceramic - two surfaces	\$30	00.00	
	Onlay - porcelain/ceramic - three surfaces			
	Onlay - porcelain/ceramic - four or more surfaces			
D2650	Inlay - resin-based composite - one surface	\$1	70.00	
S-A-TY-	STD-P19	×13!	B - V20	`

D2/12	Crown - 3/4 resin-based composite (indirect)	\$145.00
D2720	O Crown - resin with high noble metal	\$295.00
D2721	Crown - resin with predominantly base metal	\$195.00
D2722	2 Crown - resin with noble metal	\$235.00
D2740	Crown - porcelain/ceramic	\$355.00
D2750	Crown - porcelain fused to high noble metal	\$355.00
D2751	Crown - porcelain fused to predominantly base metal	\$255.00
D2752		
D275	3 Crown - porcelain fused to titanium and titanium alloys	\$355.00
D278		
D278		
D278	2 Crown - 3/4 cast noble metal	
D278		
D279		
D273		
D2915		
D291		
D292		
D292	· · · · · · · · · · · · · · · · · · ·	
D293	· · · · · · · · · · · · · · · · · · ·	
D293	·	
D293		
D293	• • •	
	O Protective restoration	
D294		
D294		
D295	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D295	the state of the s	
D295	, , , , , , , , , , , , , , , , , , ,	
D295		\$70.00
D295		\$80.00
D295		
D297	·	
	O Crown repair necessitated by restorative material failure	\$20.00
D298	., .,	
D298		
D298	· · · · · · · · · · · · · · · · · · ·	\$20.00
D299	O Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	\$10.00
D300	0-D3999 IV. ENDODONTICS	
D3110		No Cost
D3120		
D322		110 0030
2022	dentinocemental junction and application of medicament	\$25.00
D322		\$30.00
D322		\$25.00
D323		\$40.00
	O Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00
		X13B - V20
3 A-1		NIJD VZU

D2982	Onlay repair necessitated by restorative material failure	\$20.00
D2983	Veneer repair necessitated by restorative material failure	\$20.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	\$10.00
D3000-	-D3999 IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the	
	dentinocemental junction and application of medicament	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00

Plar	TX13B DeltaCare USA Description of Benefits and Copay	ments
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$95.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$125.00
D3347	Retreatment of previous root canal therapy - premolar	\$215.00
D3348	Retreatment of previous root canal therapy - molar	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior	\$115.00
D3421	Apicoectomy - premolar (first root)	\$125.00
D3425	Apicoectomy - molar (first root)	
D3426	Apicoectomy (each additional root)	\$80.00
D3427	Periradicular surgery without apicoectomy	\$115.00
D3430	Retrograde filling - per root	\$60.00
D3450	Root amputation - per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00
D4000	-D4999 V. PERIODONTICS	
- Includ	es preoperative and postoperative evaluations and treatment under a local anesthetic.	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212 D4240	3 · · · · · · · · · · · · · · · · · · ·	\$80.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded	\$135.00
DASAE	spaces per quadrant	\$80.00 \$135.00
D4245		
	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4263		\$215.00
D4264		\$65.00
D4270		\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant,	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants	
D4342	during any 12 consecutive months Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00 \$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 1 D1110, D1120 or D4346 per 6 month period	
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - limited to 1 treatment in any 12 consecutive months	\$50.00
D4910		\$35.00
	·	13B - V20

TX13B	DeltaCare USA	Description of Benefits and Copayments
I X I.SB	DeltaCare USA	Description of Benefits and Copayments
1/(100	D Cita Gai C GG/ t	Beschiption of Benefits and Jopayments

D4910	Additional periodontal maintenance (within the 6 month period)	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

