

Choose Your Plan

Love your smile



Delta Dental PPOSM & DeltaCare[®] USA* Miami-Dade County Government

Your company lets you choose between four dental plans from Delta Dental. Either way, you'll get reliable dentist networks, affordable preventive care and a healthy smile that you'll love to show. Your options are:

Delta Dental PPO¹

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DeltaCare USA

Under this HMO-type plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.² Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles for covered services.³

*See the inside back page of this brochure for the underwriters and administrators of these plans in your state.

Newly covered?
Visit deltadentalins.com/mdc

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

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

³ Refer to your plan booklet for more information about covered services, deductibles and maximums.



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

Delta Dental PPOSM

Maximize your savings

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³

Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com/mdc. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a PPO dentist⁴ and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you?

Simply sign in to Online Services, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁵ You can find this date by logging in to Online Services.

Save with a PPO dentist



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

⁴ We recommend that before each appointment you verify online that your dentist is a PPO dentist.

⁵ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Miami-Dade County Government

Group No: 06756

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the year dependent turns age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics (if applicable)?	\$50 per person / \$150 per family each calendar year Enriched Plan Only: Lifetime for Orthodontic Services \$50 per patient			
	Yes			
Maximums D & P counts toward maximum?	Standard Plan: \$1,000 per person each calendar year Enriched Plan: \$2,000 per person each calendar year			
	No			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None
	Standard Plan		Enriched Plan	
Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants, palliative treatment, fluoride treatment and space maintainers	100 %	100 %	100 %	100 %
Basic Services Simple tooth extractions	75 %	75 %	75 %	75 %
Basic Restorative Benefits Amalgam & Composite Fillings	100 %	75 %	100 %	75 %
Endodontics (root canals) Covered Under Basic Services	75 %	75 %	75 %	75 %
Periodontics (gum treatment) Covered Under Basic Services	75 %	75 %	75 %	75 %
Oral Surgery Covered Under Basic Services	75 %	75 %	75 %	75 %
Major Services Crowns, inlays, onlays, cast restorations and TMJ	50 %	50 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %	50 %	50 %
Orthodontic Benefits Adults and dependent children	0 %	0 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	\$1,300 Lifetime	\$1,300 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Fees are based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-471-1334

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809





www.deltadentalins.com/mdc

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Be Network-Savvy

Understand the difference between Delta Dental Premier[®] and Delta Dental PPOSM

You can visit any licensed dentist and receive coverage under your plan, but you'll usually save the most when you choose a PPO dentist. If you can't find a PPO dentist, Premier dentists are your next best bet. **Here's how the dentist networks compare.**

	PPO	Premier	Non-Delta Dental
More coverage 	Procedures are covered at a higher rate (100% for silver and white fillings).	Procedures are covered at a lower rate (75% for silver and white fillings).	
Reduced fees 	PPO dentists have agreed to reduced fees. These are usually lower than Premier fees.	Premier dentists have agreed to reduced fees. Premier fees are usually not as low as PPO fees.	There's no fee agreement, so your dentist can charge any amount.
Stretch your maximum dollars 	Since fees are usually the lowest, your annual maximum dollars would go further.	Your maximum dollars may go further than with a non-Delta Dental dentist, but not usually as far as with a PPO dentist.	Higher fees add up, so you may reach your annual maximum sooner.
No balance billing 	Your dentist can't charge you above his or her accepted fee. So if your plan covers 50% of a procedure, you'll owe only the remaining 50%. ¹		There's no cap on how much your dentist can charge you. If you get billed for an amount above the maximum plan allowance, you will be responsible for the difference.

¹ This assumes no maximums or deductibles apply. You are responsible for any applicable deductibles, amounts over your plan maximum and charges for non-covered services.

Did you know Delta Dental Premier is the largest dentist network in the country?²

How can I tell if my dentist is in the Premier or PPO network?

