

Keep Smiling

DeltaCare[®] USA



provided by
Delta Dental of California
San Francisco Health Service System
January 1, 2021

Dental benefits made easy!

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

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

A partner in oral health

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

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

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

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

Convenient services

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

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

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

¹ DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

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

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



deltadentalins.com/enrollees

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

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

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

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

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

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

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

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

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

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

Choosing a dentist

5. How do I select my primary care dentist?

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

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

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

7. Can I change my primary care dentist?

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

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

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

8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?

No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.

9. What should I do if I need to see a specialist?

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

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

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

11. Can I access my plan online?

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

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

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover 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 representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

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

⁴ 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

SCHEDULE A

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-2021 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.

| CODE | DESCRIPTION | <u>Enrollee</u> <u>PAYS</u> |
|--------------------|---|--------------------------------|
| D0100-D0999 | I. DIAGNOSTIC | |
| D0120 | Periodic oral evaluation - established patient..... | No Cost |
| D0140 | Limited oral evaluation - problem focused | No Cost |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver..... | No Cost |
| D0150 | Comprehensive oral evaluation - new or established patient..... | No Cost |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report..... | No Cost |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Cost |
| D0171 | Re-evaluation - post-operative office visit | No Cost |
| D0180 | Comprehensive periodontal evaluation - new or established patient..... | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> | No Cost |
| D0220 | Intraoral - periapical first radiographic image..... | No Cost |
| D0230 | Intraoral - periapical each additional radiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image..... | No Cost |
| D0270 | Bitewing - single radiographic image..... | No Cost |
| D0272 | Bitewings - two radiographic images..... | No Cost |
| D0273 | Bitewings three radiographic images..... | No Cost |
| D0274 | Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0419 | Assessment of salivary flow by measurement..... | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| D0470 | Diagnostic casts..... | No Cost |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | No Cost |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report..... | No Cost |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report..... | No Cost |
| D0601 | Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i> | No Cost |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> | No Cost |
| D0603 | Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i> | No Cost |
| D0701 | Panoramic radiographic image - image capture only | No Cost |
| D0702 | 2-D cephalometric radiographic image - image capture only..... | No Cost |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only..... | No Cost |
| D0704 | 3-D photographic image - image capture only | No Cost |
| D0705 | Extra-oral posterior dental radiographic image - image capture only..... | No Cost |
| D0706 | Intraoral - occlusal radiographic image - image capture only..... | No Cost |
| D0707 | Intraoral - periapical radiographic image - image capture only | No Cost |
| D0708 | Intraoral - bitewing radiographic image - image capture only..... | No Cost |
| D0709 | Intraoral - complete series of radiographic images - image capture only | No Cost |
| D0999 | Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> | No Cost |
| D1000-D1999 | II. PREVENTIVE | |
| D1110 | Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> | No Cost |
| D1120 | Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> | No Cost |
| D1206 | Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> | No Cost |
| D1208 | Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> | No Cost |
| D1330 | Oral hygiene instructions..... | No Cost |
| D1351 | Sealant - per tooth - <i>limited to permanent molars through age 15</i> | No Cost |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> | No Cost |

| | | |
|-------|--|---------|
| D1353 | Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> | No Cost |
| D1354 | Interim caries arresting medicament application - per tooth - <i>child to age 19; 1 per 6 month period</i> | No Cost |
| D1510 | Space maintainer - fixed - unilateral - per quadrant..... | No Cost |
| D1516 | Space maintainer - fixed - bilateral, maxillary | No Cost |
| D1517 | Space maintainer - fixed - bilateral, mandibular | No Cost |
| D1520 | Space maintainer - removable - unilateral - per quadrant | No Cost |
| D1526 | Space maintainer - removable - bilateral, maxillary..... | No Cost |
| D1527 | Space maintainer - removable - bilateral, mandibular..... | No Cost |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary..... | No Cost |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | No Cost |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | No Cost |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant..... | No Cost |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | No Cost |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | No Cost |
| D1575 | Distal shoe space maintainer - fixed - unilateral - per quadrant - <i>child to age 9</i> | No Cost |