Plan

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Rebase	es, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
- Replac	rement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D5110	Complete denture - maxillary	\$285.00
D5120	Complete denture - mandibular	\$285.00
D5130	Immediate denture - maxillary	\$305.00
D5140	Immediate denture - mandibular	\$305.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$245.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/	
	clasping materials, rests and teeth)	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any	
	retentive/clasping materials, rests and teeth)	\$315.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests	
	and teeth)	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials,	
	rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including	Ф71 Г ОО
DE004	any retentive/clasping materials, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	¢71E 00
D5225		
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5220	Adjust complete denture - maxillary	
	Adjust complete denture - maxillary	\$10.00 \$10.00
D5411 D5421		\$10.00
	Adjust partial denture - maxillary	
D5422		\$10.00 \$40.00
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture (each tooth)	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive/clasping materials - per tooth	
D5640	the second the second	
	Add tooth to existing partial denture	
	Add clasp to existing partial denture - per tooth	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	\$95.00
D5711	Rebase complete mandibular denture	\$95.00
D5720	Rebase maxillary partial denture	\$95.00
D5721	Rebase mandibular partial denture	\$95.00
D5730	Reline complete maxillary denture (chairside)	\$50.00
D5731	Reline complete mandibular denture (chairside)	\$50.00
D5740	Reline maxillary partial denture (chairside)	\$50.00
D5741	Reline mandibular partial denture (chairside)	\$50.00
D5750	Reline complete maxillary denture (laboratory)	\$85.00
D5751	Reline complete mandibular denture (laboratory)	\$85.00
D5760	Reline maxillary partial denture (laboratory)	\$85.00
D5761	Reline mandibular partial denture (laboratory)	\$85.00 K13B - V20
3-M-1V-	כוא סוא פו	(130 - 420

Plan TX13B	DeltaCare USA	Description of Benefits and Copa	yments
D5820 Interim partia	al denture (maxillary) - <i>limited to 1</i>	in any 12 consecutive months	\$105.00
		o 1 in any 12 consecutive months	
			\$25.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHET	ICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not C	overed	
D6200-D6999	IX. PROSTHODONTICS, fixed (eapartial denture [bridge])	nch retainer and each pontic constitutes a unit in a f	ixed
\$100.00 per unit, beyo	nd the 6th unit.	e treatment plan, an Enrollee may be charged an additi	onal
		aker requires the existing bridge to be 5+ years old.	
	_		
-	_	e metal	
<u>-</u>		: illetal	
		m alloys	
•			
D6600 Retainer inlag	y - porcelain/ceramic, two surface	s	\$305.00
D6601 Retainer inlay	y - porcelain/ceramic, three or mo	re surfaces	\$325.00
		aces	
		more surfaces	
		, two surfaces	
		three or more surfaces	
		e surfaces	
	-	es pre surfaces	
	-	faces	
		r more surfaces	
		I, two surfaces	
		I, three or more surfaces	
		5	
		e surfaces	
D6720 Retainer crov	wn - resin with high noble metal .		\$295.00
D6721 Retainer crow	wn - resin with predominantly base	e metal	\$195.00
D6722 Retainer crov	wn - resin with noble metal		\$235.00
	•		
	-	metal	
		ntly base metal	
		al	
		nd titanium alloys	
		motal	
		metal	
		Dys	
_ 3, 3 3 1 Notali Cl OV	_		
D6791 Retainer crow	vn - full cast predominantly base	metal	\$255 00
		metal	

