

Keep Smiling

DeltaCare[®] USA



Dental benefits made easy!

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

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

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

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



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. Changes received between the first and 15th of the month are effective immediately. Changes received on the 16th through the end of the month will be effective on the first of the next 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.³ 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.⁴ 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 progress⁵), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. Does my plan cover teeth whitening?

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

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

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

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

Please contact us for additional support. Our Customer Service 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 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.

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

We make it easy for you!



Select a
DeltaCare USA
dentist



Receive your
welcome materials



Schedule an
appointment



Receive
dental care



Pay only your
share to dentist

SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2022 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.

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>ENROLLEE 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 | \$5.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additional radiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | 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 - <i>limited to 1 series every 6 months</i> | No Cost |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0415 | Collection of microorganisms for culture and sensitivity | No Cost |
| D0419 | Assessment of salivary flow by measurement - <i>1 every 12 months</i> | No Cost |
| D0425 | Caries susceptibility tests | 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 - 1 D1110, D1120 or D4346 per 6 month period | No Cost |
| D1110 | <i>Additional prophylaxis cleaning</i> - adult (within the 6 month period) | \$45.00 |
| D1120 | Prophylaxis <i>cleaning</i> - child - 1 D1110, D1120 or D4346 per 6 month period | No Cost |
| D1120 | <i>Additional prophylaxis cleaning</i> - child (within the 6 month period) | \$35.00 |
| 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 |
| D1310 | Nutritional counseling for control of dental disease | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth - <i>limited to permanent molars through age 15</i> | \$10.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> | \$10.00 |
| D1353 | Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> | \$10.00 |
| D1354 | Application of caries arresting medicament - per tooth - <i>child to age 19; 1 per 6 month period</i> | No Cost |
| D1510 | Space maintainer - fixed - unilateral - per quadrant | \$60.00 |
| D1516 | Space maintainer - fixed - bilateral, maxillary | \$60.00 |
| D1517 | Space maintainer - fixed - bilateral, mandibular | \$60.00 |
| D1520 | Space maintainer - removable - unilateral - per quadrant | \$70.00 |
| D1526 | Space maintainer - removable - bilateral, maxillary | \$70.00 |
| D1527 | Space maintainer - removable - bilateral, mandibular | \$70.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | \$12.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | \$12.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | \$12.00 |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | \$12.00 |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | \$12.00 |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | \$12.00 |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> | \$60.00 |

D2000-D2999**III. RESTORATIVE**

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

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

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

| | | |
|-------|---|----------|
| 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 | \$5.00 |
| D2331 | Resin-based composite - two surfaces, anterior | \$10.00 |
| D2332 | Resin-based composite - three surfaces, anterior | \$15.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$50.00 |
| D2390 | Resin-based composite crown, anterior | \$60.00 |
| 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 | \$170.00 |
| D2520 | Inlay - metallic - two surfaces | \$180.00 |
| D2530 | Inlay - metallic - three or more surfaces | \$190.00 |
| D2542 | Onlay - metallic - two surfaces | \$185.00 |
| D2543 | Onlay - metallic - three surfaces | \$195.00 |