To find out which network your dentist is in, enter his or her name in the Find a Dentist search at deltadentalins.com/mdc. You can also call your dental office to confirm. Ask whether your dentist is a “contracted Delta Dental PPO (or Premier) dentist.”

What if my dentist is in both the PPO and Premier networks?

If you visit a dentist in both networks, you’ll enjoy all the advantages of the PPO network.

Can I ask my dentist to join the PPO network?

Visit deltadentalins.com/recommend to recommend your dentist for the PPO network. Although the final decision is still up to your dentist, your encouragement may be just what he or she needs to make the leap. You can also ask about PPO network participation at your next appointment.

I’m looking for a new dentist. Which network should I pick?

To save the most on dental expenses, choose a PPO dentist. You’ll get a higher rate of coverage, reduced fees and a maximum that stretches further. You can search for a PPO dentist at deltadentalins.com/mdc.

² NetMinder Dental Network Trend Report, March 2017. Based on total unique dentists nationwide.

Plan for a Healthy Smile

Get a pre-treatment estimate



Even if you're savvy about your dental benefits, you might like a bit of help clarifying the cost of a treatment. That's why Delta Dental offers free pre-treatment estimates. This is an easy way to help you predict your out-of-pocket cost for a specific procedure.¹

You might benefit from a pre-treatment estimate if you are:

- Planning dental work that will likely exceed \$300, like a crown, wisdom tooth extraction, bridge, dentures or periodontal surgery
- Wondering if a procedure is covered by your plan
- Worried a procedure might exceed your annual plan maximum
- On a budget and need to plan your payment in advance

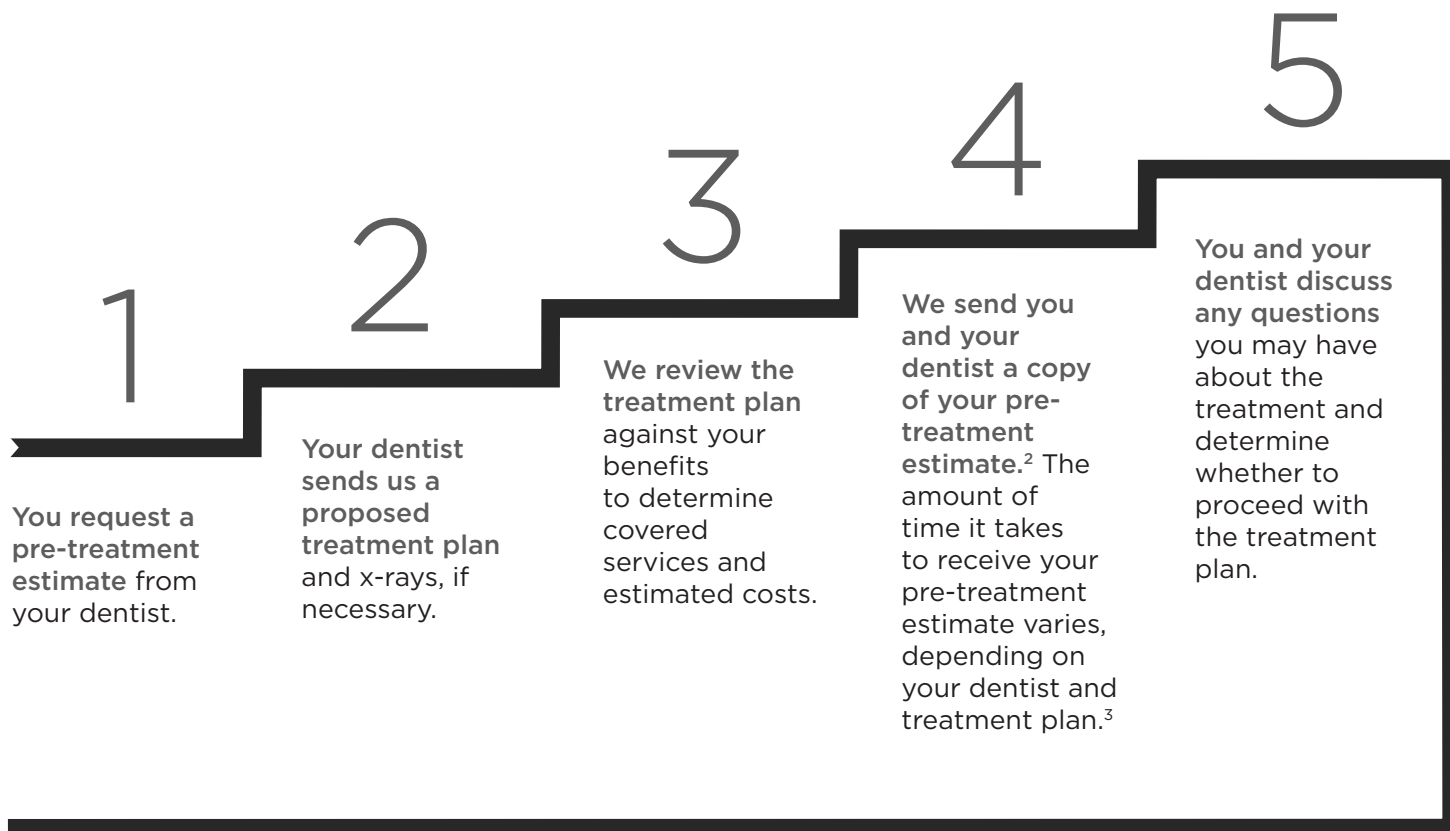
The pre-treatment estimate includes:

- An overview of services covered by your dental plan, as well as those that are limited or excluded
- How coinsurance, deductibles and dollar maximum limits might affect your share of the cost

¹ Pre-treatment estimates are available to Delta Dental PPOSM and Delta Dental Premier[®] enrollees.

Step by step

The pre-treatment estimate process



Have more questions about your plan? Visit “Your Dental Plan Support Guide” online at deltadentalins.com/enrollees.

² A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

³ Generally, pre-treatment estimates process in two to three weeks. However, dentists using our online Provider Tools can have some pre-treatment estimates completed while you are in the office.



D&P Maximum Waiver[®]

Saves benefit dollars for when you need them

D&P Maximum Waiver lets you obtain diagnostic and preventive dental services without those costs applying to your plan year maximum. This benefit promotes good oral health and may reduce the need for more expensive, restorative dental services that can result from undetected oral or related health problems. And if you need extensive dental services, there will be more of your annual benefit amount left to use.

Easy to use

There's nothing for you to keep track of except for your regular checkups.

What services are included?

Diagnostic and preventive dental services may include examinations, x-rays, cleanings and related treatments as defined by your dental plan.

Preventive care is the key to good oral health. The D&P Maximum Waiver makes it easy for you to save on your out-of-pocket dental costs. Our plans emphasize diagnostic and preventive benefits, such as coverage for checkups, so that you keep your mouth healthy and need fewer restorative services.

See the impact on your annual maximum with and without the D&P Maximum Waiver. Plan benefits and dentist charges vary. Sample assumes two routine checkups, \$1,000 annual maximum and visiting a network dentist so no balance billing occurs.

Dental treatment	Without D&P Maximum Waiver			With D&P Maximum Waiver		
	Delta Dental Pays	Enrollee Pays	Maximum Remaining	Delta Dental Pays	Enrollee Pays	Maximum Remaining
Diagnostic & Preventive (exams, x-rays, cleanings): covered at 100% for two visits	\$350	\$0	\$650	\$350	\$0	\$1,000

Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. These companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 73 million people around the country.



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

Copyright © 2016 Delta Dental. All rights reserved.
 EF27 #99246 (rev. 9/16)

DeltaCare[®] USA

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

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.

