City of Sacramento

Choosing your plan

Your Two Delta Dental Plan Options

The choice is yours. When it comes to dental health, you want benefits that provide you with the best balance of value and coverage. **Delta Dental PPO℠*** and **DeltaCare® USA** both offer comprehensive dental coverage, quality care and excellent customer service. Each plan has its own advantages.**

The PPO plan gives you the freedom to choose any dentist, and the opportunity for meaningful savings on your treatment costs when you visit a PPO dentist. With a DeltaCare USA plan, when you receive treatment from your assigned dentist you have the convenience of knowing what your copayment is for covered procedures before your visit.

You have the option to select either one of these two outstanding dental benefits plans, both administered by one of the foremost dental benefits organizations in the United States. Select either Delta Dental PPO or DeltaCare USA. Whichever plan you choose, we look forward to providing you with the excellent dentist access, great coverage and friendly service that so many enrollees have come to expect.

* In Texas, Delta Dental offers a Dental Provider Organization (DPO) Plan.

** See back page for the underwriters of these plans in your state.

We'll do **whatever it takes** **and then some.**

This booklet provides highlights about both dental plans to help you select the coverage option that best fits your needs. It is not intended or designed to serve as an Evidence of Coverage or benefit booklet. For complete information about your coverage, processing policies, limitations and exclusions, please refer to your Evidence of Coverage or benefit booklet. If you still have questions about your coverage, please contact your group's benefits administrator.

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Compare Program Features

Plan Features	Delta Dental PPO	DeltaCare USA
Copayments/coinsurance	• Covered services paid at applicable percentage — for example, fillings are covered at 80% of allowed amount — you pay the remaining 20%	• Covered procedures have predetermined dollar copayments for services provided by network dentists (this means out-of-pocket costs are predictable)
Coverage	• Wide range of covered services • No exclusions for most pre-existing conditions	• Plan covers nearly 300 procedures • No copayments or low copayments for most diagnostic and preventive services • No exclusions for pre-existing conditions or missing teeth
Dentist network	• Freedom to choose any licensed dentist • No referral required for specialty care	• You must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits • Easy referrals to a large specialty care network
Changing your dentist	• Change dentists any time without contacting Delta Dental	• Ability to change selected or assigned network dentists via telephone or Internet
Transitions from previous plan	• Coverage is provided only for treatment started and completed after your effective date of coverage under the Delta Dental plan	• Coverage is provided only for treatment started and completed after your effective date of coverage under the plan
Orthodontic treatment in progress (when covered under prior plan)	• Plan will pay the remaining amount of the total case fee not paid by your former dental plan (when plan includes orthodontic coverage)	• Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer-sponsored dental plan • Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan
Authorization for specialty care treatment	• Preauthorization is not required	• Preauthorization is required for treatment provided by a specialist • Your DeltaCare USA dentist will coordinate your specialty care treatment authorization
Out-of-area coverage	• Visit any licensed dentist	• Limited to emergency care provision
Deductibles and maximums	• Deductibles and annual maximums apply to most plan designs	• No annual deductible or annual dollar maximums
Claims	• Delta Dental dentists file claim forms and accept payment directly from Delta Dental • Non-Delta Dental dentists may require payment up front, and require you to file a claim for reimbursement	• No claim forms required • You only need to pay the specified copayment at the time of your visit

Delta Dental PPO℠ — Benefit highlights

DELTA DENTAL PPO℠

Easy
Friendly
Accessible

Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

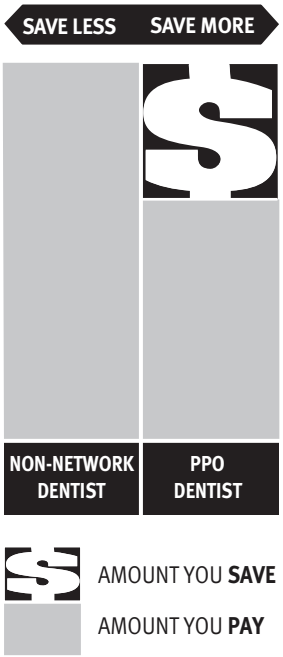

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at deltadentalins.com to search our dentist directory by location or specialty.
- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