D2000-D2999**III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

| | | |
|-------|---|----------|
| D2140 | Amalgam - one surface, primary or permanent | No Cost |
| D2150 | Amalgam - two surfaces, primary or permanent..... | No Cost |
| D2160 | Amalgam - three surfaces, primary or permanent..... | No Cost |
| D2161 | Amalgam - four or more surfaces, primary or permanent | No Cost |
| D2330 | Resin-based composite - one surface, anterior..... | No Cost |
| D2331 | Resin-based composite - two surfaces, anterior..... | No Cost |
| D2332 | Resin-based composite - three surfaces, anterior..... | No Cost |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | No Cost |
| D2390 | Resin-based composite crown, anterior..... | No Cost |
| D2391 | Resin-based composite - one surface, posterior ^{5, 12} | Optional |
| D2392 | Resin-based composite - two surfaces, posterior ^{5, 12} | Optional |
| D2393 | Resin-based composite - three surfaces, posterior ^{5, 12} | Optional |
| D2394 | Resin-based composite - four or more surfaces, posterior ^{5, 12} | Optional |
| D2510 | Inlay - metallic - one surface ^{6, 8} | No Cost |
| D2520 | Inlay - metallic - two surfaces ^{6, 8} | No Cost |
| D2530 | Inlay - metallic - three or more surfaces ^{6, 8} | No Cost |
| D2542 | Onlay - metallic - two surfaces ^{6, 8} | No Cost |
| D2543 | Onlay - metallic - three surfaces ^{6, 8} | No Cost |
| D2544 | Onlay - metallic - four or more surfaces ^{6, 8} | No Cost |
| D2610 | Inlay - porcelain/ceramic - one surface ^{5, 6} | Optional |
| D2620 | Inlay - porcelain/ceramic - two surfaces ^{5, 6} | Optional |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces ^{5, 6} | Optional |
| D2642 | Onlay - porcelain/ceramic - two surfaces ^{5, 6} | Optional |
| D2643 | Onlay - porcelain/ceramic - three surfaces ^{5, 6} | Optional |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces ^{5, 6} | Optional |
| D2650 | Inlay - resin-based composite - one surface ^{5, 6} | Optional |
| D2651 | Inlay - resin-based composite - two surfaces ^{5, 6} | Optional |
| D2652 | Inlay - resin-based composite - three or more surfaces ^{5, 6} | Optional |
| D2662 | Onlay - resin-based composite - two surfaces ^{5, 6} | Optional |
| D2663 | Onlay - resin-based composite - three surfaces ^{5, 6} | Optional |
| D2664 | Onlay - resin-based composite - four or more surfaces ^{5, 6} | Optional |
| D2710 | Crown - resin-based composite (indirect) ^{3, 6} | No Cost |
| D2712 | Crown - 3/4 resin-based composite (indirect) ^{3, 6} | No Cost |
| D2720 | Crown - resin with high noble metal ^{3, 6, 8} | No Cost |
| D2721 | Crown - resin with predominantly base metal ^{3, 6} | No Cost |
| D2722 | Crown - resin with noble metal ^{3, 6} | No Cost |
| D2740 | Crown - porcelain/ceramic ^{3, 6} | No Cost |
| D2750 | Crown - porcelain fused to high noble metal ^{3, 6, 8} | No Cost |
| D2751 | Crown - porcelain fused to predominantly base metal ^{3, 6} | No Cost |
| D2752 | Crown - porcelain fused to noble metal ^{3, 6} | No Cost |
| D2753 | Crown - porcelain fused to titanium or titanium alloy..... | No Cost |
| D2780 | Crown - 3/4 cast high noble metal ^{6, 8} | No Cost |
| D2781 | Crown - 3/4 cast predominantly base metal ⁶ | No Cost |
| D2782 | Crown - 3/4 cast noble metal ⁶ | No Cost |
| D2790 | Crown - full cast high noble metal ^{6, 8} | No Cost |
| D2791 | Crown - full cast predominantly base metal ⁶ | No Cost |
| D2792 | Crown - full cast noble metal ⁶ | No Cost |
| D2794 | Crown - titanium and titanium alloy ^{6, 8} | No Cost |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | No Cost |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core..... | No Cost |
| D2920 | Re-cement or re-bond crown..... | No Cost |

