DELTA DENTAL®

# Benefit highlights

## DeltaCare® USA

DeltaCare USA[1] copayment plans give you easy dental care from a trusted in-network dentist that you choose.[2] You'll know what procedures are covered and how much each costs. No surprises.

### Comprehensive coverage

- Coverage for 350+ procedures
- Regular preventive care with low or no copayments to help catch issues before they become more serious
- Specialist services for oral surgery, endodontics, orthodontics, periodontics and pediatric dentistry

### Budget-friendly

- No deductibles or maximums[3] for covered services[4]
- Out-of-pocket costs listed in your Evidence of Coverage booklet, available in your online account
- All-inclusive copayments (no material or lab fees)
- Cleanings and exams covered with low or no copayments

### Large network of quality dentists

Delta Dental is a leading national carrier that offers a large network of high-quality and rigorously vetted dentists. DeltaCare USA dentists are credentialed and meet Delta Dental's strict standards of care. When specialty dental care is needed, your general dentist (or pediatric dentist for children through age 13) will refer you to a trusted specialist in the network.

### Convenient services

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no ID card is required to receive treatment.[5]

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

West Virginia: Learn about our commitment to providing access to a quality dentist network at **deltadentalins.com/about/legal/index-enrollee.html.**

[2] Verify your selected DeltaCare USA general dentist before each appointment.

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

[4] State-specific exceptions may apply.

[5] You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment.

deltadentalins.com/members

# What you need to know in advance, or about your DeltaCare® USA plan

## How DeltaCare USA works

- **You must visit** a DeltaCare USA general dentist to use your plan.[1]
  - ° Your general dentist will coordinate and refer you to specialists for care, if needed.
  - ° Dependent children may obtain covered care from an in-network pediatric dentist without referral from a general dentist through age 13.
- **You may select** an in-network general dentist, or a general dentist can be assigned at first visit if you haven't selected a dentist yet.[2]
- **You can select** or change dentists anytime online or by phone.
- **Pay predefined, all-inclusive copayments** — with no hidden fees (no material or lab fees) at the time of service.
- **No deductibles, maximums or waiting periods** for covered services. No claims to submit — no hassle!
- **Clear out-of-pocket costs** shown in your Evidence of Coverage located in your online account

## What your plan covers

You're covered for hundreds of procedures with no annual limit on the amount your plan pays.

- Comprehensive coverage for 350+ procedures that prioritizes preventive care
- Cleanings and exams covered with low or no copayments
- Orthodontics coverage for adults and children, including clear aligners
- Extensive care including crowns, dentures, root canals, oral surgery and more

## Getting started

To enroll in a DeltaCare USA plan, simply complete the enrollment process as directed by your benefits administrator. Select a new DeltaCare USA dentist or check to see if your preferred general dentist is in-network.

On your plan effective date, visit **deltadentalins.com** to create a secure online account where you can:

- **Access your plan benefits.** Your Evidence of Coverage can be located in your online account under the benefit details section. You can view or download a copy of the document for your records. 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.
- **Locate an electronic ID card.** This card is for your records only — you do not need to present it in order to receive treatment. You can view, print or email a copy of your electronic ID card.
- **General dentist.** If selected, you can find the name, address and phone number of your assigned general dentist. You can use our search tool to find, select or change your DeltaCare USA general dentist.

To get care, call the dental facility to make an appointment. **Important note**: In order to receive benefits under your plan, you must visit a DeltaCare USA dentist. You can visit any DeltaCare USA general dentist at your selected dental facility as long as they are in the DeltaCare USA network. There is no coverage for out-of-network care.

## General plan information

You and your eligible dependents have emergency dental service coverage for out-of-area emergencies.[3] Your out-of-area emergency benefit (typically limited to $100 per person) is for services to relieve pain until you can return to see your general dentist.[4] Standard plan limitations, exclusions and copayments may apply.

There are no exclusions for most pre-existing conditions, except work in progress.[4] 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.

[1] In AZ, MD, and TX, if you do not select a dentist when you enroll, we will choose one for you.

[2] If you have not yet been assigned to a DeltaCare USA general dentist, you can do so by visiting any DeltaCare USA general dentist that is accepting new patients. When your selected dentist files a qualifying claim, you will be added to their roster and they will become your assigned DeltaCare USA general dentist. Once assigned, you must visit this dentist for future visits to receive benefits. Dependent children under the age of 14 may obtain covered care from an in-network pediatric dentist without referral from a general dentist.