TX13B - V20

S-A-TX-STD-R19

Plar	n TX13B	DeltaCare USA	Description of Benefits and Copa	yments
D6940	Stress break	(er		\$25.00
			storative material failure	
	-D7999	X. ORAL AND MAXILLOFACIAL		
		re and postoperative evaluations and		
D7111		·		No Cost
D7140			vation and/or forceps removal)	\$5.00
D7210	•		bone and/or sectioning of tooth, and including	
D7220				\$55.00
D7230				
D7240 D7241			with unusual surgical complications	\$95.00 \$115.00
D7241			edure)	
D7250			val	
D7270		•	cidentally evulsed or displaced tooth	
D7280				\$85.00
D7282			n to aid eruption	
D7283			npacted tooth	
D7286	Incisional bi	opsy of oral tissue - soft - does not	include pathology laboratory procedures	\$25.00
D7310	Alveoloplast	ry in conjunction with extractions -	four or more teeth or tooth spaces, per quadrant	\$50.00
D7311			one to three teeth or tooth spaces, per quadrant	\$50.00
D7320			ns - four or more teeth or tooth spaces, per	\$70.00
D7321			ns - one to three teeth or tooth spaces, per	¢70.00
D74E0	-		locion diameter un to 10E am	
D7450 D7451			- lesion diameter up to 1.25 cm - lesion diameter greater than 1.25 cm	
D7431			ble)	
D7471				
D7473		•		
D7510			ft tissue	
D7922			o aid in hemostasis or clot stabilization, per site	
D7960	Frenulectom	ny - also known as frenectomy or fr	renotomy - separate procedure not incidental to	
				No Cost
D7971	Excision of	pericoronal gingiva		\$70.00
	-D8999	XI. ORTHODONTICS		
			tment (limited, interceptive or comprehensive) covers u	ıp to 24
		tment. Beyona 24 montns, an addition Yment includes adjustments and/or o	onal monthly fee, not to exceed \$125.00, may apply. office visits up to 24 months.	
	Pre and post	orthodontic records include:		
			gnostic services includes:	\$200.00
D0210		omplete series of radiographic imag	ges	
	Tomographi			
		adiographic image	Non-many control and southern	
		netric radiographic image - acquisi		
D0350	3D photogra	al photographic images obtained ir	itraorally or extraorally	
	Diagnostic o	-		
	The benefit	for post-treatment records include	es:	\$70.00
D0210		omplete series of radiographic imag		
D0470	Diagnostic c	casts		
D8010	Limited orth	nodontic treatment of the primary	dentition	\$1,150.00
			nal dentition - child or adolescent to age 19	
D8030	Limited orth		nt dentition - adolescent to age 19	\$1,150.00
S-A-TX	-STD-R19		T	X13B - V20

D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult	
D8040	children	\$1.350.00
D8050	Interceptive orthodontic treatment of the primary dentition	
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19.	31,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	31,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent	
	adult children	
	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$275.00
D8681	Removable orthodontic retainer adjustment	
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00
		Ψ100.00
	-D9999 XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	
D9223 D9239	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$80.00 \$80.00
D9243	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or	φου.υυ
D3310	physicianphysician	\$10.00
D9311	Consultation with medical health care professional	•
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
D9440	Office visit - after regularly scheduled hours	
D9450		
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
	Occlusal guard adjustment	\$10.00
	Occlusal guard - hard appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	
D9945	Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9946	, , , , , , , , , , , , , , , , , , ,	
D9951	Occlusal adjustment, limited	\$45.00
D9952	Occlusal adjustment, complete	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment	\$125.00
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9990		No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Alpha. The Enrollee pays the Copayment specified for such services.

S-A-TX-STD-R19 TX13B - V20

FOOTNOTES

Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.

S-A-TX-STD-R19 TX13B - V20

SCHEDULE B

Limitations of Benefits

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- 2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- 6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.

S-B-TX-STD-R19 V20

Limitations and Exclusions of Benefits

- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- 9. Consultations for non-covered benefits.
- 10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.
- 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 12. Prescription drugs.
- 13. Lost, stolen or broken orthodontic appliances.
- 14. Changes in orthodontic treatment necessitated by accident of any kind.
- 15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944, D9945, D9946 (occlusal guard).
- 16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 18. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

S-B-TX-STD-R19 V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- · Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Alpha Dental Programs, Inc. 1701 Shoal Creek, Suite 240 Highland Village, TX 75077

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

Keep Smiling

DeltaCare® USA

provided by Dentegra Insurance Company



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.2

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

· Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online









deltadentalins.com/enrollees

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² Verify your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- Your Evidence/Certificate of Coverage (plan booklet). This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- An ID card. This card is for your records only you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist? When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

- 8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services? No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
- 9. What should I do if I need to see a specialist? If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.3 Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date. you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover inprogress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

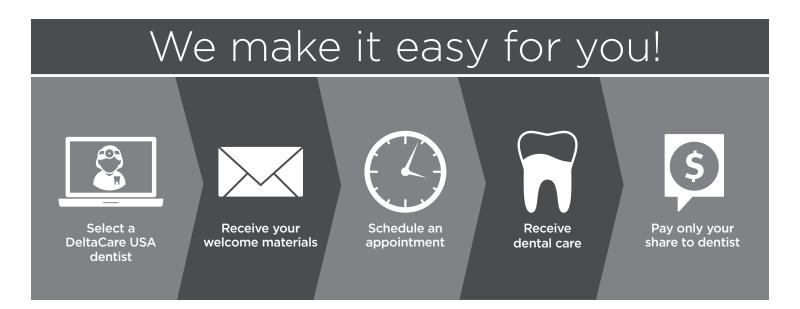
14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about mv plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

