



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.

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

¹ 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, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, 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; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

² We recommend that you verify online that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

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



We keep you smiling[®]
deltadentalins.com/enrollees

FAQ + A

Answers to frequently asked questions 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, 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 our Customer Service department. 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 DeltaCare USA as your 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?

Your family members can visit the same primary care network dentist, but you do not have to. You may collectively select a maximum of three different primary care network dentists.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 Services account or call or write to Customer Service. Change requests received by the ¹⁵ 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.

² In TX, there is no limit. Each eligible family member may select his or her own primary care network dentist.

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. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

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 miles³ from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per enrollee³ every 12 months⁴) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com/enrollees to create a free, secure Online Services account. On our website, 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 progress⁵), 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 in-progress 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 my plan?

Please contact us for additional support. Our Customer Service agents 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.

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

⁴ Exceptions may apply. Refer to your Evidence/Certificate of Coverage.

⁵ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a DeltaCare USA Dentist



Receive your welcome materials



Schedule an appointment



Receive dental care



Pay only your share to dentist

Employee Group Dental Insurance Program DMO Plan - Standard Plan Benefits

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 CDT-2017 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association 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.

Pending Regulatory Approval

ADA Codes	Procedure	Member Charge/Co-pay General Practitioner	Member Charge/Co-pay Specialist
DIAGNOSTIC			
D0120	Periodic oral evaluation	No Charge	No Charge
D0140	Limited oral evaluation	No Charge	No Charge
D0145	Oral evaluation - child patient under three years of age and counseling with primary caregiver	No Charge	No Charge
D0150	Comprehensive oral evaluation	No Charge	No Charge
D0160	Detail and extensive oral evaluation	No Charge	No Charge
D0170	Re-evaluation - limited, problem focused	No Charge	No Charge
D0171	Re-evaluation -post operative office	\$5	\$5
D0180	Comprehensive periodontal evaluation	No Charge	No Charge
D0190	Screening of patient	No Charge	No Charge
D0191	Assessment of patient	No Charge	No Charge
X-RAYS AND TESTS			
D0210	Intraoral - complete series incl bitewings (limit 1 every 24 months)	No Charge	No Charge
D0220	Intraoral - periapical-first film	No Charge	\$4
D0230	Intraoral - periapical-each add film	No Charge	\$2
D0240	Intraoral - occlusal film	No Charge	No Charge
D0250	Extraoral -2d projection radiographic image created using a stationary radiation source and detector	No Charge	No Charge
D0251	Extraoral posterior dental radiographic image	No Charge	No Charge

D0260	Extraora I- each additional film	No Charge	No Charge
D0270	Bitewing - single film	No Charge	No Charge
D0272	Bitewings - two films	No Charge	No Charge
D0273	Bitewings - three films	No Charge	No Charge
D0274	Bitewings - four films	No Charge	No Charge
D0277	Vertical bitewings - 7 to 8 films	No Charge	\$20
D0330	Panoramic file (limit 1 every 24 months)	No Charge	\$45
D0350	Oral/facial photographic images	No Charge	\$60
D0415	Collection of microorganisms for culture and sensitivity	No Charge	No Charge
D0425	Caries susceptibility tests	No Charge	No Charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50	\$50
D0460	Pulp vitality test	No Charge	No Charge
D0470	Diagnostic casts	No Charge	No Charge
D0472	Accession of tissue, gross examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	No Charge	No Charge
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	No Charge	No Charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins of presence of disease, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy	No Charge	No Charge
D0502	Other oral pathology procedures by report	No Charge	No Charge
D0601	Caries risk assessment and documentation , with a finding of low risk - 1 every 3 years	No Charge	No Charge
D0602	Caries risk assessment and documentation , with a finding of moderate risk - 1 every 3 years	No Charge	No Charge
D0603	Caries risk assessment and documentation , with a finding of high risk - 1 every 3 years	No Charge	No Charge
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	\$5	\$5
D1110	Prophylaxis adults (limit 1 every 6 months)	No Charge	No Charge
D1110	Additional prophylaxis cleaning adults (2 within the 12 month period)	\$15	\$45
D1120	Prophylaxis child (limit 1 every 6 months)	No Charge	No Charge
D1120	Additional prophylaxis cleaning child (2 within the 12 month period)	\$15	\$35
D1206	Topical application of fluoride varnish - 2 <i>d1206</i> or <i>d1208</i> per 12 month period	No Charge	No Charge

D1208	Topical application of fluoride - excluding varnish - 2 <i>d1206</i> or <i>d1208</i> per 12 month period	No Charge	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	No Charge
D1330	Oral hygiene instruction	No Charge	No Charge
D1351	Sealant - per tooth	No Charge	No Charge
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge	No Charge
D1353	Sealant repair - per tooth -	No Charge	No Charge
D1354	Interim caries arresting medicament application - 2 per 12 month period	No Charge	No Charge
D1510	Space maintainer - fixed unilateral	No Charge	No Charge
D1515	Space maintainer - fixed - bilateral	No Charge	No Charge
D1520	Space maintainer - removable - unilateral	No Charge	No Charge
D1525	Space maintainer - removable - bilateral	No Charge	No Charge
D1550	Re-cement or re-bond space maintainer	\$12	\$12
D1555	Removal of fixed space maintainer	\$12	\$12
D1575	Distal shoe space maintainer - fixed - unilateral - child to age 9	No Charge	No Charge

RESTORATIVE SERVICES

D2140	Amalgam - one surface primary or permanent	No Charge	No Charge
D2150	Amalgam - two surfaces primary or permanent	No Charge	No Charge
D2160	Amalgam - three surfaces primary or permanent	No Charge	No Charge
D2161	Amalgam - four or more surfaces primary or permanent	No Charge	No Charge
D2330	Resin - based composite one surface anterior	\$10	\$28
D2331	Resin - based composite two surfaces anterior	\$18	\$35
D2332	Resin - based composite three surfaces anterior	\$23	\$45
D2335	Resin-based composite four or more surfaces anterior	\$25	\$75
D2390	Resin - based composite crown, anterior	\$30	\$90
D2391	Resin - based composite one surface, posterior	\$30	\$65
D2392	Resin - based composite two surfaces, posterior	\$45	\$75
D2393	Resin - based composite three surfaces, posterior	\$65	\$90
D2394	Resin - based composite four or more surfaces, posterior	\$65	\$115
D2510	Inlay - metallic - one surface	\$210	\$210
D2520	Inlay - metallic - two surfaces	\$220	\$220
D2530	Inlay - metallic - three or more surfaces	\$230	\$230
D2542	Onlay - metallic - two surfaces	\$310	\$310
D2543	Onlay - metallic - three surfaces	\$325	\$325