[3] State-specific minimum distance requirements may apply.

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

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DCU_USA_STD #975400.03 (03/26)

## Glossary

Here are some common terms that will help you understand your plan:

**Authorization:** The process by which Delta Dental determines whether a procedure or treatment is a referable benefit under your plan.

**Copayment, or copay amount:** The fixed dollar amount a member is responsible for when receiving treatment.

**DeltaCare USA dentist:** A dentist who is a member of the DeltaCare USA network. These dentists have contracted with Delta Dental and agreed to accept negotiated fees for the services provided to DeltaCare USA members.

**Diagnostic and preventive services:** A category of dental services that includes benefits for oral evaluations, routine cleanings, x-rays and fluoride treatments. There are low or no copayments for these services to encourage you to seek regular care and prevent problems from developing.

**Effective date:** The date your dental plan becomes active. Also, the date a member becomes eligible for benefits.

**Evidence of Coverage (EOC):** A guide that details your specific dental plan benefits, covered services, exclusions, limitations, deductibles and copayments. Also known as Certificate of Coverage.

**Limitations and Exclusions:** Limitations are usually related to a specific time or frequency — for example, a plan may cover only two cleanings in a 12-month period or one cleaning every six months. Exclusions are services not covered by a plan.

**(Dental) Referral:** Directing a patient to a dental specialist by a general dentist.[1]

**Specialist services:** Services performed by a dental specialist, such as oral surgery, endodontics, periodontics or pediatric dentistry. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.[2]

For more help with understanding dental terms, visit **www1.deltadentalins.com/members/glossary.html**

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

[2] Dependent children covered under a DeltaCare USA plan have the option to seek dental care from a pediatric dentist through the age of 13, whether or not the child has an assigned general dentist. Referrals to visit a pediatric specialist are not required. If the pediatric dentist determines that additional specialty care is needed, they may refer pediatric patients directly to other specialists, such as an orthodontist. At age 14, covered dependent children must obtain care from their assigned DeltaCare USA general dentist.

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## SCHEDULE A

### Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your 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 Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2026 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

| CODE | DESCRIPTION | YOU PAY |
|---|---|---|
| **D0100-D0999** | **I. DIAGNOSTIC** | |
| D0120 | Periodic oral evaluation - established patient | No Cost |
| D0140 | Limited oral evaluation - problem focused | No Cost |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No Cost |
| D0150 | Comprehensive oral evaluation - new or established patient | No Cost |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Cost |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Cost |
| D0171 | Re-evaluation - post-operative office visit | $5.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - comprehensive series of radiographic images - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted.* | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additional radiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | No Cost |
| D0251 | Extraoral posterior dental radiographic image | No Cost |
| D0270 | Bitewing - single radiographic image | No Cost |
| D0272 | Bitewings - two radiographic images | No Cost |
| D0273 | Bitewings three radiographic images | No Cost |
| D0274 | Bitewings - four radiographic images - *limited to 1 series every 6 months* | No Cost |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Cost |
| D0330 | Panoramic radiographic image - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted* | No Cost |
| D0396 | 3D printing of a 3D dental surface scan | No Cost |
| D0415 | Collection of microorganisms for culture and sensitivity | No Cost |
| D0419 | Assessment of salivary flow by measurement - *1 every 12 months* | No Cost |
| D0425 | Caries susceptibility tests | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| D0461 | Testing for cracked tooth | 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 - *1 every 12 months* | No Cost |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk - *1 every 12 months* | No Cost |
| D0603 | Caries risk assessment and documentation, with a finding of high risk - *1 every 12 months* | 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 |
| 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 - comprehensive series of radiographic images - image capture only | No Cost |
| D0999 | Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)* | $5.00 |