DO100-D0999I. DIAGNOSTICD0120Periodic oral evaluation - established patientNo CostD0140Limited oral evaluation - problem focusedNo CostD0145Oral evaluation for a patient under three years of age and counseling with primary caregiverNo CostD0150Comprehensive oral evaluation - new or established patientNo CostD0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0230Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo CostD0271Bitewings - two radiographic imagesNo CostD0272Bitewings - two radiographic imagesNo Cost
D0120 Periodic oral evaluation - established patient No Cost D0140 Limited oral evaluation - problem focused No Cost D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver No Cost D0150 Comprehensive oral evaluation - new or established patient No Cost D0160 Detailed and extensive oral evaluation - problem focused, by report No Cost D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) No Cost D0171 Re-evaluation - post-operative office visit \$5.00 D0180 Comprehensive periodontal evaluation - new or established patient No Cost D0191 Assessment of a patient No Cost D0191 Assessment of a patient No Cost D0210 Intraoral - complete series of radiographic images - limited to 1 series every 24 months No Cost D0220 Intraoral - periapical first radiographic image No Cost D0230 Intraoral - periapical each additional radiographic image No Cost D0240 Intraoral - occlusal radiographic image No Cost D0240 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector No Cost D0251 Extraoral posterior dental radiographic image No Cost D0270 Bitewing - single radiographic image No Cost
D0140 Limited oral evaluation - problem focused
D0145Oral evaluation for a patient under three years of age and counseling with primary caregiverNo CostD0150Comprehensive oral evaluation - new or established patientNo CostD0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0150Comprehensive oral evaluation - new or established patientNo CostD0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0160Detailed and extensive oral evaluation - problem focused, by reportNo CostD0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0170Re-evaluation - limited, problem focused (established patient; not post-operative visit)No CostD0171Re-evaluation - post-operative office visit\$5.00D0180Comprehensive periodontal evaluation - new or established patientNo CostD0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0171 Re-evaluation - post-operative office visit
D0180 Comprehensive periodontal evaluation - new or established patient No Cost D0190 Screening of a patient No Cost D0191 Assessment of a patient No Cost D0210 Intraoral - complete series of radiographic images - limited to 1 series every 24 months No Cost D0220 Intraoral - periapical first radiographic image No Cost D0230 Intraoral - periapical each additional radiographic image No Cost D0240 Intraoral - occlusal radiographic image No Cost D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector No Cost D0251 Extraoral posterior dental radiographic image No Cost D0270 Bitewing - single radiographic image No Cost
D0190Screening of a patientNo CostD0191Assessment of a patientNo CostD0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0191 Assessment of a patient
D0210Intraoral - complete series of radiographic images - limited to 1 series every 24 monthsNo CostD0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0220Intraoral - periapical first radiographic imageNo CostD0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0230Intraoral - periapical each additional radiographic imageNo CostD0240Intraoral - occlusal radiographic imageNo CostD0250Extraoral - 2D projection radiographic image created using a stationary radiation source, and detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0240 Intraoral - occlusal radiographic image
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector
detectorNo CostD0251Extraoral posterior dental radiographic imageNo CostD0270Bitewing - single radiographic imageNo Cost
D0270 Bitewing - single radiographic image
D0272 Bitewings - two radiographic images
2 02/2 2 100 m 100 100 100 100 100 100 100 100 1
D0273 Bitewings three radiographic images
D0274 Bitewings - four radiographic images - limited to 1 series every 6 months
D0277 Vertical bitewings - 7 to 8 radiographic images
D0330 Panoramic radiographic image
DO415 Collection of microorganisms for culture and sensitivity
D0419 Assessment of salivary flow by measurement - 1 every 12 months
D0425 Caries susceptibility tests
D0460 Pulp vitality tests
D0470 Diagnostic casts
D0472 Accession of tissue, gross examination, preparation and transmission of written report
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written
report
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins
for presence of disease, preparation and transmission of written report
D0601 Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years
D0602 Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years
D0603 Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years
services)\$5.00
D1000-D1999 II. PREVENTIVE
D1110 Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period
D1110 Additional prophylaxis cleaning - adult (within the 6 month period)