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

Plan Benefit Highlights for: City of Sacramento (Active)

Group No: 09505 - 02001, 02002, 02005, 02009 & 02010

Effective Date: 1/1/2016

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26
Deductibles	$25 per person each calendar year
Deductibles waived for Diagnostic & Preventive (D & P)?	No
Maximums	$2,500 per person each calendar year

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	80 %	80 %
Basic Services Fillings, simple tooth extractions and posterior composite restorations	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	75 %	75 %
Prosthodontics Bridges, dentures and implants	75%	75 %
Orthodontics Adults and dependent children	50 %	50 %
Orthodontics Maximums	$1,500 Lifetime	$1,500 Lifetime

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

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
800-765-6003

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

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

Plan Benefit Highlights for: City of Sacramento (Retirees)

Group No: 09505 - 02003, 02004, 02006, 02011 & 02033

Effective Date: 1/1/2016

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26
Deductibles	$25 per person each calendar year
Deductibles waived for Diagnostic & Preventive (D & P)?	No
Maximums	$2,500 per person each calendar year

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	80 %	80 %
Basic Services Fillings, simple tooth extractions and posterior composite restorations	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %
Orthodontics Benefits Adults and dependent children	50 %	50 %
Orthodontics Maximums	$1,500 Lifetime	$1,500 Lifetime

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

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

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Getting the most from your plan

DELTA DENTAL PPO℠

Easy
Friendly
Accessible

With PPO there are no claim forms to submit.

Select a PPO dentist

Schedule an appointment

Receive dental care

Pay only patient's share to dentist

No paperwork.
No hassle.

Save money with a Delta Dental PPO℠ dentist

Although you can visit any dentist, you'll usually pay less when you visit a Delta Dental PPO dentist.

- PPO dentists agree to accept Delta Dental contracted fees as full payment.
- Your share of the bill will likely be lower than when you visit a non-Delta Dental dentist.

Find a Delta Dental PPO dentist

Delta Dental PPO, our preferred provider organization (PPO) plan,* provides access to the largest network of its kind nationwide.

Your out-of-pocket costs are usually lowest when you visit a PPO dentist.

To find the most current listing of our network dental offices:

- Visit our website and click on "Find a Dentist" on our home page.
- Select "Delta Dental PPO" as your plan network.

Is your dentist a Delta Dental PPO dentist?

We recommend that you verify your current dentist's participation in the Delta Dental PPO network. Simply asking if a dentist "accepts Delta Dental" does not guarantee he or she is a PPO dentist.

- Ask specifically if he or she is a contracted Delta Dental PPO dentist.
- You should verify your dentist's participation before each dental appointment.

Maximum choice

The Delta Dental Premier® network — our larger network consisting of nearly 80 percent of dentists nationwide — provides cost-saving features and is the next best option if you can't find a PPO dentist. You can find a Premier dentist using our online dentist directory.

- Premier dentists' contracted fees are usually somewhat higher than PPO dentists' contracted fees.
- Premier dentists will not bill you above their contracted fees, so you still receive cost protections not available with a non-Delta Dental dentist.**

Easy to use

- No ID card is required to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number.
- No claim forms to file — Delta Dental dentists file claim forms for you and accept payment directly from Delta Dental.
- After a claim has been processed, you will receive a dental benefits statement from Delta Dental. This document lists the services provided, the costs of the dental treatment and the amount of any fees you owe your dentist.

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

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

Dual coverage/Coordination of benefits

If your spouse has coverage with another dental plan, you or your family members may be covered by both dental plans.*

- The two plans will likely coordinate benefits to potentially lower your out-of-pocket costs.
- Ask your dentist to submit the other plan's Explanation of Benefits with the Delta Dental claim form and we'll take it from there.

Orthodontic treatment in progress

If your Delta Dental plan includes orthodontic benefits, payment for orthodontic treatment in progress depends on the specific provisions of your plan. Typically, treatment in progress is covered and Delta Dental begins paying during the first eligible month. Under some plans, however, you may not be eligible for work in progress or you may lose eligibility if your coverage has lapsed for more than 30 or 60 days.