D2544	Onlay - metallic - four or more surfaces	\$335	\$335
D2610	Inlay - porcelain /ceramic-one surface	\$310	\$310
D2620	Inlay - porcelain / ceramic-two surfaces	\$335	\$335
D2630	Inlay - porcelain / ceramic-three or more surfaces	\$360	\$360
D2642	Onlay - porcelain / ceramic-two surfaces	\$395	\$395
D2643	Onlay - porcelain / ceramic-three surfaces	\$425	\$425
D2644	Onlay - porcelain / ceramic-four or more surfaces	\$435	\$435
D2650	Inlay - composite/resin-one surface lab process	\$185	\$185
D2651	Inlay - composite/resin-two surfaces lab process	\$210	\$210
D2652	Inlay - composite/resin-three or more surfaces lab	\$245	\$245
D2662	Onlay - composite/resin-two surfaces	\$225	\$225
D2663	Onlay - composite/resin-three surfaces	\$245	\$245
D2664	Onlay - composite/resin-four or more surfaces	\$270	\$270

CROWNS

D2710	Crown - resin (indirect)	\$145	\$145
D2712	Crown 3/4	\$145	\$145
D2720	Crown - resin with high noble metal	\$485	\$485
D2721	Crown - resin with predominantly base metal	\$410	\$410
D2722	Crown-resin with noble metal	\$465	\$465
D2740	Crown - porcelain	\$247.50	\$485
D2750	Crown - porcelain fused to high noble metal	\$477.50	\$485
D2751	Crown - porcelain fused to predominantly base metal	\$247.50	\$410
D2752	Crown - porcelain fused to noble metal	\$437.50	\$465
D2780	Crown - 3/4 cast high noble metal	\$485	\$485
D2781	Crown - 3/4 cast predominantly base metal	\$410	\$410
D2782	Crown - 3/4 cast noble base metal	\$465	\$465
D2783	Crown - 3/4 porcelain/ceramic	\$485	\$485
D2790	Crown - full cast high noble metal	\$485	\$485
D2791	Crown-full cast predominantly base metal	\$210	\$410
D2792	Crown - full cast noble metal	\$400	\$465
D2794	Crown - titanium	\$485	\$485
D2910	Recement inlay	\$10	\$12
D2915	Recement cast or prefab post & core	\$12	\$12
D2920	Recement crown	No Charge	\$12
D2921	Reattachment of tooth fragment,incisal edge or cusp, anterior	\$75	\$75
D2929	Prefabricated porcelain/ceramic crown, - primary tooth, anterior	\$125	\$125

D2930	Prefabricated stainless steel crown-primary tooth	\$25	\$35
D2931	Prefabricated stainless steel crown-permanent tooth	\$45	\$45
D2932	Prefabricated resin crown	\$25	\$85
D2933	Prefabricated stainless steel with resin crown	\$125	\$125
D2940	Sedative filling	No Charge	\$12
D2941	Interim therapeutic restoration - primary dentition	\$12	\$12
D2949	Restorative foundation for indirect restoration	\$65	\$65
D2950	Core buildup, including any pins	\$65	\$65
D2951	Pin retention/per tooth, in addition to restoration	\$5	\$10
D2952	Cast post & core in addition to crown	\$85	\$85
D2953	Each additional cast post - same tooth	\$70	\$70
D2954	Prefabricated post & core in addition to crown	\$65	\$65
D2955	Post removal	\$35	\$35
D2957	Each additional prefabricated post same tooth base metal	\$30	\$30
D2960	Labial veneer (resin laminate) - chairside - limited to replacement of significant tooth structure	\$300	\$300
D2961	Labial veneer (resin laminate) - laboratory - limited to replacement of significant tooth structure	\$340	\$340
D2962	Labial veneer (porcelain laminate) - laboratory - limited to replacement of significant tooth structure	\$400	\$400
D2971	Additional procedures to construct new crown under existing partial denture framework	\$100	\$100
D2980	Crown repair by report	\$85	\$85
D2981	Inlay repair by report	\$85	\$85
D2982	Onlay repair by report	\$85	\$85
D2983	Veneer repair by report	\$85	\$85
D2990	Resin infiltration of incipient smooth surface lesions - limited to permanent molars	No Charge	No Charge

ENDODONTIC SERVICES*

D3110	Pulp cap-direct excluding final restoration	\$18	\$18
D3120	Pulp cap-indirect excluding final restoration	\$18	\$18
D3220	Therapeutic pulpotomy excluding final restoration	No Charge	\$25
D3221	Pulp debridement, primary & permanent teeth	\$80	\$80
D3222	Partial pulpotomy for apexogenesis (permanent tooth with incomplete root development)	\$25	\$25
D3230	Pulp therapy anterior, primary tooth	\$45	\$45
D3240	Pulp therapy posterior, primary tooth	\$45	\$45
D3310	Root canal therapy - anterior exc final restoration	\$90	\$110
D3320	Root canal therapy - bicuspid exc final restoration	\$155	\$195
D3330	Root canal therapy - molar exc final restoration	\$200	\$245

D3331	Tx rc obstruction; non-surg ac	\$75	\$75
D3332	Incomplete endodontic therapy	\$65	\$65
D3333	Root perforation repair	\$115	\$115
D3346	Retreat previous root canal-anterior	\$285	\$285
D3347	Retreat previous root canal-bicuspid	\$335	\$335
D3348	Retreat previous root canal-molar	\$425	\$425
D3351	Apexification/recalcification - initial visit	\$80	\$80
D3352	Apexification/recalcification - interim visit	\$80	\$80
D3353	Apexification/recalcification - final visit	\$80	\$80
D3410	Apicoectomy/periadicular surgery - anterior	\$75	\$85
D3421	Apicoectomy/periadicular surgery - bicuspid first root	\$290	\$290
D3425	Apicoectomy/periadicular surgery - molar first root	\$315	\$315
D3426	Apicoectomy/periadicular surgery - each add root	\$85	\$85
D3427	Periradicular surgery without apicoectomy	\$85	\$85
D3430	Retrograde filling - per root	\$60	\$60
D3450	Root amputation, per root	\$95	\$95
D3920	Hemi section - including root removal	\$80	\$80