**D1000-D1999 II. PREVENTIVE**

| | | |
|---|---|---|
| D1110 | Prophylaxis *cleaning* - adult - *1 D1110, D1120 or D4346 per 6 month period* | No Cost |
| D1110 | *Additional prophylaxis cleaning - adult (within the 6 month period)* | $45.00 |
| D1120 | Prophylaxis *cleaning* - child - *1 D1110, D1120 or D4346 per 6 month period* | No Cost |
| D1120 | *Additional prophylaxis cleaning - child (within the 6 month period)* | $35.00 |
| D1206 | Topical application of fluoride varnish - *child to age 19; 1 D1206 or D1208 per 6 month period* | No Cost |
| D1208 | Topical application of fluoride - excluding varnish - *child to age 19; 1 D1206 or D1208 per 6 month period* | No Cost |
| D1310 | Nutritional counseling for control of dental disease | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth - *limited to permanent molars through age 15* | $10.00 |
| D1353 | Sealant repair - per tooth - *limited to permanent molars through age 15* | $10.00 |
| D1354 | Application of caries arresting medicament - per tooth - *child to age 19; 1 per 6 month period* | No Cost |
| D1510 | Space maintainer - fixed - unilateral - per quadrant | $25.00 |
| D1516 | Space maintainer - fixed - bilateral, maxillary | $25.00 |
| D1517 | Space maintainer - fixed - bilateral, mandibular | $25.00 |
| D1520 | Space maintainer - removable - unilateral - per quadrant | $25.00 |
| D1526 | Space maintainer - removable - bilateral, maxillary | $25.00 |
| D1527 | Space maintainer - removable - bilateral, mandibular | $25.00 |
| 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 - *child to age 9* | $25.00 |

**D2000-D2999 III. RESTORATIVE**

*- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
*- When there are more than six crowns in the same treatment plan, You may be charged an additional $100.00 per crown, beyond the 6th unit.*
*- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

| | | |
|---|---|---|
| D2140 | 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 (anterior) | No Cost |
| D2390 | Resin-based composite crown, anterior | $35.00 |
| D2391 | Resin-based composite - one surface, posterior | $55.00 |
| D2392 | Resin-based composite - two surfaces, posterior | $65.00 |
| D2393 | Resin-based composite - three surfaces, posterior | $75.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | $85.00 |
| D2510 | Inlay - metallic - one surface | No Cost |
| D2520 | Inlay - metallic - two surfaces | No Cost |
| D2530 | Inlay - metallic - three or more surfaces | No Cost |

| | | |
|---|---|---|
| D2542 | Onlay - metallic - two surfaces | No Cost |
| D2543 | Onlay - metallic - three surfaces | No Cost |
| D2544 | Onlay - metallic - four or more surfaces | No Cost |
| D2610 | Inlay - porcelain/ceramic - one surface | $165.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | $190.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | $200.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | $185.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | $205.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | $220.00 |
| D2650 | Inlay - resin-based composite - one surface | $105.00 |
| D2651 | Inlay - resin-based composite - two surfaces | $120.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | $145.00 |
| D2662 | Onlay - resin-based composite - two surfaces | $140.00 |
| D2663 | Onlay - resin-based composite - three surfaces | $155.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | $185.00 |
| D2710 | Crown - resin-based composite (indirect) | $50.00 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | $50.00 |
| D2720 | Crown - resin with high noble metal | $195.00 |
| D2721 | Crown - resin with predominantly base metal | $95.00 |
| D2722 | Crown - resin with noble metal | $135.00 |
| D2740 | Crown - porcelain/ceramic | $240.00 |
| D2750 | Crown - porcelain fused to high noble metal | $240.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | $140.00 |
| D2752 | Crown - porcelain fused to noble metal | $180.00 |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | $240.00 |
| D2780 | Crown - 3/4 cast high noble metal | $210.00 |
| D2781 | Crown - 3/4 cast predominantly base metal | $110.00 |
| D2782 | Crown - 3/4 cast noble metal | $150.00 |
| D2783 | Crown - 3/4 porcelain/ceramic | $240.00 |
| D2790 | Crown - full cast high noble metal | $210.00 |
| D2791 | Crown - full cast predominantly base metal | $110.00 |
| D2792 | Crown - full cast noble metal | $150.00 |
| D2794 | Crown - titanium and titanium alloys | $240.00 |
| 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 *(anterior)* | No Cost |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth | $15.00 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - *anterior* | $20.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | $15.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | $15.00 |
| D2932 | Prefabricated resin crown - *anterior primary tooth* | $25.00 |
| D2933 | Prefabricated stainless steel crown with resin window - *anterior primary tooth* | $20.00 |
| D2940 | Placement of interim direct restoration | $5.00 |
| D2949 | Restorative foundation for an indirect restoration | $15.00 |
| D2950 | Core buildup, including any pins when required | $15.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | $10.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated - *includes canal preparation* | $35.00 |
| D2953 | Each additional indirectly fabricated post - same tooth - *includes canal preparation* | $25.00 |
| D2954 | Prefabricated post and core in addition to crown - *base metal post; includes canal preparation* | $20.00 |
| D2956 | Removal of an indirect restoration on a natural tooth | No Cost |
| D2957 | Each additional prefabricated post - same tooth - *base metal post; includes canal preparation* | $15.00 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework. | $28.00 |
| D2976 | Band stabilization - per tooth - *limited to once in a lifetime per tooth* | No Cost |
| D2980 | Crown repair necessitated by restorative material failure | $15.00 |
| D2981 | Inlay repair necessitated by restorative material failure | $15.00 |