Plan VA13B DeltaCare USA Description of Benefits and Copaym

D1120	3	No Cost
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	
D1206	Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month	
	period	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to</i>	
	permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$40.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - child to age 9	\$40.00
D0000		
D2000	-D2999 III. RESTORATIVE	

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of	crowns, inlays and	onlays requires ti	he existing restoration to l	be 5 or more years old.
------------------	--------------------	--------------------	------------------------------	-------------------------

reprac	server or or or or or may a una ornay a required the existing rectoration to be a or more years ora.	
D2140	Amalgam - one surface, primary or permanent	
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45.00
D2390	Resin-based composite crown, anterior	\$55.00
D2391	Resin-based composite - one surface, posterior	\$45.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior	\$75.00
D2510	Inlay - metallic - one surface	\$145.00
D2520	Inlay - metallic - two surfaces	\$155.00
D2530	Inlay - metallic - three or more surfaces	\$165.00
D2542	Onlay - metallic - two surfaces	\$160.00
D2543	Onlay - metallic - three surfaces	\$170.00
D2544	Onlay - metallic - four or more surfaces	\$190.00
D2610	Inlay - porcelain/ceramic - one surface	\$270.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$325.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$300.00
D2643		
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$355.00
D2650	Inlay - resin-based composite - one surface	\$170.00

D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00
D2920	Re-cement or re-bond crown	\$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$45.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$50.00
D2932	Prefabricated resin crown - anterior primary tooth	\$65.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$75.00
D2940	Protective restoration	
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	\$50.00
D2950	Core buildup, including any pins when required	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$70.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50.00
D2980	Crown repair necessitated by restorative material failure	\$20.00
D2981	Inlay repair necessitated by restorative material failure	\$20.00
D2982	Onlay repair necessitated by restorative material failure	\$20.00
D2983	Veneer repair necessitated by restorative material failure	\$20.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	\$10.00
D3000-	D3999 IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the	
	dentinocemental junction and application of medicament	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00
S-A-VA-	-STD-R18 VA	A13B - V20

Plar	VA13B DeltaCare USA Description of Benefits and Copay	ments
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$95.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$125.00
D3347	Retreatment of previous root canal therapy - premolar	\$215.00
D3348	Retreatment of previous root canal therapy - molar	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410		\$115.00
D3421	Apicoectomy - premolar (first root)	\$125.00
D3425	Apicoectomy - molar (first root)	
D3426	Apicoectomy (each additional root)	\$80.00
D3427	Periradicular surgery without apicoectomy	\$115.00
D3430	Retrograde filling - per root	\$60.00
D3450	Root amputation - per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00
	-D4999 V. PERIODONTICS	
	es preoperative and postoperative evaluations and treatment under a local anesthetic.	
D4210		\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212 D4240	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$80.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded	\$135.00 \$80.00
D4245	spaces per quadrant	\$135.00
D4243		T
	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4263		\$215.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$65.00
D4270		\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant,	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants	
D4342	during any 12 consecutive months Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00 \$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 1 D1110, D1120 or D4346 per 6 month period	
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - limited to 1 treatment in any 12 consecutive months	\$50.00
D4910		\$35.00
	·	13B - V20

Plan VA13B DeltaCare USA	Description of Benefits and Copayments
---------------------------------	--

Plar	n VAI3B DeltaCare USA Description of Benefits and Co	opayments
D4910	Additional periodontal maintenance (within the 6 month period)	\$55.00
D4910	Gingival irrigation - per quadrant	
	0-D5899 VI. PROSTHODONTICS (removable)	Ata a ta a
	l listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue condi ed, for the first six months after placement. The Enrollee must continue to be eligible, and the service r	
	ed, for the first six months after placement. The Enfonce must continue to be engine, and the service red at the Contract Dentist's facility where the denture was originally delivered.	nust be
	ses, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
	cement of a denture or a partial denture requires the existing denture to be 5 or more years old.	
D5110	Complete denture - maxillary	\$285.00
D5120	Complete denture - mandibular	\$285.00
D5130	Immediate denture - maxillary	
D5140	Immediate denture - mandibular	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentic clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any	
DE001	retentive/clasping materials, rests and teeth)	
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, resand teeth)	
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including	
	any retentive/clasping materials, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (includi any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5410	Adjust complete denture - maxillary	
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520		
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621 D5622	Repair cast partial framework, mandibular	
D5630		
D5640		
D5650		
D5660		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	\$95.00
D5711	Rebase complete mandibular denture	\$95.00
D5720	Rebase maxillary partial denture	\$95.00
D5721	Rebase mandibular partial denture	
D5730	Reline complete maxillary denture (chairside)	
D5731	Reline complete mandibular denture (chairside)	
D5740	Reline maxillary partial denture (chairside)	
D5741	Reline mandibular partial denture (chairside)	
D5750	Reline complete maxillary denture (laboratory)	
D5751 D5760	Reline complete mandibular denture (laboratory)	
D5760 D5761	Reline mandibular partial denture (laboratory)	
	A-STD-R18	VA13B - V20