PERIODONTAL SERVICES

D4210	Gingivectomy/gingivoplasty - 4+ teeth, per quad	\$120	\$165
D4211	Gingivectomy/gingivoplasty - 1-3 teeth, per quad	\$50	\$50
D4212	Gingivectomy/gingivoplasty, access restorative procedure, per tooth	\$50	\$50
D4240	Gingival flap incl rt planing, 4+ teeth, per quad	\$170	\$185
D4241	Gingival flap incl rt planing, 1-3 teeth, per quad	\$110	\$110
D4245	Apically positioned flap	\$135	\$135
D4249	Crown lengthening-hard tissue	\$160	\$215
D4260	Osseous surgery, 4+ contiguous teeth, per quad	\$330	\$360
D4261	Osseous surgery, 1-3 teeth, per quad	\$248	\$285
D4263	Bone graft - first tooth in quad	\$180	\$190
D4264	Bone graft - addl tooth in quad	\$95	\$105
D4265	Bio matl aid sft & osseous tissue	\$95	\$275
D4266	Guided tissue regen-resorb barrier	\$210	\$210
D4267	Gtr - non-resorbable barrier	\$240	\$240
D4270	Pedicle soft tissue graft procedure	\$250	\$250
D4273	Autogenous connective tissue graft, first tooth, implant, or edentulous tooth	\$75	\$300
D4274	Distal or proximal wedge procedure - separate procedure	\$100	\$105
D4275	Non-autogenous connective tissue graft first tooth, implant or edentulous tooth position in graft	\$350	\$350

D4277	Free soft tissue graft, first tooth, implant, or edentulous tooth	\$245	\$245
D4278	Free soft tissue graft, each additional tooth, implant, or edentulous tooth	\$245	\$245
D4283	Autogenous connective tissue graft, each additional contiguous tooth, implant, or edentulous tooth	\$180	\$180
D4285	Non-autogenous connective tissue graft, each additional contiguous tooth, implant, or edentulous tooth	\$210	\$210
D4320	Splinting - intracoronal	\$95	\$245
D4321	Splinting - extracoronal	\$85	\$290
D4341	Periodontal root planing, 4+ contiguous teeth, per quad	\$40	\$50
D4342	Periodontal root planing, 1-3 teeth, per quad	\$40	\$40
D4346	Scaling, full mouth, after oral eval - 2 d1110, d1120, d4346 per 12 mo period	No Charge	No Charge
D4355	Full mouth debridement	\$50	\$50
D4381	Localized delivery of antimicrobial agents - for an additional tooth treated in the same quad following rt planing or periodontal maintenance	No Charge	No Charge
D4910	Periodontal maintenance	\$25	\$50
D4910	Additional periodontal maintenance - 2 within the 12 month period	\$55	\$60
D4921	Gingival irrigation - per quadrant	No Charge	No Charge

PROSTHODONTICS

D5110 / D5120	Complete denture - upper / lower	\$230	\$510
D5130 / D5140	Immediate denture - upper / lower	\$245	\$535
D5211	Upper partial-resin bas w/conv clsps-rsts	\$240	\$535
D5212	Lower partial-resin base w/conv clsps-rsts	\$240	\$535
D5213	Upper partial-cast metal resin base w/conv clasps	\$245	\$610
D5214	Lower partial-cast metal resin base w/conv clasps	\$245	\$610
D5221	Immediate upper partial -resin base w/conv clsps-rsts	\$535	\$535
D5222	Immediate lower partial -resin base w/conv clsps-rsts	\$535	\$535
D5223	Immediate upper partial -cast metal resin base w/conv clsps-rsts	\$610	\$610
D5224	Immediate lower partial -cast metal resin base w/conv clsps-rsts	\$610	\$610
D5225	Maxillary partial denture flexible base	\$660	\$660
D5226	Mandibular partial denture flexible base	\$660	\$660
D5281	Unilateral partial denture	\$400	\$400
D5410	Adjust complete denture - upper *	\$5	\$12
D5411	Adjust complete denture - lower *	\$5	\$12
D5421 / D5422	Adjust partial denture - upper / lower *	\$5	\$12

D5510	Repair broken complete denture base *	\$25	\$68
D5520	Replace missing/broken tooth-complete denture	\$40	\$68
D5610	Repair resin denture base	\$68	\$68
D5620	Repair cast framework	\$68	\$68
D5630	Repair or replace broken clasp	\$68	\$68
D5640	Replace broken teeth-per tooth	\$30	\$68
D5650	Add tooth to existing partial denture	\$30	\$68
D5660	Add clasp to existing partial denture	\$30	\$68
D5670 / D5671	Replace all teeth & framework - upper/lower	\$275	\$275
D5710 / D5711	Rebase complete upper / lower denture	\$175	\$175
D5720 / D5721	Rebase upper / lower partial denture	\$175	\$175
D5730 / D5731	Reline complete upper / lower denture - chairside	\$25	\$95
D5740 / D5741	Reline upper / lower partial denture - chairside	\$25	\$95
D5750 / D5751	Reline complete upper / lower denture (lab)	\$55	\$125
D5760 / D5761	Reline upper / lower partial denture (lab)	\$55	\$125
D5820	Interim partial denture maxillary - ltd 1 in any 12 consecutive months	\$210	\$210
D5821	Interim partial denture mandibular - ltd 1 in any 12 consecutive months	\$210	\$210
D5850	Tissue conditioning, maxillary	No Charge	\$16
D5851	Tissue conditioning, mandibular	No Charge	\$16

FIXED BRIDGES

D6205	Pontic - indirect resin based composite	\$145	\$145
D6210	Pontic - cast high noble metal	\$485	\$485
D6211	Pontic-cast predom base metal	\$410	\$410
D6212	Pontic-cast noble metal	\$465	\$465
D6214	Pontic titanium	\$485	\$485
D6240	Pontic - porcelain fused to high noble metal	\$485	\$485
D6241	Pontic - porcelain fused to predom base metal	\$247.50	\$410
D6242	Pontic - porcelain fused to noble metal	\$437.50	\$465
D6245	Pontic - porcelain / ceramic	\$237.50	\$460
D6250	Pontic - resin with high noble metal	\$485	\$485
D6251	Pontic - resin with predom base metal	\$410	\$410
D6252	Pontic - resin with noble metal	\$465	\$465
D6545	Retainer cast metal for resin bonded fixed prosthesis	\$175	\$640
D6600	Bridge retainer - inlay, porcelain, two surfaces	\$335	\$335
D6601	Bridge retainer - inlay, porcelain, three or more surfaces	\$360	\$360
D6602	Bridge retainer - inlay, cast high noble metal, two surfaces	\$270	\$270