Transitioning from another plan?

Delta Dental covers treatment started and completed after your plan's effective date of coverage. If you have any dental treatment in progress when your coverage begins — such as root canals, crowns and bridgework — those expenses are not covered by Delta Dental. Those costs may either be your responsibility or that of your previous dental carrier.

Visit our website: deltadentalins.com

On our website, you can:

- Find a dentist in our online directory
- Review benefits
- Check claim status
- Print an ID card and much more

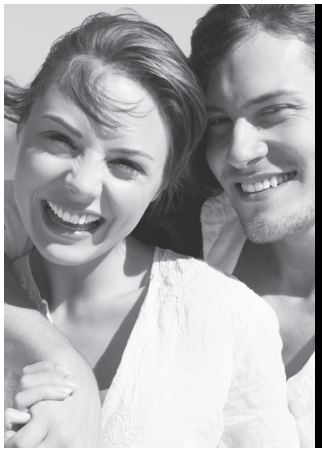
To access some services, you'll need to log in: simply enter your user name and password in the designated boxes and submit. If you are visiting our website for the first time, you'll need to complete a quick one-time registration process by clicking the "Register Today" link.

Talk to your dentist about your health and treatment options

When you visit the dentist, be sure to share your dental and medical history and any prior complications. Dentists can identify signs of more serious health conditions and should be made aware of health information that may be critical to your dental care.

Questions about your plan?

If you have questions, you can check your benefits, eligibility and claims information on our website or on our interactive voice response telephone line. For more information, you may also contact us through our website or call one of our helpful multilingual Customer Service representatives toll-free during business hours.



DELTA DENTAL PPO℠

SmileWay℠
Your smile. Your health. Your way.

Wellness Program

Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free newsletter subscription at: **mysmileway.com**.

*Group-specific exceptions may apply. Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

DeltaCare® USA – provided by Delta Dental of California

We'll do **whatever it takes and then some.**

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices:

Visit our website and click on "Find a Dentist" on our home page. Select "DeltaCare USA" as your plan network.

OR

Call Customer Service for help in finding a DeltaCare USA dentist.

Welcome to DeltaCare USA - quality, convenience, predictable costs

DeltaCare USA (administered by Delta Dental Insurance Company) provides you and your family with quality dental benefits at an affordable cost. The DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions covered, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 5 a.m. to 6 p.m., Pacific time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to $100 per emergency
- No annual or lifetime dollar maximums except for accidental injury

SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	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 - first radiographic image	No Cost
D0260	Extraoral - each additional 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	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 - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	No Cost
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis *cleaning* - adult - *1 per 6 month period*	No Cost
D1120	Prophylaxis *cleaning* - child - *1 per 6 month period*	No Cost
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*	No Cost

D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	No Cost
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	No Cost
D1550	Re-cement or re-bond space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost

D2000-D2999 III. RESTORATIVE

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

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior (*tooth colored*)	No Cost
D2331	Resin-based composite - two surfaces, anterior (*tooth colored*)	No Cost
D2332	Resin-based composite - three surfaces, anterior (*tooth colored*)	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) (*tooth colored*)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior (*tooth colored*)	$65.00
D2392	Resin-based composite - two surfaces, posterior (*tooth colored*)	$75.00
D2393	Resin-based composite - three surfaces, posterior (*tooth colored*)	$85.00
D2394	Resin-based composite - four or more surfaces, posterior (*tooth colored*)	$95.00
D2510	Inlay - metallic - one surface [1, 5]	No Cost
D2520	Inlay - metallic - two surfaces [1, 5]	No Cost
D2530	Inlay - metallic - three or more surfaces [1, 5]	No Cost
D2542	Onlay - metallic - two surfaces [1, 5]	No Cost
D2543	Onlay - metallic - three surfaces [1, 5]	No Cost
D2544	Onlay - metallic - four or more surfaces [1, 5]	No Cost
D2610	Inlay - porcelain/ceramic - one surface [1]	$250.00
D2620	Inlay - porcelain/ceramic - two surfaces [1]	$300.00
D2630	Inlay - porcelain/ceramic - three or more surfaces [1]	$350.00
D2642	Onlay - porcelain/ceramic - two surfaces [1]	$320.00
D2643	Onlay - porcelain/ceramic - three surfaces [1]	$390.00
D2644	Onlay - porcelain/ceramic - four or more surfaces [1]	$420.00
D2650	Inlay - resin-based composite - one surface (*tooth colored*) [1]	$150.00
D2651	Inlay - resin-based composite - two surfaces (*tooth colored*) [1]	$200.00
D2652	Inlay - resin-based composite - three or more surfaces (*tooth colored*) [1]	$250.00
D2662	Onlay - resin-based composite - two surfaces (*tooth colored*) [1]	$200.00
D2663	Onlay - resin-based composite - three surfaces (*tooth colored*) [1]	$250.00
D2664	Onlay - resin-based composite - four or more surfaces (*tooth colored*) [1]	$300.00
D2710	Crown - resin-based composite (indirect) [1]	No Cost
D2710	Crown - resin-based composite (indirect) - (*molars*) [1]	$150.00
D2712	Crown - ¾ resin-based composite (indirect) [1]	No Cost
D2712	Crown - ¾ resin-based composite (indirect) - (*molars*) [1]	$150.00
D2720	Crown - resin with high noble metal [1]	$100.00
D2720	Crown - resin with high noble metal - (*molars*) [1]	$250.00
D2721	Crown - resin with predominantly base metal [1]	No Cost
D2721	Crown - resin with predominantly base metal - (*molars*) [1]	$150.00
D2722	Crown - resin with noble metal [1]	No Cost
D2722	Crown - resin with noble metal - (*molars*) [1]	$150.00
D2740	Crown - porcelain/ceramic substrate [1]	No Cost
D2740	Crown - porcelain/ceramic substrate - (*molars*) [1]	$150.00
D2750	Crown - porcelain fused to high noble metal [1]	$100.00

D2750	Crown - porcelain fused to high noble metal - (*molars*) [1]	$250.00
D2751	Crown - porcelain fused to predominantly base metal [1]	No Cost
D2751	Crown - porcelain fused to predominantly base metal - (*molars*) [1]	$150.00
D2752	Crown - porcelain fused to noble metal [1]	No Cost
D2752	Crown - porcelain fused to noble metal - (*molars*) [1]	$150.00
D2780	Crown - ¾ cast high noble metal [1]	$100.00
D2781	Crown - ¾ cast predominantly base metal [1]	No Cost
D2782	Crown - ¾ cast noble metal [1]	No Cost
D2783	Crown - ¾ porcelain/ceramic [1]	No Cost
D2783	Crown - ¾ porcelain/ceramic - (*molars*) [1]	$150.00
D2790	Crown - full cast high noble metal [1]	$100.00
D2791	Crown - full cast predominantly base metal [1]	No Cost
D2792	Crown - full cast noble metal [1]	No Cost
D2794	Crown - titanium [1]	$100.00
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) (tooth colored)*	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - *anterior primary tooth*	No Cost
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	No Cost
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated [5]	No Cost
D2953	Each additional indirectly fabricated post - same tooth [5]	No Cost
D2954	Prefabricated post and core in addition to crown	No Cost
D2957	Each additional prefabricated post - same tooth	No Cost
D2970	Temporary crown (fractured tooth) - *palliative treatment only*	No Cost
D2971	Additional procedures to construct new crown under existing partial denture framework	No Cost
D2980	Crown repair necessitated by restorative material failure	No Cost
D2981	Inlay repair necessitated by restorative material failure	No Cost
D2982	Onlay repair necessitated by restorative material failure	No Cost
D2983	Veneer repair necessitated by restorative material failure	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	No Cost