- 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 know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

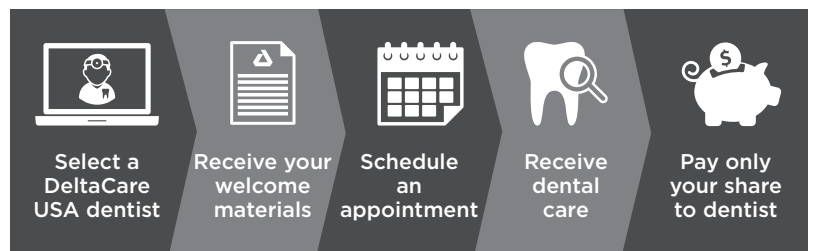
- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Set up an online account

Sign up for an Online Services account at deltadentalins.com/mdc. Available once your coverage kicks in, this free service lets you:

- Access plan information online
- Change your primary care dentist online — and more

Simple steps to get started



¹ See the inside back page of this brochure for the underwriter of this plan in your state.

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.

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 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.

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

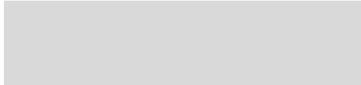
ORTHODONTICS

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.

Q+A: Continuous Orthodontic Coverage with your DeltaCare USA Plan

Welcome to your DeltaCare USA plan!

If you or an eligible member of your family has started orthodontic treatment under a previous plan sponsored by an employer/organization, you may be able to continue that coverage when you switch to a DeltaCare USA plan.

How does it work?

Through a provision called *orthodontic treatment in progress*, your DeltaCare USA plan allows you to continue treatment you started under your previous dental plan sponsored by an employer/organization. You have the convenience of visiting the same orthodontist and enjoying the same coverage and copayments as your previous plan. You pay the same amount that you would have paid under your previous coverage, as long as you remain eligible for coverage under your DeltaCare USA plan.

How do I qualify?

If you started orthodontic treatment under your previous dental plan, and if banding has taken place, you are eligible for continuous coverage under your

DeltaCare USA plan and may continue to visit the same orthodontist.

If banding has not occurred, you are not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by a DeltaCare USA network orthodontist in accordance with the copayments, limitations and exclusions defined in your DeltaCare USA plan.¹

What if I am about to begin orthodontic treatment?

To begin orthodontic treatment, you must select a DeltaCare USA network orthodontist to receive your DeltaCare USA orthodontic benefits. Your copayments, limitations and exclusions are determined by your DeltaCare USA plan.¹

How do I sign up for continuous orthodontic coverage?

Please have your treating orthodontist complete and submit the form below along with a claim form within 30 days of your plan effective date. We will coordinate benefits as necessary with your orthodontist.

¹ Upon enrollment in a DeltaCare USA plan, you will receive an Evidence/Certificate of Coverage (EOC/COC) booklet. Please review your EOC/COC for details about your plan. Retain this flyer and keep it with your EOC/COC.

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, 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; 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.

Continuous Orthodontic Coverage Form (To be completed by the treating orthodontist)

If your patient's previous orthodontic coverage was through an employer-sponsored dental plan and the patient meets all of the above conditions, please provide the following information:

Primary enrollee's name: _____ Previous dental plan end date: _____
Primary enrollee's ID #: _____ Banding date of patient: _____
Name of employer/organization: _____ Orthodontist's name: _____
Patient's name _____ Orthodontist's address: _____
Previous dental plan carrier: _____ Orthodontist's phone number: _____
Previous plan's total financial obligation: _____

In addition, please include the following required documents and information:

- Completed claim form, including the banding date.
- Explanation of Benefits showing how much the previous plan has paid to date and amount remaining.

Mail to: DeltaCare USA
Claims Department
P.O. Box 1810
Alpharetta, GA 30023

Compare Plan Features¹

	Delta Dental PPO	DeltaCare USA
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. ²
What procedures are covered?	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments.
Are there deductibles and maximums?	Yes, most plans have an annual deductible and maximum.	No, there are no annual deductibles or maximums. ³
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. ⁴ Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. ⁵
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone. ⁶
Do I need to fill out claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. ⁷

¹ This comparison is based on the coverage of a typical plan. Please refer to your plan booklet for specific benefits, limitations, exclusions, waiting periods and other coverage details.