VA13B - V20

S-A-VA-STD-R18

Plan VA13B	DeltaCare USA Description of Be	enefits and Copaymei
	tial denture (maxillary) - limited to 1 in any 12 consecutive months.	
	ial denture (mandibular) - <i>limited to 1 in any 12 consecutive month</i> s	
	litioning, maxillarylitioning, mandibular	
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic co partial denture [bridge])	nstitutes a unit in a fixed
- When a crown and/c \$100.00 per unit, beyo	or pontic exceeds six units in the same treatment plan, an Enrollee may rond the 6th unit.	v be charged an additional
	rown, pontic, inlay, onlay or stress breaker requires the existing bridge t	
	st high noble metal	
	st predominantly base metal	
	st noble metal	
	rcelain fused to high noble metal	
	rcelain fused to predominantly base metal	
	rcelain fused to noble metal	
•	rcelain fused to titanium and titanium alloys	
	rcelain/ceramicin with high noble metal	
	in with predominantly base metal	
	in with noble metal	
	ay - porcelain/ceramic, two surfaces	
	ay - porcelain/ceramic, two surfacesay - porcelain/ceramic, three or more surfaces	
	ay - cast high noble metal, two surfaces	
	ay - cast high noble metal, three or more surfaces	
	ay - cast predominantly base metal, two surfaces	
	ay - cast predominantly base metal, three or more surfaces	
	ay - cast noble metal, two surfaces	
	ay - cast noble metal, three or more surfaces	
06608 Retainer onl	lay - porcelain/ceramic, two surfaces	\$300.
06609 Retainer onl	lay - porcelain/ceramic, three or more surfaces	\$335.
	lay - cast high noble metal, two surfaces	
D6611 Retainer onla	lay - cast high noble metal, three or more surfaces	\$270.
	lay - cast predominantly base metal, two surfaces	
	lay - cast predominantly base metal, three or more surfaces	
	lay - cast noble metal, two surfaces	
	lay - cast noble metal, three or more surfaces	
	own - resin with high noble metal	
	own - resin with predominantly base metal	
	own - resin with noble metal	
	own - porcelain/ceramic	
	own - porcelain fused to high noble metal	
	own - porcelain fused to predominantly base metal	
	own - porcelain fused to noble metalown - porcelain fused to titanium and titanium alloys	
	own - 3/4 cast high noble metal	
	own - 3/4 cast night hobie metalown - 3/4 cast predominantly base metal	
	own - 3/4 cast predominantly base metal	
	own - 3/4 cast floble ffletal	
	own 3/4 - titanium and titanium alloys	
	own - full cast high noble metal	
	own - full cast fright hobie metal	
	own - full cast predominantly base metal	
	or re-bond fixed partial denture	