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	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration) [7]	No Cost
D3320	*Root canal* - endodontic therapy, bicuspid tooth (excluding final restoration) [7]	No Cost
D3330	*Root canal* - endodontic therapy, molar (excluding final restoration) [7]	No Cost
D3331	Treatment of root canal obstruction; non-surgical access [7]	No Cost
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth [7]	No Cost
D3346	Retreatment of previous root canal therapy - anterior [7]	No Cost
D3347	Retreatment of previous root canal therapy - bicuspid [7]	No Cost

D3348	Retreatment of previous root canal therapy - molar [7]	No Cost
D3410	Apicoectomy - anterior [7]	No Cost
D3421	Apicoectomy - bicuspid (first root) [7]	No Cost
D3425	Apicoectomy - molar (first root) [7]	No Cost
D3426	Apicoectomy (each additional root) [7]	No Cost
D3427	Periradicular surgery without apicoectomy	No Cost
D3430	Retrograde filling - per root [7]	No Cost
D3450	Root amputation, per root - *not covered in conjunction with a hemisection* [7]	No Cost

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4249	Clinical crown lengthening - hard tissue	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - *limited to 1 treatment in any 12 consecutive months*	No Cost
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	No Cost
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary [2, 9]	No Cost
D5120	Complete denture - mandibular [2, 9]	No Cost
D5130	Immediate denture - maxillary [2, 9]	No Cost
D5140	Immediate denture - mandibular [2, 9]	No Cost
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) [2, 9]	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) [2, 9]	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [2, 9]	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [2, 9]	No Cost
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) [2, 9]	$50.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) [2, 9]	$50.00
D5410	Adjust complete denture - maxillary [2]	No Cost
D5411	Adjust complete denture - mandibular [2]	No Cost
D5421	Adjust partial denture - maxillary [2]	No Cost
D5422	Adjust partial denture - mandibular [2]	No Cost
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5610	Repair resin denture base	No Cost
D5620	Repair cast framework	No Cost
D5630	Repair or replace broken clasp	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost

D5660	Add clasp to existing partial denture	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	No Cost
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	No Cost
D5710	Rebase complete maxillary denture [10]	No Cost
D5711	Rebase complete mandibular denture [10]	No Cost
D5720	Rebase maxillary partial denture [10]	No Cost
D5721	Rebase mandibular partial denture [10]	No Cost
D5730	Reline complete maxillary denture (chairside) [10]	No Cost
D5731	Reline complete mandibular denture (chairside) [10]	No Cost
D5740	Reline maxillary partial denture (chairside) [10]	No Cost
D5741	Reline mandibular partial denture (chairside) [10]	No Cost
D5750	Reline complete maxillary denture (laboratory) [10]	No Cost
D5751	Reline complete mandibular denture (laboratory) [10]	No Cost
D5760	Reline maxillary partial denture (laboratory) [10]	No Cost
D5761	Reline mandibular partial denture (laboratory) [10]	No Cost
D5820	Interim partial denture (maxillary) [2]	No Cost
D5821	Interim partial denture (mandibular) [2]	No Cost
D5850	Tissue conditioning, maxillary [2, 10]	No Cost
D5851	Tissue conditioning, mandibular [2, 10]	No Cost