| | | |
|-------|--|----------|
| D2544 | Onlay - metallic - four or more surfaces | \$215.00 |
| D2610 | Inlay - porcelain/ceramic - one surface | \$295.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$330.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$350.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$325.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$360.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$380.00 |
| D2650 | Inlay - resin-based composite - one surface | \$195.00 |
| D2651 | Inlay - resin-based composite - two surfaces | \$220.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | \$255.00 |
| D2662 | Onlay - resin-based composite - two surfaces | \$250.00 |
| D2663 | Onlay - resin-based composite - three surfaces | \$275.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | \$320.00 |
| D2710 | Crown - resin-based composite (indirect) | \$160.00 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | \$160.00 |
| D2720 | Crown - resin with high noble metal | \$320.00 |
| D2721 | Crown - resin with predominantly base metal | \$220.00 |
| D2722 | Crown - resin with noble metal | \$260.00 |
| D2740 | Crown - porcelain/ceramic | \$380.00 |
| D2750 | Crown - porcelain fused to high noble metal | \$380.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | \$280.00 |
| D2752 | Crown - porcelain fused to noble metal | \$320.00 |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | \$380.00 |
| D2780 | Crown - 3/4 cast high noble metal | \$380.00 |
| D2781 | Crown - 3/4 cast predominantly base metal | \$280.00 |
| D2782 | Crown - 3/4 cast noble metal | \$320.00 |
| D2783 | Crown - 3/4 porcelain/ceramic | \$380.00 |
| D2790 | Crown - full cast high noble metal | \$380.00 |
| D2791 | Crown - full cast predominantly base metal | \$280.00 |
| D2792 | Crown - full cast noble metal | \$320.00 |
| D2794 | Crown - titanium and titanium alloys | \$380.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$15.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$15.00 |
| D2920 | Re-cement or re-bond crown | \$15.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>) | \$50.00 |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth | \$65.00 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> | \$75.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$65.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$65.00 |
| D2932 | Prefabricated resin crown - <i>anterior primary tooth</i> | \$85.00 |
| D2933 | Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> | \$75.00 |
| D2940 | Protective restoration | \$15.00 |
| D2941 | Interim therapeutic restoration - primary dentition | \$15.00 |
| D2949 | Restorative foundation for an indirect restoration | \$65.00 |
| D2950 | Core buildup, including any pins when required | \$65.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$10.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> | \$95.00 |
| D2953 | Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> | \$70.00 |
| D2954 | Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> | \$80.00 |
| D2957 | Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> | \$60.00 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework. | \$55.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$25.00 |
| D2981 | Inlay repair necessitated by restorative material failure | \$25.00 |
| D2982 | Onlay repair necessitated by restorative material failure | \$25.00 |
| D2983 | Veneer repair necessitated by restorative material failure | \$25.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> . | \$10.00 |

D3000-D3999**IV. ENDODONTICS**

| | | |
|-------|---|----------|
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration) | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoceamental junction and application of medicament | \$35.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$40.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$35.00 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$50.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$50.00 |
| D3310 | <i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) | \$110.00 |
| D3320 | <i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) | \$200.00 |
| D3330 | <i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) | \$350.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$75.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$75.00 |
| D3333 | Internal root repair of perforation defects | \$75.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$140.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | \$230.00 |
| D3348 | Retreatment of previous root canal therapy - molar | \$380.00 |
| 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 | \$130.00 |
| D3421 | Apicoectomy - premolar (first root) | \$140.00 |
| D3425 | Apicoectomy - molar (first root) | \$150.00 |
| D3426 | Apicoectomy (each additional root) | \$90.00 |
| D3430 | Retrograde filling - per root | \$70.00 |
| D3450 | Root amputation - per root | \$80.00 |
| D3471 | Surgical repair of root resorption - anterior | \$130.00 |
| D3472 | Surgical repair of root resorption - premolar | \$130.00 |
| D3473 | Surgical repair of root resorption - molar | \$130.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | \$130.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | \$130.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar | \$130.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$70.00 |
| D3921 | Decoronation or submergence of an erupted tooth | \$8.00 |

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 | \$145.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$85.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$85.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$150.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$90.00 |
| D4245 | Apically positioned flap | \$175.00 |
| D4249 | Clinical crown lengthening - hard tissue | \$140.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$345.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$275.00 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | \$225.00 |

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|-------|--|----------|
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | \$75.00 |
| D4270 | Pedicle soft tissue graft procedure | \$225.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$80.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | \$225.00 |
| 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 | \$225.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> | \$55.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> | \$45.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 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> | \$55.00 |
| D4910 | Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> | \$40.00 |
| D4910 | <i>Additional periodontal maintenance (within the 6 month period)</i> | \$55.00 |
| D4921 | Gingival irrigation - per quadrant | No Cost |