² In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

³ In AK, CT, ND and SD, you have an out-of-network calendar year maximum of \$500 when you visit an out-of-network dentist.

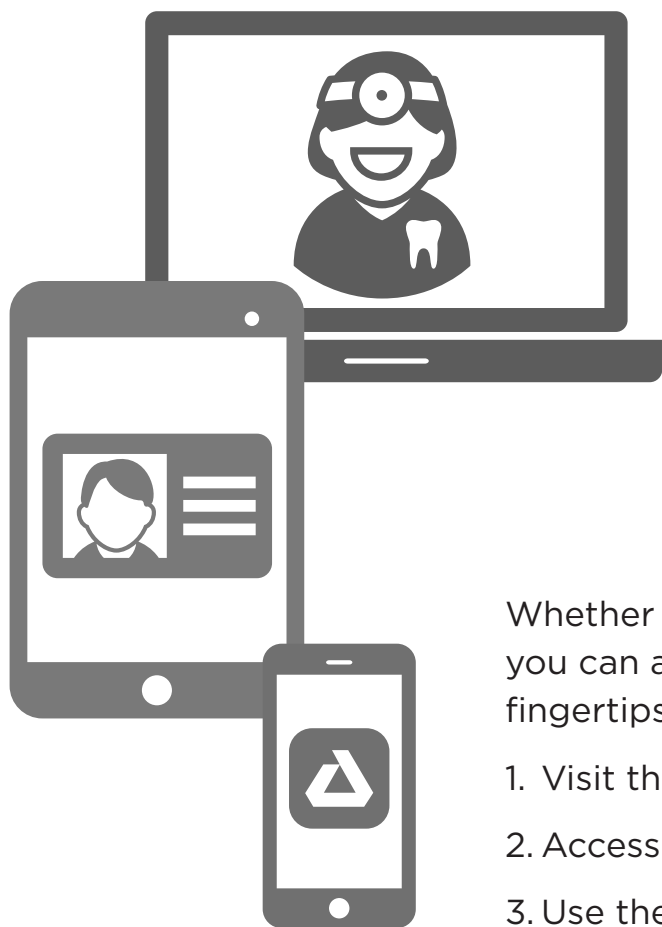
⁴ Except in Texas; please refer to your plan booklet for details.

⁵ Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

⁶ In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

⁷ You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

Stay Connected



Want information about your dental plan? Take advantage of our web and mobile resources to:

- **check your eligibility**
- **look up coverage details**
- **check claims**
- **find a network dentist**
- **improve your oral wellness**
- **and more**

Whether you're on a computer, tablet or smartphone, you can access all the information you need at your fingertips.

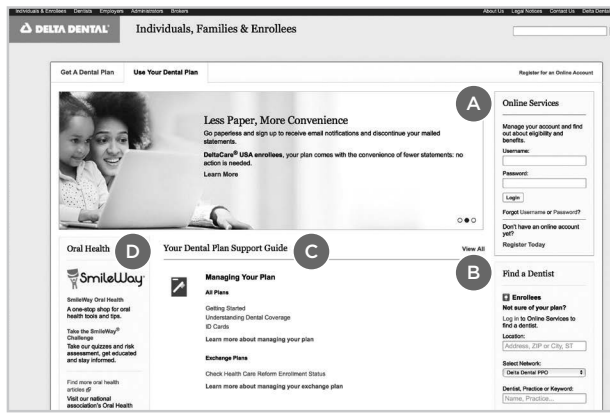
1. Visit the **website**
2. Access the **mobile-optimized site**
3. Use the **free app**

¿Habla español?
es.deltadentalins.com



We keep you smiling®
deltadentalins.com/mdc

Check the site

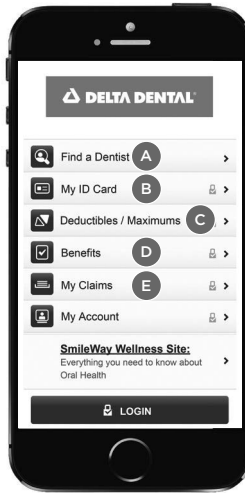


1. Enter **deltadentalins.com/mdc** on your computer's browser.
2. Browse the features listed below. If you haven't already done so, register for Online Services. Already got an account? Log in!