D6603	Bridge retainer - inlay, cast high noble metal, three or more surfaces	\$280	\$280
D6604	Bridge retainer - inlay, cast predominantly base metal, two surfaces	\$220	\$220
D6605	Bridge retainer - inlay, cast predominantly base metal, three or more surfaces	\$230	\$230
D6606	Bridge retainer - inlay, cast noble metal, two surfaces	\$250	\$250
D6607	Bridge retainer - inlay, cast noble metal, three or more surfaces	\$260	\$260
D6608	Bridge retainer- onlay, porcelain, two surfaces	\$395	\$395
D6609	Bridge retainer - onlay, porcelain, three or more surfaces	\$425	\$425
D6610	Bridge retainer - onlay, cast high noble metal, two surfaces	\$360	\$360
D6611	Bridge retainer - onlay, cast high noble metal, three or more surfaces	\$380	\$380
D6612	Bridge retainer - onlay, cast predominantly base metal, two surfaces	\$310	\$310
D6613	Bridge retainer - onlay, cast predominantly base metal, three or more surfaces	\$330	\$330
D6614	Bridge retainer - onlay, cast noble metal, two surfaces	\$340	\$340
D6615	Bridge retainer - onlay, cast noble metal, three or more surfaces	\$360	\$360
D6710	Crown-indirect resin based composite	\$145	\$145
D6720	Crown-resin with high noble metal	\$485	\$485
D6721	Crown - resin with predominantly base metal	\$410	\$410
D6722	Crown-resin with noble metal	\$465	\$465
D6740	Bridge retainer - crown, porcelain/ceramic	\$485	\$485
D6750	Crown - porcelain fused to high noble metal	\$477.50	\$485
D6751	Crown - porcelain fused to predom base metal	\$247.50	\$410
D6752	Crown - porcelain fused to noble metal	\$437.50	\$465
D6780	Crown - 3/4 cast high noble metal	\$485	\$485
D6781	Crown - 3/4 cast predominantly base metal	\$410	\$410
D6782	Crown - 3/4 cast noble metal	\$465	\$465
D6783	Crown - 3/4 porcelain/ceramic	\$485	\$485
D6790	Crown - full cast high noble metal	\$485	\$485
D6791	Crown - full cast predominantly base metal	\$410	\$410
D6792	Crown - full cast noble metal	\$465	\$465
D6794	Crown - titanium	\$485	\$485
D6930	Recement fixed partial denture	\$12	\$12
D6940	Stress breaker	\$100	\$100
D6980	Fixed partial denture repair	\$85	\$85

ORAL SURGERY

D7111	Coronal remnants-deciduous teeth	No Charge	\$45
D7140	Extraction, erupted tooth or exposed root	No Charge	\$18
D7210	Surgical removal of erupted tooth	\$15	\$30
D7220	Removal impacted tooth-soft tissue	\$25	\$50
D7230	Removal impacted tooth-partially bony	\$50	\$65
D7240	Removal impacted tooth-completely bony	\$75	\$80
D7241	Removal impacted tooth-unusual complications	\$135	\$135
D7250	Surgical removal residual tooth roots-cutting procedure	\$25	\$35
D7251	Coronectomy - intentional partial tooth removal	\$135	\$135
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$45	\$45
D7280	Surgical exposure of impacted unerupted tooth for ortho reasons	\$20	\$115
D7282	Mobilize to aid eruption	\$110	\$110
D7283	Placement of device to fac. Erup of imp	No Charge	No Charge
D7286	Biopsy of oral tissue - soft	\$70	\$70
D7310	Alveoloplasty in conjunction w extract-per quad	\$35	\$35
D7311	Alveoloplasty in conj. W/ extractions 1-3 teeth or tooth spaces, per quad	\$35	\$35
D7320	Alveoloplasty no extract-per quad	\$40	\$55
D7321	Alveoloplasty not in conj. W/ extractions 1-3 teeth or tooth spaces, per quad	\$55	\$55
D7450	Removal of benign odontogenic cysts or tumor < 1.25 Cm	\$60	\$60
D7451	Removal of benign odontogenic cysts / tumor > 1.25 Cm	\$90	\$90
D7471	Removal of lateral exostosis - maxilla or mandible	\$60	\$65
D7472	Remove torus palatinus	\$65	\$65
D7473	Remove torus mandibularis	\$65	\$65
D7510	Incision and drainage of abscess-intraoral soft tissue	No Charge	\$18
D7960	Frenulectomy-separate procedure	\$45	\$90
D7970	Excision of hyper-plastic tissue-per arch	No Charge	\$115
D7971	Excision of pericoronal gingiva	\$115	\$115

ORTHODONTICS**PRE AND POST ORTHODONTIC RECORDS**

Benefit for pre treatment records include:

		\$200	\$200
D0210	Intraoral - complete series of radiographic images		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2D cephalometric radiographic image		
D0350	2D oral/facial photographic image		
D0351	3D photographic image		
D0470	Diagnostic casts		

Benefit for post treatment records include: d0210 & d0470

		\$70	\$70
D0210	Intraoral - comp series of radiographic images		
D0470	Diagnostic casts		
D8010	Ltd orthodontic treatment of the primary dentition	\$1,150	\$1,150
D8020	Ltd orthodontic treatment of the transitional dentition (child or adolescent to age 19)	\$1,150	\$1,150
D8030	Ltd orthodontic treatment of the adolescent dentition - up to age 19	\$1,150	\$1,150
D8040	Ltd orthodontic treatment of the adult dentition - adults, including covered dependent adult children	\$1,350	\$1,350
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,150	\$1,150
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,150	\$1,150
D8070 / D8080	Comprehensive orthodontic treatment (of the transitional/ adolescent dentition - children up to 19 years of age)	\$2,100	\$2,100
D8090	Comprehensive orthodontic treatment (of the adult dentition)	\$2,250	\$2,250
D8660	Pre-orthodontic treatment visit	\$25	\$25
D8670	Periodic orthodontic treatment visit	No Charge	No Charge
D8680	Orthodontic retention	\$300	\$300
D8681	Removable orthodontic retainer adjustment	No Charge	No Charge
D8693	Re-bonding or re-cementing (ltd to 2 per 6 mo.)	No Charge	No Charge
D8694	Repair of fixed retainers, incl reattachment (ltd to 2 per 6 mo.)	No Charge	No Charge
D8999	Treatment plan	\$100	\$100