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|---|---|---|
| D2982 | Onlay repair necessitated by restorative material failure | $15.00 |
| D2983 | Veneer repair necessitated by restorative material failure | $15.00 |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | No Cost |
| D2990 | Resin infiltration of incipient smooth surface lesions - *limited to 1 per 24 months* | $10.00 |

**D3000-D3999 IV. ENDODONTICS**

| | | |
|---|---|---|
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration) | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | No Cost |
| D3221 | Pulpal debridement, primary and permanent teeth | $10.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | No Cost |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | $20.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | $20.00 |
| D3310 | *Root canal* - endodontic therapy, anterior tooth (excluding final restoration) | $55.00 |
| D3320 | *Root canal* - endodontic therapy, premolar tooth (excluding final restoration) | $120.00 |
| D3330 | *Root canal* - endodontic therapy, molar tooth (excluding final restoration) | $250.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | $55.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | $55.00 |
| D3333 | Internal root repair of perforation defects | $55.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | $85.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | $150.00 |
| D3348 | Retreatment of previous root canal therapy - molar | $280.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | $75.00 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | $50.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) | $50.00 |
| D3410 | Apicoectomy - anterior | $60.00 |
| D3421 | Apicoectomy - premolar (first root) | $70.00 |
| D3425 | Apicoectomy - molar (first root) | $80.00 |
| D3426 | Apicoectomy (each additional root) | $50.00 |
| D3430 | Retrograde filling - per root | $60.00 |
| D3450 | Root amputation - per root | No Cost |
| D3471 | Surgical repair of root resorption - anterior | $60.00 |
| D3472 | Surgical repair of root resorption - premolar | $60.00 |
| D3473 | Surgical repair of root resorption - molar | $60.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | $60.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | $60.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar | $60.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | $30.00 |
| D3921 | Decoronation or submergence of an erupted tooth | $5.00 |

**D4000-D4999 V. PERIODONTICS**

*- Includes pre-operative and post-operative 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 | $130.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | No Cost |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | $130.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4245 | Apically positioned flap | $125.00 |
| D4249 | Clinical crown lengthening - hard tissue | $125.00 |

| | | |
|---|---|---|
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | $280.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | $225.00 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | $205.00 |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | $70.00 |
| D4270 | Pedicle soft tissue graft procedure | $205.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | $45.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | $205.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | $205.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | $25.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | $20.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *1 D1110, D1120 or D4346 per 6 month period* | No Cost |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months* | $25.00 |
| D4910 | Periodontal maintenance - *limited to 1 treatment each 6 month period* | $15.00 |
| D4910 | *Additional periodontal maintenance (within the 6 month period)* | $55.00 |
| D4921 | Gingival irrigation with a medicinal agent - per quadrant | No Cost |

**D5000-D5899 VI. PROSTHODONTICS (removable)**

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

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

*- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

| | | |
|---|---|---|
| D5110 | Complete denture - maxillary | $145.00 |
| D5120 | Complete denture - mandibular | $145.00 |
| D5130 | Immediate denture - maxillary | $165.00 |
| D5140 | Immediate denture - mandibular | $165.00 |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | $120.00 |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | $120.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) | $160.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) | $160.00 |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | $120.00 |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | $120.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | $160.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | $160.00 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery . | $210.00 |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) . | $210.00 |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | $120.00 |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | $120.00 |
| D5410 | Adjust complete denture - maxillary | $10.00 |
| D5411 | Adjust complete denture - mandibular | $10.00 |
| D5421 | Adjust partial denture - maxillary | $10.00 |