| | | |
|-------|--|---------|
| D2921 | Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)..... | No Cost |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth..... | No Cost |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> | No Cost |
| D2930 | Prefabricated stainless steel crown - primary tooth..... | No Cost |
| D2931 | Prefabricated stainless steel crown - permanent tooth | No Cost |
| D2932 | Prefabricated resin crown - <i>anterior primary tooth</i> | No Cost |
| D2933 | Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> | No Cost |
| D2940 | Protective restoration | No Cost |
| D2941 | Interim therapeutic restoration - primary dentition..... | No Cost |
| D2949 | Restorative foundation for an indirect restoration..... | No Cost |
| D2950 | Core buildup, including any pins when required..... | No Cost |
| D2951 | Pin retention - per tooth, in addition to restoration | No Cost |
| D2952 | Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> ⁸ | No Cost |
| D2953 | Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> ⁸ | No Cost |
| D2954 | Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> | No Cost |
| D2957 | Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> | No Cost |
| D2980 | Crown repair necessitated by restorative material failure..... | No Cost |
| D2981 | Inlay repair necessitated by restorative material failure..... | No Cost |
| D2982 | Onlay repair necessitated by restorative material failure | No Cost |
| D2983 | Veneer repair necessitated by restorative material failure..... | No Cost |
| D2990 | Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> | No Cost |

D3000-D3999

IV. ENDODONTICS *When referable services are provided by a Participating Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's usual fee.**

| | | |
|-------|--|---------|
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration)..... | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament..... | No Cost |
| D3221 | Pulpal debridement, primary and permanent teeth | No Cost |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | No Cost |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | No Cost |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)..... | No Cost |
| D3310 | <i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) ¹ | No Cost |
| D3320 | <i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) ¹ | No Cost |
| D3330 | <i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) ¹ | No Cost |
| D3346 | Retreatment of previous root canal therapy - anterior ¹ | No Cost |
| D3347 | Retreatment of previous root canal therapy - premolar ¹ | No Cost |
| D3348 | Retreatment of previous root canal therapy - molar ¹ | No Cost |
| D3410 | Apicoectomy - anterior ¹ | No Cost |
| D3421 | Apicoectomy - premolar (first root) ¹ | No Cost |
| D3425 | Apicoectomy - molar (first root) ¹ | No Cost |
| D3426 | Apicoectomy (each additional root) ¹ | No Cost |
| D3430 | Retrograde filling - per root ¹ | No Cost |
| D3450 | Root amputation, per root - <i>not covered in conjunction with a hemisection</i> ¹ | No Cost |
| D3471 | Surgical repair of root resorption - anterior | No Cost |
| D3472 | Surgical repair of root resorption - premolar..... | No Cost |
| D3473 | Surgical repair of root resorption - molar | No Cost |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | No Cost |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | No Cost |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar..... | No Cost |

D4000-D4999

V. PERIODONTICS

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

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|-------|--|---------|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant..... | No Cost |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant..... | No Cost |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth..... | No Cost |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant..... | No Cost |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant..... | No Cost |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant..... | No Cost |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant..... | No Cost |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> | No Cost |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> | No Cost |

| | | |
|-------|---|---------|
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 per 6 month period</i> | No Cost |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> | No Cost |
| D4910 | Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> | No Cost |
| D4921 | Gingival irrigation - per quadrant..... | No Cost |