MISCELLANEOUS SERVICES

D9110	Palliative (emergency) treatment of dental pain-minor procedure	No Charge	No Charge
D9120	Fixed partial denture sectioning	No Charge	\$135
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Charge	\$70

D9211	Regional block anesthesia	No Charge	No Charge
D9212	Trigeminal division block anesthesia	No Charge	No Charge
D9215	Local anesthesia	No Charge	No Charge
D9219	Eval for deep sedation or gen anesthesia	No Charge	No Charge
D9223	Deep sedation/ general anesthesia (each 15 min increment)	\$55	\$55
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15	\$50
D9243	Intravenous moderate sedation/analgesia (each 15 min increment)	\$55	\$55
D9310	Consultation diagnostic service by non-treating practitioner	No Charge	\$25
D9311	Consultation with medical health care professional	No Charge	No Charge
D9430	Office visit during office hours	\$5	\$5
D9440	Office visit after office hours	\$10	\$35
D9450	Case presentation, detailed and extensive treatment planning	No Charge	No Charge
D9630	Medicinal application / irrigation per visit	\$10	\$35
D9932 / D9933	Cleaning and inspection of removable complete denture upper/lower	No Charge	No Charge
D9934 / D9935	Cleaning and inspection of removable partial denture upper/lower	No Charge	No Charge
D9940	Occlusal guard by report	\$40	\$175
D9943	Occlusal guard adjustment	\$10	\$10
D9951	Occlusal adjustment-limited	No Charge	\$25
D9952	Occlusal adjustment-complete	\$55	\$95
D9975	External bleaching for home app per arch	\$125	\$125
D9986	Missed appointment w/o 24 hr notice	\$10	\$10
D9987	Canceled appointment w/o 24 hr notice	\$10	\$10
D9991	Dental case management - appt compliance barriers	No Charge	No Charge
D9992	Dental case management - care coordination	No Charge	No Charge

** All non-listed services are available with your selected Contract Dentist or Contract Specialist at 75% of their filed fees.

*Frequencies for codes 5410, 5411, 5421 and 5422 on the chart "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."

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 \$125.00 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. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.
5. 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. The Plan will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist.
6. 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.
7. 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 procedures not specifically listed as a covered benefit in this Plan's Schedule A are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, provided the services are included in the treatment plan and are not specifically excluded.
2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or 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. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ) with the exception of procedures D9940, D9943, D9951 and D9952 as shown on Schedule A.
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.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric dentist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
9. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
10. Prescription and over-the-counter drugs.
11. Dental expenses incurred in connection with any dental 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.
12. Changes in orthodontic treatment necessitated by accident of any kind.
13. Myofunctional and parafunctional appliances and/or therapies.
14. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
15. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Employee Group Dental Insurance Program DMO Plan - Enriched Plan Benefits

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 CDT-2017 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association 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.

Pending Regulatory Approval

ADA Codes	Procedure	Member Pays
DIAGNOSTIC		
D0120	Periodic oral evaluation	No Charge
D0140	Limited oral evaluation	No Charge
D0145	Oral evaluation - child	No Charge
D0150	Comprehensive oral evaluation	No Charge
D0160	Detail and extensive oral evaluation	No Charge
D0170	Re-evaluation - limited, problem focused	No Charge
D0171	Re-evaluatiion - post operative office visit	\$5
D0180	Comprehensive periodontal evaluation	No Charge
D0190	Screeing of a patient	No Charge
D0191	Assessment of a patient	No Charge
X-RAYS AND TESTS		
D0210	Intraoral - complete series incl bitewings (limit 1 every 24 months)	No Charge
D0220	Intraoral - periapical-first film	No Charge
D0230	Intraoral - periapical-each add film	No Charge
D0240	Intraoral - occlusal film	No Charge
D0250	Extraoral - 2d projection radiographic image created using a stationary radiation source, and detector	No Charge
D0251	Extraoral posterior dental radion	No Charge
D0270	Bitewing - single film	No Charge

D0272	Bitewings - two films	No Charge
D0273	Bitewings - three films	No Charge
D0274	Bitewings - four films	No Charge
D0277	Vertical bitewings - 7 to 8 films	No Charge
D0330	Panoramic file (limit 1 every 24 months)	No Charge
D0350	2D oral/facial photographic images	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality test	No Charge
D0470	Diagnostic casts	No Charge
D0472	Accession of tissue, gross examination, prep & transmission of written report	No Charge
D0473	Accession of tissue, gross & microscopic examination, prep & transmission of written report	No Charge
D0474	Accession of tissue, gross & microscopic examination, incl assessment of surgical margins, prep & transmission of written report	No Charge
D0502	Other oral pathology procedures by report	No Charge
D0601	Caries risk assessment & documentation, w/ low risk finding (1 every 3 years)	No Charge
D0602	Caries risk assessment & documentation, w/ moderate risk finding (1 every 3 years)	No Charge
D0603	Caries risk assessment & documentation, w/ high risk finding (1 every 3 years)	No Charge
D0999	Unspecified diagnostic procedure	\$5

PREVENTIVE SERVICES

D1110	Prophylaxis adults (limit 1 every 6 months)	No Charge
D1110	Additional prophylaxis adults (limit 1 every 6 months)	\$14
D1120	Prophylaxis child (limit 1 every 6 months)	No Charge
D1120	Additional prophylaxis child (limit 1 every 6 months)	\$14
D1206	Topical application fluoride varnish - child to age 19 - 2 d1206 or d1208 per 12 month period	No Charge
D1208	Topical application fluoride excluding varnish - 2 d1206 or d1208 per 12 month period	No Charge
D1310	Nutritional counseling dental disease control	No Charge

D1330	Oral hygiene instruction	No Charge
D1351	Sealant - per tooth	No Charge
D1352	Preventive resin restoration - moderate to high caries risk	\$10
D1353	Sealant repair - per tooth	\$10
D1354	Interim caries arresting medicament application - child - 2 per 12 month period	No Charge
D1510	Space maintainer - fixed unilateral	\$25
D1515	Space maintainer - fixed bilateral	\$40
D1520	Space maintainer - removable- fixed unilateral	\$50
D1525	Space maintainer - removable - fixed bilateral	\$50
D1550	Re-cement or re-bond space maintainer	\$10
D1555	Removal of fixed space maintainer	\$10
D1575	Distal shoe space maintainer - fixed- unilateral - child to age 9	\$40