VA13B - V20

S-A-VA-STD-R18

Plar	n VA13B	DeltaCare USA	Description of Benefits and Copa	yments
D6940	Stress brea	ker		\$25.00
			estorative material failure	
	-D7999	X. ORAL AND MAXILLOFACIAL		
		ve and postoperative evaluations and		
D7111		• •		No Cost
D7140			evation and/or forceps removal)	\$5.00
D7210			bone and/or sectioning of tooth, and including	\$45.00
D7220		•		\$55.00
D7230				•
D7240			у	\$95.00
D7241	Removal of	impacted tooth - completely bony	, with unusual surgical complications	\$115.00
D7250	Removal of	residual tooth roots (cutting proc	edure)	\$35.00
D7251	Coronecton	ny - intentional partial tooth remov	/al	\$115.00
D7270	Tooth reimp	plantation and/or stabilization of ac	cidentally evulsed or displaced tooth	\$110.00
D7280				\$85.00
D7282			h to aid eruption	
D7283			mpacted tooth	
D7286			t include pathology laboratory procedures	\$25.00
D7310			four or more teeth or tooth spaces, per quadrant	\$50.00
D7311 D7320	Alveoloplas	ty not in conjunction with extraction	one to three teeth or tooth spaces, per quadrant ons - four or more teeth or tooth spaces, per	\$50.00
D7321			ons - one to three teeth or tooth spaces, per	\$70.00
	•			
D7450			- lesion diameter up to 1.25 cm	
D7451			- lesion diameter greater than 1.25 cm	
D7471			ible)	
D7472		•		
D7473			£ tion	
D7510 D7922			off tissue	
D7960			renotomy - separate procedure not incidental to	110 0031
				No Cost
D7971	Excision of	pericoronal gingiva		\$70.00
	-D8999	XI. ORTHODONTICS		
		•	atment (limited, interceptive or comprehensive) covers u	p to 24
		itment. Beyond 24 months, an addition Syment includes adjustments and/or o	onal monthly fee, not to exceed \$125.00, may apply. office visits up to 24 months.	
	-	t orthodontic records include:		*
D0010			gnostic services includes:	\$200.00
D0210		omplete series of radiographic ima	ges	
	Tomograph Panoramic I	radiographic image		
		radiographic image metric radiographic image - acquis	ition measurement and analysis	
	-	al photographic images obtained i		
D0351		aphic image	Thractary of exclaerary	
	Diagnostic	-		
	The benefit	for post-treatment records includ	es:	\$70.00
D0210		omplete series of radiographic ima		
D0470	Diagnostic	casts		
D8010	Limited ortl	hodontic treatment of the primary	dentition	\$1,150.00
			nal dentition - child or adolescent to age 19	
		nodontic treatment of the adolesce	ent dentition - adolescent to age 19	
S-A-VA	N-STD-R18		VA	A13B - V20

DeltaCare USA

D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult	
	children	. ,
D8050	Interceptive orthodontic treatment of the primary dentition	
D8060	Interceptive orthodontic treatment of the transitional dentition	
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 .	
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19\$	
D8090		
D0000	adult children	
	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	¢275.00
D0001	Donard Land Land Control Control Control	•
D8681	Removable orthodontic retainer adjustment	
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00
D9000	-D9999 XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$80.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or	
	physicianphysician	
D9311	Consultation with medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
D9440	Office visit - after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard - hard appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9945	Occlusal guard - soft appliance, full arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9946	Occlusal guard - hard appliance, partial arch - limited to 1 D9944, D9945 or D9946 in 3 years	\$95.00
D9951	Occlusal adjustment, limited	\$45.00
D9952	Occlusal adjustment, complete	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom	
	trays - limited to one bleaching tray and gel for two weeks of self-treatment	\$125.00
D9986	Missed appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9987	Canceled appointment - without 24 hour notice - per 15 minutes of appointment time	\$10.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Dentegra. The Enrollee pays the Copayment specified for such services.

S-A-VA-STD-R18 VA13B - V20

SCHEDULE B

Limitations of Benefits

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- 2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- 4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Dentegra, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- 5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- 6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Dentegra is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

- 1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
- 2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

S-B-VA-STD-R13 V20

- 9. Consultations for non-covered benefits.
- 10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
- 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 12. Prescription drugs.
- 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 14. Lost, stolen or broken orthodontic appliances.
- 15. Changes in orthodontic treatment necessitated by accident of any kind.
- 16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9944, D9945, D9946 (occlusal guards).
- 17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 19. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
- 20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

S-B-VA-STD-R13 V20

Useful information at your fingertips

Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to Grin!, our free dental wellness e-magazine at deltadentalins.com/wellness.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure online account.

- Review your plan benefits
- Access your ID card

Contact us

Need help? Let us know.

Online: Visit **deltadentalins.com/contact** and choose the "DeltaCare USA Customer Service" form.

Write to:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Dentegra Insurance Company 560 Mission Street, Suite 1300 San Francisco, CA 94105

Administered by:

Delta Dental Insurance Company 1130 Sanctuary Parkway Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