D5000-D5899 VI. PROSTHODONTICS (removable)

| | | |
|-------|---|---------|
| D5110 | Complete denture - maxillary ^{4,9} | No Cost |
| D5120 | Complete denture - mandibular ^{4,9} | No Cost |
| D5130 | Immediate denture - maxillary ^{4,9} | No Cost |
| D5140 | Immediate denture - mandibular ^{4,9} | No Cost |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) ^{4,9} | No Cost |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) ^{4,9} | No Cost |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) ^{4,9} | No Cost |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) ^{4,9} | No Cost |
| D5221 | Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)..... | No Cost |
| D5222 | Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)..... | No Cost |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive clasping materials, rests and teeth)..... | No Cost |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)..... | No Cost |
| D5410 | Adjust complete denture - maxillary ⁹ | No Cost |
| D5411 | Adjust complete denture - mandibular ⁹ | No Cost |
| D5421 | Adjust partial denture - maxillary ⁹ | No Cost |
| D5422 | Adjust partial denture - mandibular ⁹ | No Cost |
| D5511 | Repair broken complete denture base, mandibular..... | No Cost |
| D5512 | Repair broken complete denture base, maxillary..... | No Cost |
| D5520 | Replace missing or broken teeth - complete denture (each tooth)..... | No Cost |
| D5611 | Repair resin partial denture base, mandibular..... | No Cost |
| D5612 | Repair resin partial denture base, maxillary..... | No Cost |
| D5621 | Repair cast partial framework, mandibular..... | No Cost |
| D5622 | Repair cast partial framework, maxillary..... | No Cost |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth..... | No Cost |
| D5640 | Replace broken teeth - per tooth..... | No Cost |
| D5650 | Add tooth to existing partial denture..... | No Cost |
| D5660 | Add clasp to existing partial denture - per tooth..... | No Cost |
| D5710 | Rebase complete maxillary denture ⁷ | No Cost |
| D5711 | Rebase complete mandibular denture ⁷ | No Cost |
| D5720 | Rebase maxillary partial denture ⁷ | No Cost |
| D5721 | Rebase mandibular partial denture ⁷ | No Cost |
| D5730 | Reline complete maxillary denture (chairside) ⁷ | No Cost |
| D5731 | Reline complete mandibular denture (chairside) ⁷ | No Cost |
| D5740 | Reline maxillary partial denture (chairside) ⁷ | No Cost |
| D5741 | Reline mandibular partial denture (chairside) ⁷ | No Cost |
| D5750 | Reline complete maxillary denture (laboratory) ⁷ | No Cost |
| D5751 | Reline complete mandibular denture (laboratory) ⁷ | No Cost |
| D5760 | Reline maxillary partial denture (laboratory) ⁷ | No Cost |
| D5761 | Reline mandibular partial denture (laboratory) ⁷ | No Cost |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing</i> ⁹ | No Cost |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing</i> ⁹ | No Cost |
| D5850 | Tissue conditioning, maxillary ^{7,9} | No Cost |
| D5851 | Tissue conditioning, mandibular ^{7,9} | No Cost |

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

| | | |
|-------|--|---------|
| D6210 | Pontic - cast high noble metal ^{8,10} | No Cost |
| D6211 | Pontic - cast predominantly base metal ¹⁰ | No Cost |
| D6212 | Pontic - cast noble metal ¹⁰ | No Cost |
| D6240 | Pontic - porcelain fused to high noble metal ^{3,8,10} | No Cost |
| D6241 | Pontic - porcelain fused to predominantly base metal ^{3,10} | No Cost |