D5000-D5899 VI. PROSTHODONTICS (removable)

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

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

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

| | | |
|-------|--|----------|
| D5110 | Complete denture - maxillary | \$335.00 |
| D5120 | Complete denture - mandibular | \$335.00 |
| D5130 | Immediate denture - maxillary | \$355.00 |
| D5140 | Immediate denture - mandibular | \$355.00 |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$295.00 |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$295.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$365.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$365.00 |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$295.00 |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$295.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$365.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$365.00 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | \$415.00 |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) . | \$415.00 |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$295.00 |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$295.00 |
| D5410 | Adjust complete denture - maxillary | \$12.00 |
| D5411 | Adjust complete denture - mandibular | \$12.00 |
| D5421 | Adjust partial denture - maxillary | \$12.00 |
| D5422 | Adjust partial denture - mandibular | \$12.00 |
| D5511 | Repair broken complete denture base, mandibular | \$45.00 |
| D5512 | Repair broken complete denture base, maxillary | \$45.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$25.00 |
| D5611 | Repair resin partial denture base, mandibular | \$50.00 |
| D5612 | Repair resin partial denture base, maxillary | \$50.00 |
| D5621 | Repair cast partial framework, mandibular | \$50.00 |

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| D5622 | Repair cast partial framework, maxillary | \$50.00 |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth | \$50.00 |
| D5640 | Replace broken teeth - per tooth | \$40.00 |
| D5650 | Add tooth to existing partial denture | \$40.00 |
| D5660 | Add clasp to existing partial denture - per tooth | \$50.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$180.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$180.00 |
| D5710 | Rebase complete maxillary denture | \$100.00 |
| D5711 | Rebase complete mandibular denture | \$100.00 |
| D5720 | Rebase maxillary partial denture | \$100.00 |
| D5721 | Rebase mandibular partial denture | \$100.00 |
| D5725 | Rebase hybrid prosthesis | \$100.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$55.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$55.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$55.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$55.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$90.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$90.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$90.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$90.00 |
| D5765 | Soft liner for complete or partial removable denture - indirect | \$90.00 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i> | \$110.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> | \$110.00 |
| D5850 | Tissue conditioning, maxillary | \$25.00 |
| D5851 | Tissue conditioning, mandibular | \$25.00 |

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

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee 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.

| | | |
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| D6210 | Pontic - cast high noble metal | \$380.00 |
| D6211 | Pontic - cast predominantly base metal | \$280.00 |
| D6212 | Pontic - cast noble metal | \$320.00 |
| D6240 | Pontic - porcelain fused to high noble metal | \$380.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$280.00 |
| D6242 | Pontic - porcelain fused to noble metal | \$320.00 |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | \$320.00 |
| D6245 | Pontic - porcelain/ceramic | \$380.00 |
| D6250 | Pontic - resin with high noble metal | \$320.00 |
| D6251 | Pontic - resin with predominantly base metal | \$220.00 |
| D6252 | Pontic - resin with noble metal | \$260.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | \$330.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | \$350.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | \$280.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | \$290.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | \$180.00 |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | \$190.00 |
| D6606 | Retainer inlay - cast noble metal, two surfaces | \$210.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | \$220.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | \$325.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | \$360.00 |