| | | |
|---|---|---|
| D5422 | Adjust partial denture - mandibular | $10.00 |
| D5511 | Repair broken complete denture base, mandibular | $20.00 |
| D5512 | Repair broken complete denture base, maxillary | $20.00 |
| D5520 | Replace missing or broken teeth - complete denture - per tooth | $10.00 |
| D5611 | Repair resin partial denture base, mandibular | $20.00 |
| D5612 | Repair resin partial denture base, maxillary | $20.00 |
| D5621 | Repair cast partial framework, mandibular | $20.00 |
| D5622 | Repair cast partial framework, maxillary | $20.00 |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth | $20.00 |
| D5640 | Replace missing or broken teeth - partial denture - per tooth | $10.00 |
| D5650 | Add tooth to existing partial denture - per tooth | $10.00 |
| D5660 | Add clasp to existing partial denture - per tooth | $10.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | $135.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | $135.00 |
| D5710 | Rebase complete maxillary denture | $55.00 |
| D5711 | Rebase complete mandibular denture | $55.00 |
| D5720 | Rebase maxillary partial denture | $55.00 |
| D5721 | Rebase mandibular partial denture | $55.00 |
| D5725 | Rebase hybrid prosthesis | $55.00 |
| D5730 | Reline complete maxillary denture (chairside) | $20.00 |
| D5731 | Reline complete mandibular denture (chairside) | $20.00 |
| D5740 | Reline maxillary partial denture (chairside) | $20.00 |
| D5741 | Reline mandibular partial denture (chairside) | $20.00 |
| D5750 | Reline complete maxillary denture (laboratory) | $60.00 |
| D5751 | Reline complete mandibular denture (laboratory) | $60.00 |
| D5760 | Reline maxillary partial denture (laboratory) | $60.00 |
| D5761 | Reline mandibular partial denture (laboratory) | $60.00 |
| D5765 | Soft liner for complete or partial removable denture - indirect | $60.00 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - *limited to 1 in any 12 consecutive months* | $75.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - *limited to 1 in any 12 consecutive months* | $75.00 |
| D5850 | Tissue conditioning, maxillary | No Cost |
| D5851 | Tissue conditioning, mandibular | 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])**

*- When a crown and/or pontic exceeds six units in the same treatment plan, You may be charged an additional $100.00 per unit, beyond the 6th unit.*

*- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

| | | |
|---|---|---|
| D6210 | Pontic - cast high noble metal | $210.00 |
| D6211 | Pontic - cast predominantly base metal | $110.00 |
| D6212 | Pontic - cast noble metal | $150.00 |
| D6240 | Pontic - porcelain fused to high noble metal | $240.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | $140.00 |
| D6242 | Pontic - porcelain fused to noble metal | $180.00 |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | $180.00 |
| D6245 | Pontic - porcelain/ceramic | $240.00 |
| D6250 | Pontic - resin with high noble metal | $195.00 |
| D6251 | Pontic - resin with predominantly base metal | $95.00 |
| D6252 | Pontic - resin with noble metal | $135.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | $190.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | $200.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | $100.00 |

| | | |
|---|---|---|
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | $100.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | No Cost |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6606 | Retainer inlay - cast noble metal, two surfaces | $40.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | $40.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | $185.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | $205.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | $100.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | $100.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | No Cost |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6614 | Retainer onlay - cast noble metal, two surfaces | $40.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | $40.00 |
| D6720 | Retainer crown - resin with high noble metal | $195.00 |
| D6721 | Retainer crown - resin with predominantly base metal | $95.00 |
| D6722 | Retainer crown - resin with noble metal | $135.00 |
| D6740 | Retainer crown - porcelain/ceramic | $240.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | $240.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | $140.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | $180.00 |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | $240.00 |
| D6780 | Retainer crown - 3/4 cast high noble metal | $210.00 |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | $110.00 |
| D6782 | Retainer crown - 3/4 cast noble metal | $150.00 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | $240.00 |
| D6784 | Retainer crown - 3/4 titanium and titanium alloys | $210.00 |
| D6790 | Retainer crown - full cast high noble metal | $210.00 |
| D6791 | Retainer crown - full cast predominantly base metal | $110.00 |
| D6792 | Retainer crown - full cast noble metal | $150.00 |
| D6930 | Re-cement or re-bond fixed partial denture | No Cost |
| D6940 | Stress breaker | No Cost |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | $15.00 |