| | | |
|-------|--|----------|
| D6242 | Pontic - porcelain fused to noble metal ^{3,10} | No Cost |
| D6243 | Pontic - porcelain fused to titanium or titanium alloys | No Cost |
| D6245 | Pontic - porcelain/ceramic ^{5,10} | Optional |
| D6250 | Pontic - resin with high noble metal ^{3,8,10} | No Cost |
| D6251 | Pontic - resin with predominantly base metal ^{3,10} | No Cost |
| D6252 | Pontic - resin with noble metal ^{3,10} | No Cost |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces ^{5,10} | Optional |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces ^{5,10} | Optional |
| D6602 | Retainer inlay - cast high noble metal, two surfaces ^{8,10} | No Cost |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces ^{8,10} | No Cost |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces ¹⁰ | No Cost |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces ¹⁰ | No Cost |
| D6606 | Retainer inlay - cast noble metal, two surfaces ¹⁰ | No Cost |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces ¹⁰ | No Cost |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces ^{5,10} | Optional |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces ^{5,10} | Optional |
| D6610 | Retainer onlay - cast high noble metal, two surfaces ^{8,10} | No Cost |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces ^{8,10} | No Cost |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces ¹⁰ | No Cost |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces ¹⁰ | No Cost |
| D6614 | Retainer onlay - cast noble metal, two surfaces ¹⁰ | No Cost |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces ¹⁰ | No Cost |
| D6720 | Retainer crown - resin with high noble metal ^{3,8,10} | No Cost |
| D6721 | Retainer crown - resin with predominantly base metal ^{3,10} | No Cost |
| D6722 | Retainer crown - resin with noble metal ^{3,10} | No Cost |
| D6740 | Retainer crown - porcelain/ceramic ^{5,10} | Optional |
| D6750 | Retainer crown - porcelain fused to high noble metal ^{3,8,10} | No Cost |
| D6751 | Retainer crown - porcelain fused to predominantly base metal ^{3,10} | No Cost |
| D6752 | Retainer crown - porcelain fused to noble metal ^{3,10} | No Cost |
| D6753 | Retainer crown - porcelain fused to titanium or titanium alloys..... | No Cost |
| D6780 | Retainer crown - 3/4 cast high noble metal ^{8,10} | No Cost |
| D6781 | Retainer crown - 3/4 cast predominantly base metal ¹⁰ | No Cost |
| D6782 | Retainer crown - 3/4 cast noble metal ¹⁰ | No Cost |
| D6784 | Retainer crown 3/4 - titanium and titanium alloys..... | No Cost |
| D6790 | Retainer crown - full cast high noble metal ^{8,10} | No Cost |
| D6791 | Retainer crown - full cast predominantly base metal ¹⁰ | No Cost |
| D6792 | Retainer crown - full cast noble metal ¹⁰ | No Cost |
| D6930 | Re-cement or re-bond fixed partial denture..... | No Cost |
| D6940 | Stress breaker ¹⁰ | No Cost |
| D6980 | Fixed partial denture repair necessitated by restorative material failure..... | No Cost |

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

| | | |
|-------|--|---------|
| D7111 | Extraction, coronal remnants - primary tooth..... | No Cost |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)..... | No Cost |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated..... | No Cost |
| D7220 | Removal of impacted tooth - soft tissue..... | No Cost |
| D7230 | Removal of impacted tooth - partially bony..... | No Cost |
| D7240 | Removal of impacted tooth - completely bony..... | No Cost |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications..... | No Cost |
| D7250 | Removal of residual tooth roots (cutting procedure) | No Cost |
| D7251 | Coronectomy - intentional partial tooth removal..... | No Cost |
| D7286 | Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> | No Cost |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No Cost |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant..... | No Cost |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant..... | No Cost |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant..... | No Cost |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | No Cost |
| D7510 | Incision and drainage of abscess - intraoral soft tissue..... | No Cost |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site..... | No Cost |
| D7961 | Buccal/labial frenectomy (frenulectomy)..... | No Cost |
| D7962 | Lingual frenectomy (frenulectomy) | No Cost |

D8000-D8999 XI. ORTHODONTICS

| | | |
|-------|--|------------|
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> ¹¹ | \$1,600.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> ¹¹ | \$1,600.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> ¹¹ | \$1,800.00 |

| | | |
|-------|--|----------|
| D8660 | Pre-orthodontic treatment examination to monitor growth and development - <i>not to be charged with any other consultation procedure(s)</i> ¹³ | No Cost |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) ² | No Cost |
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - <i>includes the START-UP FEE, which includes initial examination, diagnosis, consultation and initial banding</i> | \$350.00 |