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| D6610 | Retainer onlay - cast high noble metal, two surfaces | \$285.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | \$295.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | \$185.00 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | \$195.00 |
| D6614 | Retainer onlay - cast noble metal, two surfaces | \$205.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | \$225.00 |
| D6720 | Retainer crown - resin with high noble metal | \$320.00 |
| D6721 | Retainer crown - resin with predominantly base metal | \$220.00 |
| D6722 | Retainer crown - resin with noble metal | \$260.00 |
| D6740 | Retainer crown - porcelain/ceramic | \$380.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | \$380.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | \$280.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | \$320.00 |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | \$380.00 |
| D6780 | Retainer crown - 3/4 cast high noble metal | \$380.00 |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | \$280.00 |
| D6782 | Retainer crown - 3/4 cast noble metal | \$320.00 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | \$380.00 |
| D6784 | Retainer crown - titanium and titanium alloys | \$380.00 |
| D6790 | Retainer crown - full cast high noble metal | \$380.00 |
| D6791 | Retainer crown - full cast predominantly base metal | \$280.00 |
| D6792 | Retainer crown - full cast noble metal | \$320.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$20.00 |
| D6940 | Stress breaker | \$45.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$60.00 |

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

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| D7111 | Extraction, coronal remnants - primary tooth | \$5.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$8.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$50.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$60.00 |
| D7230 | Removal of impacted tooth - partially bony | \$80.00 |
| D7240 | Removal of impacted tooth - completely bony | \$110.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$130.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$45.00 |
| D7251 | Coronectomy - intentional partial tooth removal | \$130.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$120.00 |
| 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 |
| D7286 | Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> | \$30.00 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ... | \$85.00 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ... | \$85.00 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$100.00 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$100.00 |
| 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) | \$85.00 |
| D7472 | Removal of torus palatinus | \$85.00 |
| D7473 | Removal of torus mandibularis | \$85.00 |
| 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 |

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| D7962 | Lingual frenectomy (frenulectomy) | No Cost |
| D7970 | Excision of hyperplastic tissue - per arch | \$75.00 |
| D7971 | Excision of pericoronal gingiva | \$75.00 |

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

| | | |
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| D0210 | Intraoral - complete series of radiographic images | |
| D0322 | Tomographic survey | |
| D0330 | Panoramic radiographic image | |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | |
| D0351 | 3D photographic image | |
| D0470 | Diagnostic casts | |
| | The benefit for post-treatment records includes: | \$70.00 |
| D0210 | Intraoral - complete series of radiographic images | |
| D0470 | Diagnostic casts | |
| D8010 | Limited orthodontic treatment of the primary dentition | \$1,150.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> | \$1,150.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> | \$1,150.00 |
| D8040 | Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> | \$1,350.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> . | \$1,900.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> | \$1,900.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> | \$2,100.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$25.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) | \$275.00 |
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> | \$100.00 |

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

| | | |
|-------|---|---------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$15.00 |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | No Cost |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | \$80.00 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | \$80.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | \$80.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | \$80.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$25.00 |
| 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 | \$35.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No Cost |
| D9912 | Pre-visit patient screening | \$0.00 |
| 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 |

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| D9944 | Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> | \$100.00 |
| D9945 | Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> | \$100.00 |
| D9946 | Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> | \$100.00 |
| D9951 | Occlusal adjustment, limited | \$50.00 |
| D9952 | Occlusal adjustment, complete | \$100.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> | \$125.00 |
| D9986 | Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> | \$10.00 |
| D9987 | Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</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 |

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

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by the Administrator, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
7. A Preexisting Condition is a disease or physical condition caused by illness or injury for which medical advice or treatment has been received within 90 days immediately prior to becoming eligible with the DeltaCare USA Program. Such condition shall be covered after the individual has been covered for more than 12 months under the group contract. Example: Teeth prepared for crowns, root canals in progress.

If an individual begins comprehensive orthodontic treatment within 90 days immediately prior to becoming eligible under the DeltaCare USA Program, a provision for treatment in progress is available subject to a waiting period of 12 months of continuous coverage under the DeltaCare USA Program unless the individual qualifies for the orthodontic treatment in progress provision.

8. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed on *Schedule A, Description of Benefits and Copayments*.

Exclusions of Benefits

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

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944, D9945, D9946 (occlusal guard).
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Any part of a preventive or soft tissue management program, which is not a listed covered service on *Schedule A, Description of Benefits and Copayments*.
19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

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Administered by:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

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

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