**D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

*- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.*

| | | |
|---|---|---|
| D7111 | Extraction, coronal remnants - primary tooth | No Cost |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | $5.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | $25.00 |
| D7220 | Removal of impacted tooth - soft tissue | $50.00 |
| D7230 | Removal of impacted tooth - partially bony | $70.00 |
| D7240 | Removal of impacted tooth - completely bony | $90.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | $110.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | No Cost |
| D7251 | Coronectomy - intentional partial tooth removal, impacted teeth only | $110.00 |
| D7252 | Partial extraction for immediate implant placement - *Once in a lifetime* | $25.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | $85.00 |
| D7280 | Exposure of an unerupted tooth | $90.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | $90.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | No Cost |
| D7284 | Excisional biopsy of minor salivary glands - *does not include pathology laboratory procedures* | No Cost |
| D7286 | Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures* | No Cost |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | $50.00 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | $50.00 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | $70.00 |

| | | |
|---|---|---|
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | $70.00 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | No Cost |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | No Cost |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | No Cost |
| D7472 | Removal of torus palatinus | No Cost |
| D7473 | Removal of torus mandibularis | No Cost |
| D7509 | Marsupialization of odontogenic cyst | 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 |
| D7970 | Excision of hyperplastic tissue - per arch | $55.00 |
| D7971 | Excision of pericoronal gingiva | $55.00 |

## D8000-D8999 XI. ORTHODONTICS

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

***Pre and post orthodontic records include:***

| | | |
|---|---|---|
| | *The Benefit for pre-treatment records and diagnostic services includes:* | $200.00 |
| D0210 | Intraoral - comprehensive series of radiographic images - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted* | |
| D0322 | Tomographic survey | |
| D0330 | Panoramic radiographic image - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted* | |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic images obtained intra-orally or extra-orally | |
| D0396 | 3D printing of a 3D dental surface scan | |
| D0470 | Diagnostic casts | |
| D0801 | 3D intraoral surface scan - direct | |
| D0802 | 3D dental surface scan - indirect | |
| D0803 | 3D facial surface scan - direct | |
| D0804 | 3D facial surface scan - indirect | |
| | *The Benefit for post-treatment records includes:* | $70.00 |
| D0210 | Intraoral - comprehensive series of radiographic images - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted* | |
| D0470 | Diagnostic casts | |
| D8010 | Limited orthodontic treatment of the primary dentition | $950.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $950.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $950.00 |
| D8040 | Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,150.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $1,700.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $1,700.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,900.00 |
| D8091 | Comprehensive orthodontic treatment with orthognathic surgery - *adults, including covered dependent adult children* | $2,190.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | $25.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) | $275.00 |
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - *includes treatment planning session* | $100.00 |

| D9000-D9999 | XII. ADJUNCTIVE GENERAL SERVICES | |
|---|---|---|
| D9110 | Palliative treatment of dental pain - per visit | $5.00 |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | No Cost |
| D9222 | Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof | $80.00 |
| D9223 | Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof | $80.00 |
| D9224 | Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof | $80.00 |
| D9225 | Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof | $80.00 |
| D9239 | Administration of moderate sedation intravenous - first 15 minute increment, or any portion thereof | $80.00 |
| D9243 | Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof | $80.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | $10.00 |
| D9311 | Consultation with a medical health care professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | $5.00 |
| D9440 | Office visit - after regularly scheduled hours | $25.00 |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | No Cost |
| D9912 | Pre-visit patient screening | 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 |
| D9936 | Cleaning and inspection of occlusal guard - per appliance - *limited to 1 D9944, D9945 or D9946 in 3 years* | $10.00 |
| D9943 | Occlusal guard adjustment | $10.00 |
| D9944 | Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years* | $100.00 |
| D9945 | Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years* | $100.00 |
| D9946 | Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years* | $100.00 |
| D9951 | Occlusal adjustment, limited | $35.00 |
| D9952 | Occlusal adjustment, complete | $55.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment* | $125.00 |
| D9986 | Missed appointment - *without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of $40.00* | $10.00 |
| D9987 | Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of $40.00* | $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 |

Procedures with age restrictions will be subject to exceptions based on medical necessity.

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the Contract Dentist, must be authorized by Us. You pay the Copayment specified for such services.