D9000-D9999**XII. ADJUNCTIVE GENERAL SERVICES**

| | | |
|-------|---|----------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | No Cost |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | No Cost |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | No Cost |
| D9311 | Consultation with medical health care professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | No Cost |
| D9440 | Office visit - after regularly scheduled hours | \$20.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No Cost |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No Cost |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No Cost |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | No Cost |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | No Cost |
| D9943 | Occlusal guard adjustment | \$10.00 |
| D9944 | Occlusal guard - hard appliance, full arch - <i>limited to bruxism (grinding), one D9944, D9945 or D9946 every three years</i> | \$100.00 |
| D9945 | Occlusal guard - soft appliance, full arch - <i>limited to bruxism (grinding), one D9944, D9945 or D9946 every three years</i> | \$100.00 |
| D9946 | Occlusal guard - hard appliance, partial arch - <i>limited to bruxism (grinding), one D9944, D9945 or D9946 every three years</i> | \$100.00 |
| D9986 | Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> | \$10.00 |
| D9987 | Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> | \$10.00 |
| D9990 | Certified translation or sign-language services - per visit | No Cost |
| D9991 | Dental case management - addressing appointment compliance barriers | No Cost |
| D9992 | Dental case management - care coordination | No Cost |
| D9995 | Teledentistry - synchronous; real-time encounter | No Cost |
| D9996 | Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review | No Cost |
| D9997 | Dental case management - Patients with special Health Care Needs | No Cost |

FOOTNOTES

¹ A Benefit for permanent teeth only.

² Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of \$75.00 applies.

³ Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.

⁴ Replacement is subject to a limitation requiring the existing denture to be 5+ years old.

⁵ Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding the DeltaCare USA program should be directed to Delta Dental's Customer Service department at 800-422-4234.

⁶ Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.

⁷ Limited to 1 per denture during any 12 consecutive months.

⁸ Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. This charge also applies to a titanium crown. If an indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.

⁹ Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

- ¹⁰ *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*
- ¹¹ *Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of \$75.00 applies.*
- ¹² *An amalgam is the Benefit.*
- ¹³ *In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of \$25.00 will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*

SCHEDULE B**Limitations of Benefits**

1. Full mouth x-rays are limited to one set every 24 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.
2. Bitewing x-rays are limited to not more than one series of four films in any six month period.
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits.
4. If a biopsy is preauthorized by Delta Dental for an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost.
5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
6. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.
7. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
8. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five year limitation (Limitation #12).
9. A covered metallic inlay, onlay, crown or fixed partial denture (bridge) using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is \$100.00 per tooth or pontic. For an indirectly fabricated post and core, the benefit is for base or noble metal. If the Enrollee elects to have a high noble metal indirectly fabricated post and core instead, the maximum additional cost of this material upgrade is \$100.00 per tooth.
10. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is \$150.00 per molar.
11. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is \$75.00.
12. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
 - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and**
 - b. Either of the following:
 - The existing non-functional restoration/bridge/denture was placed five or more years prior to its replacement, **or**
 - If an existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
13. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth.
14. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth.
15. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
16. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
17. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
18. Coverage for the placement of a fixed partial denture (bridge) or removable partial denture:
 - a. Fixed partial denture (bridge):
 - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved, **or**
 - The new bridge would replace an existing, non-functional bridge utilizing identical abutments and pontics (see Limitation #12) **or**
 - Each abutment tooth to be crowned meets Limitation #8.

- b. Removable partial denture:
- Cast metal (D5213, D5214), one or more teeth are missing in an arch.
 - Resin based (D5211, D5212), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease (see Limitation #12).
19. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
20. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
- The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture **or**
 - The replacement of permanent tooth/teeth for children under 16 years of age.
21. Retained primary teeth shall be covered as primary teeth.
22. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.
23. 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 prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
24. In cases of accidental injury, benefits available are described in *Schedule B, Accident Injury Benefit*. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function, exclusive attrition and normal wear, will be covered as described in *Schedules A, Description of Benefits and Copayments; and B, Limitations and Exclusions of Benefits*.
25. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.
26. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
27. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure.

"Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to Delta Dental's Customer Service department at 800-422-4234.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.
3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
6. 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, orthodontics, unless qualified for the orthodontic treatment in progress provision.
7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities.
8. Dispensing of drugs not normally supplied in a dental facility.
9. Any procedure that in the professional opinion of the Contract Dentist or the dental consultant:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized in writing by Delta Dental or as cited under *Emergency Services*. To obtain written authorization, the Enrollee should call Delta Dental's Customer Service department at 800-422-4234.
11. Consultations for non-covered benefits.
12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
13. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
14. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).
16. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the benefit for other covered services.
17. 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.
18. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
19. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.
20. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
21. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

Orthodontic Limitations

The DeltaCare USA program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in *Schedule A, Description of Benefits and Copayments* and subject to the following:

1. Orthodontic treatment must be provided by a Contract Orthodontist.
2. Benefits cover 24 months of active comprehensive orthodontic treatment. Included is the initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustment to retainers and office visits for a maximum of two years.
3. Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee not to exceed \$75.00 per month.
4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not Delta Dental will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of \$2,300.00 for covered dependent children to age 19 and \$2,500.00 for covered adults and dependent children to age 23. The amount will be prorated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist.
5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation have been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of \$25.00 in addition to diagnostic record fees.
6. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual and customary fee.
7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.

Orthodontic Exclusions

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.
2. Lost, stolen or broken orthodontic appliances.
3. Retreatment of orthodontic cases.
4. Changes in treatment necessitated by accident of any kind.
5. Initial or continuing orthodontic treatment when such treatment would be inconsistent with generally accepted professional standards.
6. Surgical procedures incidental to orthodontic treatment.
7. Myofunctional therapy.
8. Surgical procedures related to cleft palate, micrognathia or macrognathia.
9. Treatment related to temporomandibular joint disturbances.
10. Supplemental appliances not routinely used in typical comprehensive orthodontics.
11. Restorative work caused by orthodontic treatment.
12. Phase I orthodontics, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
13. Extractions solely for the purpose of orthodontics.
14. Treatment in progress at inception of eligibility.
15. Composite bands, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

Accident Injury Benefit

An accidental injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under *Schedule A, Description of Benefits and Copayments*.

Delta Dental will pay up to 100 percent of the Contract Dentist's "filed fees," for expenses an Enrollee incurs for an accident injury, less any applicable Copayment(s), up to a Maximum of \$1,600.00 in any 12 month period.

Accident injury benefits include the following procedure in addition to those listed in *Schedule A, Description of Benefits and Copayments*.

CODE

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus - includes splinting and/or stabilization.

Payment of accident injury benefits is subject to *Schedule B, Limitations and Exclusions of Benefits*, in addition to the following provisions:

MAXIMUM

Accident injury benefits will be provided for each Enrollee up to a maximum of \$1,600.00 in any 12 month period.

LIMITATION

Accident injury benefits are limited to services provided as a result of an accident which occurred (a) while the Enrollee was covered under the DeltaCare USA program, or (b) while the Enrollee was covered under another DeltaCare USA program, and if the benefits for the expenses incurred would have been paid if the Enrollee had remained covered under that program.

EXCLUSIONS

In addition to *Schedule B*, limitations #13, #15, #20, #21 and #24 and exclusions #1-9, #11-15 and #18-20, the following exclusions apply:

1. Prophylaxis.
2. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
3. Replacement of existing restorations due to decay.
4. Orthodontic services (treatment of malalignment of teeth and/or jaws).
5. Replacement of existing restorations, crowns, bridges, dentures and other dental or orthodontic appliances damaged by accident injury.

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

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