RESTORATIVE SERVICES

D2140	Amalgam - one surface primary or permanent	No Charge
D2150	Amalgam - two surfaces primary or permanent	No Charge
D2160	Amalgam - three surfaces primary or permanent	No Charge
D2161	Amalgam - four or more surfaces primary or permanent	No Charge
D2330	Resin - based composite one surface anterior	No Charge
D2331	Resin - based composite two surfaces anterior	No Charge
D2332	Resin - based composite three surfaces anterior	No Charge
D2335	Resin-based composite four or more surfaces anterior	No Charge
D2390	Resin - based composite crown, anterior	\$30
D2391	Resin - based composite one surface, posterior	\$30
D2392	Resin - based composite two surfaces, posterior	\$45
D2393	Resin - based composite three surfaces, posterior	\$65
D2394	Resin - based composite four or more surfaces, posterior	\$65
D2510	Inlay - metallic - one surface	\$145
D2520	Inlay - metallic - two surfaces	\$155
D2530	Inlay - metallic - three or more surfaces	\$165
D2542	Onlay - metallic - two surfaces	\$160
D2543	Onlay - metallic - three surfaces	\$170
D2544	Onlay - metallic - four or more surfaces	\$190
D2610	Inlay - porcelain /ceramic-one surface	\$270
D2620	Inlay - porcelain / ceramic-two surfaces	\$305
D2630	Inlay - porcelain / ceramic-three or more surfaces	\$325
D2642	Onlay - porcelain / ceramic-two surfaces	\$300

D2643	Onlay - porcelain / ceramic-three surfaces	\$335
D2644	Onlay - porcelain / ceramic-four or more surfaces	\$355
D2650	Inlay - composite/resin-one surface lab process	\$170
D2651	Inlay - composite/resin-two surfaces lab process	\$195
D2652	Inlay - composite/resin-three or more surfaces lab	\$230
D2662	Onlay - composite/resin-two surfaces	\$225
D2663	Onlay - composite/resin-three surfaces	\$250
D2664	Onlay - composite/resin-four or more surfaces	\$295

CROWNS

D2710	Crown - resin (indirect)	\$145
D2712	Crown 3/4 resin (indirect)	\$145
D2720	Crown - resin with high noble metal	\$295
D2721	Crown - resin with predominantly base metal	\$195
D2722	Crown-resin with noble metal	\$235
D2740	Crown - porcelain	\$212.50
D2750	Crown - porcelain fused to high noble metal	\$355
D2751	Crown - porcelain fused to predominantly base metal	\$212.50
D2752	Crown - porcelain fused to noble metal	\$295
D2780	Crown - 3/4 cast high noble metal	\$355
D2781	Crown - 3/4 cast predominantly base metal	\$255
D2782	Crown - 3/4 cast noble base metal	\$295
D2783	Crown - 3/4 cast porcelain/ceramic	\$355
D2790	Crown - full cast high noble metal	\$355
D2791	Crown-full cast predominantly base metal	\$175
D2792	Crown - full cast noble metal	\$295
D2794	Crown - titanium	\$355
D2910	Recement inlay	No Charge
D2915	Recement cast or prefab post & core	\$10
D2920	Recement crown	No Charge
D2921	Reattachment of tooth fragment (anterior)	\$45
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	\$75
D2930	Prefabricated stainless steel crown-primary tooth	No Charge
D2931	Prefabricated stainless steel crown-permanent tooth	\$50
D2932	Prefabricated resin crown	\$25
D2933	Prefabricated stainless steel with resin window	\$75
D2940	Protective restoration	No Charge
D2941	Interim therapeutic restoration - primary dentition	No Charge

D2949	Restorative foundation for an indirect restoration	\$50
D2950	Core buildup, including any pins	\$50
D2951	Pin retention/per tooth, in addition to restoration	No Charge
D2952	Cast post & core in addition to crown	\$95
D2953	Each additional cast post - same tooth	\$70
D2954	Prefabricated post & core in addition to crown	\$30
D2957	Each additional prefabricated post same tooth base metal	\$60
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair by report	\$20
D2981	Inlay repair by report	\$20
D2982	Onlay repair by report	\$20
D2983	Veneer repair by report	\$20
D2990	Resin infiltration of incipient smooth surface lesions	\$10

ENDODONTIC SERVICES*

D3110	Pulp cap-direct excluding final restoration	No Charge
D3120	Pulp cap-indirect excluding final restoration	No Charge
D3220	Therapeutic pulpotomy excluding final restoration	No Charge
D3221	Pulp debridement, primary & permanent teeth	\$30
D3222	Partial pulpotomy for apexogenesis (permanent tooth with incomplete root development)	\$25
D3230	Pulp therapy anterior, primary tooth	\$40
D3240	Pulp therapy posterior, primary tooth	\$40
D3310	Root canal therapy - anterior exc final restoration	\$45
D3320	Root canal therapy - bicuspid exc final restoration	\$90
D3330	Root canal therapy - molar exc final restoration	\$145
D3331	Tx rc obstruction; non-surg ac	\$70
D3332	Incomplete endodontic therapy	\$70
D3333	Root perforation repair	\$70
D3346	Retreat previous root canal-anterior	\$125
D3347	Retreat previous root canal-bicuspid	\$215
D3348	Retreat previous root canal-molar	\$365
D3351	Apexification/recalcification - initial visit	\$70
D3352	Apexification/recalcification - interim visit	\$45
D3353	Apexification/recalcification - final visit	\$45
D3410	Apicoectomy/periapical surgery - anterior	\$65
D3421	Apicoectomy/periapical surgery - bicuspid first root	\$125
D3425	Apicoectomy/periapical surgery - molar first root	\$135

D3426	Apicoectomy/periadicular surgery - each add root	\$80
D3427	Periradicular surgery w/o apicoectomy	\$115
D3430	Retrograde filling - per root	\$60
D3450	Root amputation, per root	\$70
D3920	Hemi section - including root removal	\$60