Teledentistry services provided by a Dentist other than Your Contract Dentist are considered Out-of-Network and may result in an out-of-pocket cost to You, unless coverage is required under other law.

SCHEDULE B

**Limitations and Exclusions of Benefits**

Limitations and Exclusions below with age restrictions will be subject to exceptions based on medical necessity.

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*
2. If You accept a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, You may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).
4. Placement of interim direct restoration is included in the fee for all covered Endodontic procedures (D3220-D3950) when done on the same date by the same Dentist/dental office.
5. The fee for removal of an indirect restoration is included in the fee for any subsequent restorative procedure.
6. Benefits provided by a pediatric Dentist are limited to children through age 13 less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
7. The cost to You for receiving orthodontic treatment when coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. You make payment directly to the Contract Orthodontist as arranged.
8. Orthodontic treatment in progress is available to You, if at the time of Your original effective date, You are in active treatment started under Your previous group dental plan, as long as You continue to be eligible under the DeltaCare USA Plan. Active treatment means tooth movement has begun. You are responsible for all Copayments and fees subject to the provisions of Your prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
9. Limited orthodontic treatment (any dentition) and comprehensive orthodontic treatment (any dentition) are part of comprehensive orthodontic treatment with orthognathic surgery.
10. Nerve dissection is included in the fee for the removal of an impacted tooth, complete bony, with unusual surgical complications, as part of that extraction procedure. Otherwise, nerve dissection is not a Benefit.
11. Teledentistry services provided by a Dentist other than Your Contract Dentist are considered Out-of-Network and may result in an out-of-pocket cost to You, unless coverage is required under other law.
12. Coverage for orthodontic treatment is limited to conventional orthodontic services, which includes clear aligner therapy (e.g., Invisalign™ and Sure Smile™). We consider lingual brackets, clear (composite or ceramic) brackets to be specialized services. When treatment using lingual brackets or clear (composite or ceramic) brackets is provided, We will make an allowance for conventional orthodontic services. You are responsible for Your Copayment for the conventional orthodontic treatment plus the additional fees related to the specialized services (lingual brackets or clear brackets).
13. X-ray Limitations:
    - When the frequencies for the comprehensive radiographic images (D0210) and panoramic radiographic images (D0330) differ, the least restrictive frequency will apply.
    - Panoramic images are not considered part of a comprehensive intraoral series.
    - Bitewing x-rays of any type are included in the fee of a comprehensive series when taken within 6 months of the comprehensive images.
    - Bitewing x-rays are limited to two images for under age 10.

- Image capture procedures are not separately billable services.

Exclusions

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
   * 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).
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Procedures that may include:
   * 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 including but not limited to overlays and related specialized appliances; and/or
   * personalization and characterization of complete and partial dentures.
8. 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.
9. Consultations for non-covered Benefits.
10. Dental services received from any dental facility other than the Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before You are eligible with the DeltaCare USA Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies with the exception of procedures D9944 (Occlusal guard, hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch), and D9946 (Occlusal guard-hard appliance, partial arch).
17. Treatment or appliances that are provided by a Contract Dentist whose practice specializes in prosthodontic services.

18. Orthodontic treatment must be provided by a licensed Dentist.
19. Services or supplies for sleep apnea.
20. Administration of neuromodulators is not a Benefit of the plan.
21. Administration of dermal fillers is not a Benefit of the plan.

## More helpful tips for using your plan

**Find a network dentist near you**

Use our convenient **Find a dentist** tool and select **DeltaCare USA** as your network.

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

**Create an online account at www1.deltadentalins.com/members/welcome-deltacare-usa.html**

- Review your plan benefits
- Access your ID card if you want one (You do not need an ID card to receive services.)
- Select or change your dentist at any time

**Enjoy the perks of Delta Dental coverage**

Get extra member perks like oral and overall health savings, exclusive resources and more at **www1.deltadentalins.com/memberperks**.

You can also get oral health tools and tips at **deltadentalins.com/healthylivinghub**.

**Contact us**

Need help? Let us know.

**Online:** Visit **deltadentalins.com/contact**

**Write to:**
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

**Call toll-free: 800-422-4234**
Customer Service agents are available Monday through Friday, 8 am to 9 pm ET. Or, use our automated phone system, available 24/7.

**Administered by:**
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

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

This brochure is not intended to replace your legally required Evidence of Coverage. 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. 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**.

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