Features:

- A. **Online Services** (register or log in): See benefits, eligibility, deductibles and maximums; check claims; view or print an ID card
- B. **Find a dentist**
- C. **Dental Plan Support Guide**
- D. **SmileWay® Wellness site**

Go mobile¹

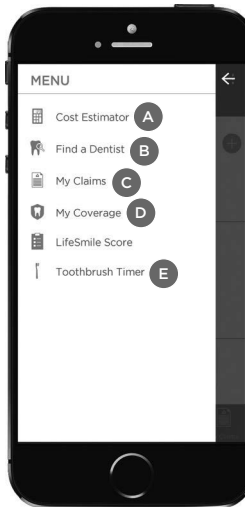


1. Enter **deltadentalins.com/mdc** on your smartphone's browser.
2. Click the **Visit Mobile Site** button.

Features:

- A. **Find a dentist**
- B. **View your electronic ID card**
- C. **Check deductibles and maximums**
- D. **See your benefits and eligibility**
- E. **Check claims**

Get the app²



1. Open the **App Store** or **Google Play**.
2. Search for "**Delta Dental**."
3. Download the free app titled **Delta Dental** by Delta Dental Plans Association.

Features:

- A. **Get a cost estimate**
- B. **Find a dentist**
- C. **Check claims**
- D. **See your benefits, eligibility, deductibles and maximums**
- E. **Use a musical timer to brush for 2 minutes**

¹ Available to Delta Dental PPOSM and Delta Dental Premier[®] enrollees only.

² Some features available to PPO and Premier enrollees only.

DELTACARE[®] USA: **800-422-4234**

DELTA DENTAL PPO AND DELTA DENTAL PREMIER

Delta Dental of California: **800-765-6003**

Delta Dental of Delaware, Inc., Delta Dental of the District of Columbia, Delta Dental of New York, Inc., Delta Dental of Pennsylvania (and Maryland), Delta Dental of West Virginia, Inc.: **800-932-0783**

Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York; DE - Delta Dental of Delaware; WV - Delta Dental of West Virginia. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

These enterprise companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 73 million people in the U.S. The website deltadentalins.com is the home of the Delta Dental companies listed above. For other Delta Dental companies, visit the Delta Dental Plans Association website at deltadental.com.

Useful information once you're enrolled

Check out our SmileWay® Wellness program

Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at mysmileway.com.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select 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 Services account.

- Review your plan benefits
- Access your ID card

Go paperless

Save paper by viewing all your documents online instead of receiving them in the mail. Once you've registered for an online account, visit your My Profile page to select "Online" for your document delivery preference.

NOTE: THIS IS ONLY A BRIEF SUMMARY OF YOUR PLAN. This brochure provides highlights about both dental plans to help you choose the best option for your needs. This brochure is not intended to replace your legally required plan booklet. Your Group Dental Service Contract or Evidence/Certificate of Coverage determines the exact terms and conditions of your coverage. Please refer to your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions. Your Evidence/Certificate of Coverage 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 the Customer Service number for each plan listed on the back page of this brochure.

PRODUCT ADMINISTRATION

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, 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; 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.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

Need help? Let us know.

Online:

Visit deltadentalins.com/mdc

Call toll free:

Customer Service agents are available Monday through Friday, during business hours. Or, use our interactive automated phone system, available 24/7.

Delta Dental PPO: 800-471-1334

DeltaCare USA: 800-471-1334

Write to:

Delta Dental PPO:

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

DeltaCare USA:

DeltaCare USA Customer Service
P.O. Box 1803
Alpharetta, GA 30023