PERIODONTAL SERVICES

D4210	Gingivectomy/gingivoplasty - 4+ teeth, per quad	\$90
D4211	Gingivectomy/gingivoplasty - 1-3 teeth, per quad	\$80
D4212	Gingivectomy/gingivoplasty access for restorative procedure	\$80
D4240	Gingival flap incl rt planing, 4+ teeth, per quad	\$135
D4241	Gingival flap incl rt planing, 1-3 teeth, per quad	\$80
D4245	Apically positioned flap	\$135
D4249	Crown lengthening-hard tissue	\$125
D4260	Osseous surgery, 4+ contiguous teeth, per quad	\$250
D4261	Osseous surgery, 1-3 teeth, per quad	\$240
D4263	Bone graft - first tooth in quad	\$180
D4264	Bone graft - addl tooth in quad	\$65
D4265	Bio matl aid sft & osseous tissue	\$95
D4266	Guid tissue regen-resorb barrier	\$215
D4267	Gtr - non-resorbable barrier	\$255
D4270	Pedicle soft tissue graft procedure	\$215
D4273	Autogenous connective tissue graft procedure	\$75
D4274	Distal or proximal wedge procedure - separate procedure	\$70
D4275	Non-autogenous connective tissue graft procedure	\$380
D4277	Free soft tissue graft procedure - first tooth	\$215
D4278	Free soft tissue graft procedure - each additional contiguous tooth	\$215
D4320	Splinting - intracoronal	\$95
D4321	Splinting - extracoronal	\$85
D4341	Periodontal root planing, 4+ contiguous teeth, per quad	\$40
D4342	Periodontal root planing, 1-3 teeth, per quad	\$40
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth	No Charge
D4355	Full mouth debridement	\$50
D4381	Localized delivery of antimicrobial agents	\$65
D4910	Periodontal maintenance	\$25

D4910	Additional periodontal maintenance	\$55
D4921	Gingival irrigation - per quad	No Charge

PROSTHODONTICS

D5110 / D5120	Complete denture - upper / lower	\$205
D5130 / D5140	Immediate denture - upper / lower	\$225
D5211	Upper partial-resin bas w/conv clsps-rsts	\$195
D5212	Lower partial-resin base w/conv clsps-rsts	\$195
D5213	Upper partial-cast metal resin base w/conv clasps	\$240
D5214	Lower partial-cast metal resin base w/conv clasps	\$240
D5221	Immediate upper partial-resin bas w/conv clsps-rsts	\$245
D5222	Immediate lower partial-resin base w/conv clsps-rsts	\$245
D5223	Immediate upper partial-cast metal resin base w/conv clasps	\$315
D5224	Immediate lower partial-cast metal resin base w/conv clasps	\$315
D5225	Maxillary partial denture flexible base	\$365
D5226	Mandibular partial denture flexible base	\$365
D5410	Adjust complete denture - upper	\$3
D5411	Adjust complete denture - lower	\$3
D5421 / D5422	Adjust partial denture - upper / lower	\$3
D5510	Repair broken complete denture base	No Charge
D5520	Replace missing/broken teeth-complete denture (each tooth)	\$20
D5610	Repair resin denture base	\$40
D5620	Repair cast framework	\$40
D5630	Repair or replace broken clasp - per tooth	\$40
D5640	Replace broken teeth-per tooth	\$30
D5650	Add tooth to existing partial denture	\$30
D5660	Add clasp to existing partial denture	\$30
D5670 / D5671	Replace max teeth & framework upper/lower	\$165/\$165
D5710 / D5711	Rebase complete upper / lower denture	\$95/\$95
D5720 / D5721	Rebase upper / lower partial denture	\$95/\$95
D5730 / D5731	Reline complete upper / lower denture - chairside	No Charge
D5740 / D5741	Reline upper / lower partial denture - chairside	No Charge
D5750 / D5751	Reline complete upper / lower denture (lab)	\$55
D5760 / D5761	Reline upper / lower partial denture (lab)	\$55
D5820	Interim partial denture maxillary	\$105
D5821	Interim partial denture mandibular	\$105

D5850	Tissue conditioning, maxillary	No Charge
D5851	Tissue conditioning, mandibular	No Charge

FIXED BRIDGES

D6210	Pontic - cast high noble metal	\$355
D6211	Pontic-cast predom base metal	\$225
D6212	Pontic-cast noble metal	\$295
D6240	Pontic - porcelain fused to high noble metal	\$355
D6241	Pontic - porcelain fused to predom base metal	\$212.50
D6242	Pontic - porcelain fused to noble metal	\$362.50
D6245	Pontic - porcelain / ceramic	\$355
D6250	Pontic - resin with high noble metal	\$295
D6251	Pontic - resin with predom base metal	\$195
D6252	Pontic - resin with noble metal	\$235
D6545	Retainer cast metal for resin bonded fixed prosthesis	\$175
D6600	Bridge retainer - inlay, porcelain, two surfaces	\$305
D6601	Bridge retainer - inlay, porcelain, three or more surfaces	\$325
D6602	Bridge retainer - inlay, cast high noble metal, two surfaces	\$255
D6603	Bridge retainer - inlay, cast high noble metal, three or more surfaces	\$265
D6604	Bridge retainer - inlay, cast predominantly base metal, two surfaces	\$155
D6605	Bridge retainer - inlay, cast predominantly base metal, three or more surfaces	\$165
D6606	Bridge retainer - inlay, cast noble metal, two surfaces	\$185
D6607	Bridge retainer - inlay, cast noble metal, three or more surfaces	\$195
D6608	Bridge retainer- onlay, porcelain, two surfaces	\$300
D6609	Bridge retainer - onlay, porcelain, three or more surfaces	\$335
D6610	Bridge retainer - onlay, cast high noble metal, two surfaces	\$260
D6611	Bridge retainer - onlay, cast high noble metal, three or more surfaces	\$270
D6612	Bridge retainer - onlay, cast predominantly base metal, two surfaces	\$160
D6613	Bridge retainer - onlay, cast predominantly base metal, three or more surfaces	\$170
D6614	Bridge retainer - onlay, cast noble metal, two surfaces	\$190
D6615	Bridge retainer - onlay, cast noble metal, three or more surfaces	\$200
D6720	Crown-resin with high noble metal	\$295

D6721	Crown - resin with predominantly base metal	\$195
D6722	Crown-resin with noble metal bony	\$235
D6740	Bridge retainer - crown, porcelain	\$355
D6750	Crown - porcelain fused to high noble metal	\$355
D6751	Crown - porcelain fused to predom base metal	\$212.50
D6752	Crown - porcelain fused to noble metal	\$295
D6780	Crown - 3/4 cast high noble metal	\$355
D6781	Crown - 3/4 cast predominantly base metal	\$255
D6782	Crown - 3/4 cast noble metal	\$295
D6783	Crown - 3/4 porcelain/ceramic	\$355
D6790	Crown - full cast high noble metal	\$355
D6791	Crown - full cast predominantly base metal	\$255
D6792	Crown - full cast noble metal	\$295
D6930	Recement fixed partial denture	No Charge
D6940	Stress breaker	\$25
D6980	Fixed partial denture repair	\$55

ORAL SURGERY


D7111	Coronal remnants-deciduous teeth	No Charge
D7140	Extraction, erupted tooth or exposed root	No Charge
D7210	Surgical removal of erupted tooth	No Charge
D7220	Removal impacted tooth-soft tissue	\$20
D7230	Removal impacted tooth-partially bony	\$45
D7240	Removal impacted tooth-completely bony	\$70
D7241	Removal impacted tooth-unusual complications	\$115
D7250	Surgical removal residual tooth roots-cutting procedure	\$20
D7251	Coronectomy - intentional partial tooth removal	\$115
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$110
D7280	Exposure of an unerupted tooth	\$10
D7282	Mobilization of erupted or malpositioned tooth	\$85
D7283	Placement of device to fac. Erup of impacted tooth	No Charge
D7286	Biopsy of oral tissue - soft	\$25
D7310	Alveoloplasty in conjunction w extrac-per quad	\$25
D7311	Alveoloplasty in conj. W/ extractions 1-3 teeth or tooth spaces, per quad	\$50
D7320	Alveoloplasty no extract-per quad	\$25
D7321	Alveoloplasty not in conj. W/ extractions 1-3 teeth or tooth spaces, per quad	\$70

D7450	Removal of benignodontogenic cysts or tumor < 1.25 Cm	No Charge
D7451	Removal of benign odontogenic cysts / tumor > 1.25 Cm	No Charge
D7471	Removal of lateral exostosis - maxilla or mandible	\$35
D7472	Remove torus palatinus	\$50
D7473	Remove torus mandibularis	\$50
D7510	Incision and drainage of abscess-intraoral soft tissue	No Charge
D7960	Frenulectomy-separate procedure	No Charge
D7970	Excision of hyper-plastic tissue-per arch	No Charge
D7971	Excision of pericoronal gingiva	\$70

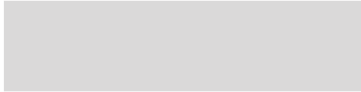
ORTHODONTICS

Pre and post orthodontic records

Benefit for pre treatment records include:

		\$200
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image	
D0350	2D oral/facial photgraphic image	
D0351	3D photographic image	
D0470	Diagnostic casts	

Benefit for post treatment records include: D0210 & D0470

		\$70
D0210	Intraoral - comp series of radiographic images	
D0470	Diagnostic casts	
D8010	Ltd orthodontic treatment of the primary dentition	\$1,150
D8020	Ltd orthodontic treatment of the transitional dentition (child or adolescent to age 19)	\$1,150
D8030	Ltd orthodontic treatment of the adolescent dentition - up to age 19	\$1,150
D8040	Ltd orthodontic treatment of the adult dentition - adults, including covered dependent adult children	\$1,350
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,150
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,150
D8070 / D8080	Comprehensive orthodontic treatment (of the transitional/ adolescent dentition)	\$1,400
D8090	Comprehensive orthodontic treatment (of the adult dentition)	\$1,950

D8660	Pre-orthodontic treatment visit	No Charge
D8670	Periodic orthodontic treatment visit	\$35
D8680	Orthodontic retention	\$275
D8681	Removable orthodontic retainer adjustment	No Charge
D8693	Re-bonding or re-cementing (ltd to 2 per 6 mo.)	No Charge
D8999	Treatment plan	\$100

MISCELLANEOUS SERVICES

D9110	Palliative (emergency) treatment of dental pain-minor procedure	No Charge
D9120	Fixed partial denture sectioning	No Charge
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Charge
D9211	Regional block anesthesia	No Charge
D9212	Trigeminal division block anesthesia	No Charge
D9215	Local anesthesia	No Charge
D9219	Evaluation for deep sedation/gen anesthesia	No Charge
D9223	Deep sedation/gen anesthesia each 15 min	\$80
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9243	Intravenous (moderate) conscious sedation/analgesia - each 15 minutes	\$80
D9310	Consultation diagnostic service by non-treating practitioner	No Charge
D9311	Consultation with medical healthcare professional	No Charge
D9430	Office visit during office hours	No Charge
D9440	Office visit after office hours	\$20
D9450	Case presentation, detailed and extensive treatment planning	No Charge
D9630	Other drugs & or medicaments by report	No Charge
D9932 / D9933	Cleaning and inspection of removable complete denture upper/lower	No Charge
D9934 / D9935	Cleaning and inspection of removable partial denture upper/lower	No Charge
D9940	Occlusal guard by report	\$40
D9943	Occlusal guard adjustment	\$10
D9951	Occlusal adjustment-limited	No Charge
D9952	Occlusal adjustment-complete	\$55
D9975	External bleaching for home app per arch	\$125
D9986	Missed appointment w/o 24 hr notice	\$10

D9987	Canceled appointment w/o 24 hr notice	\$10
D9991	Dental case management - appt compliance barriers	No Charge
D9992	Dental case management - care coordination	No Charge

Frequencies for codes 5410,5411, 5421, 5422, 5510, 5520 on the chart.

The following was inserted at the beginning of the prosthodontic (removable) section: *“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.”*

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 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. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.
5. 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. The Plan will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist.
6. 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.
7. 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 procedures not specifically listed as a covered benefit in this Plan's Schedule A are available at 75% of the fees of the Enrollee's selected Contract Dentist or Contract Specialist, provided the services are included in the treatment plan and are not specifically excluded.
2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or 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. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ) with the exception of procedures D9940, D9943, D9951 and D9952 as shown on Schedule A.
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.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric dentist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
9. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
10. Prescription and over-the-counter drugs.
11. Dental expenses incurred in connection with any dental 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.
12. Changes in orthodontic treatment necessitated by accident of any kind.
13. Myofunctional and parafunctional appliances and/or therapies.
14. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
15. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

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

- Review your plan benefits
- Access your ID card

Contact us

Need help? Let us know.

Online: Visit deltadentalins.com/about/contact/contactUs_ddic.html 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 a.m. to 9 p.m., 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.