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

D6210	Pontic - cast high noble metal [3]	$100.00
D6211	Pontic - cast predominantly base metal [3]	No Cost
D6212	Pontic - cast noble metal [3]	No Cost
D6240	Pontic - porcelain fused to high noble metal [3]	$100.00
D6240	Pontic - porcelain fused to high noble metal - (*molars*) [3]	$250.00
D6241	Pontic - porcelain fused to predominantly base metal [3]	No Cost
D6241	Pontic - porcelain fused to predominantly base metal - (*molars*) [3]	$150.00
D6242	Pontic - porcelain fused to noble metal [3]	No Cost
D6242	Pontic - porcelain fused to noble metal - (*molars*) [3]	$150.00
D6245	Pontic - porcelain/ceramic [3]	No Cost
D6245	Pontic - porcelain/ceramic - (*molars*) [3]	$150.00
D6250	Pontic - resin with high noble metal [3]	$100.00
D6250	Pontic - resin with high noble metal - (*molars*) [3]	$250.00
D6251	Pontic - resin with predominantly base metal [3]	No Cost
D6251	Pontic - resin with predominantly base metal - (*molars*) [3]	$150.00
D6252	Pontic - resin with noble metal [3]	No Cost
D6252	Pontic - resin with noble metal - (*molars*) [3]	$150.00
D6600	Inlay - porcelain/ceramic, two surfaces [3]	$300.00
D6601	Inlay - porcelain/ceramic, three or more surfaces [3]	$350.00
D6602	Inlay - cast high noble metal, two surfaces [3]	$100.00
D6603	Inlay - cast high noble metal, three or more surfaces [3]	$100.00
D6604	Inlay - cast predominantly base metal, two surfaces [3]	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces [3]	No Cost
D6606	Inlay - cast noble metal, two surfaces [3]	No Cost
D6607	Inlay - cast noble metal, three or more surfaces [3]	No Cost
D6608	Onlay - porcelain/ceramic, two surfaces [3]	$320.00
D6609	Onlay - porcelain/ceramic, three or more surfaces [3]	$390.00
D6610	Onlay - cast high noble metal, two surfaces [3]	$100.00
D6611	Onlay - cast high noble metal, three or more surfaces [3]	$100.00
D6612	Onlay - cast predominantly base metal, two surfaces [3]	No Cost

D6613	Onlay - cast predominantly base metal, three or more surfaces [3]	No Cost
D6614	Onlay - cast noble metal, two surfaces [3]	No Cost
D6615	Onlay - cast noble metal, three or more surfaces [3]	No Cost
D6720	Crown - resin with high noble metal [3]	$100.00
D6720	Crown - resin with high noble metal - (*molars*) [3]	$250.00
D6721	Crown - resin with predominantly base metal [3]	No Cost
D6721	Crown - resin with predominantly base metal - (*molars*) [3]	$150.00
D6722	Crown - resin with noble metal [3]	No Cost
D6722	Crown - resin with noble metal - (*molars*) [3]	$150.00
D6740	Crown - porcelain/ceramic [3]	No Cost
D6740	Crown - porcelain/ceramic - (*molars*) [3]	$150.00
D6750	Crown - porcelain fused to high noble metal [3]	$100.00
D6750	Crown - porcelain fused to high noble metal - (*molars*) [3]	$250.00
D6751	Crown - porcelain fused to predominantly base metal [3]	No Cost
D6751	Crown - porcelain fused to predominantly base metal - (*molars*) [3]	$150.00
D6752	Crown - porcelain fused to noble metal [3]	No Cost
D6752	Crown - porcelain fused to noble metal - (*molars*) [3]	$150.00
D6780	Crown - ¾ cast high noble metal [3]	$100.00
D6781	Crown - ¾ cast predominantly base metal [3]	No Cost
D6782	Crown - ¾ cast noble metal [3]	No Cost
D6783	Crown - ¾ porcelain/ceramic [3]	No Cost
D6783	Crown - ¾ porcelain/ceramic - (*molars*) [3]	$150.00
D6790	Crown - full cast high noble metal [3]	$100.00
D6791	Crown - full cast predominantly base metal [3]	No Cost
D6792	Crown - full cast noble metal [3]	No Cost
D6930	Re-cement or re-bond fixed partial denture	No Cost
D6940	Stress breaker [3]	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7251	Coronectomy - intentional partial tooth removal	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	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

D8000-D8999 XI. ORTHODONTICS

D8050	Interceptive orthodontic treatment of the primary dentition [8]	$1,350.00
D8060	Interceptive orthodontic treatment of the transitional dentition [8]	$1,350.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* [8]	$1,350.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* [8]	$1,350.00

D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* [8]	$1,350.00
D8660	Pre-orthodontic treatment examination to monitor growth and development - *not to be charged with any other consultation procedure(s)* [6]	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) [4]	$100.00
D8999	Unspecified orthodontic procedure, by report - *includes the START-UP FEE, which includes initial examination, diagnosis, consultation and initial banding*	$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	$250.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	$100.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	$250.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	$100.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	$20.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9931	Cleaning and inspection of a removable appliance	No Cost
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*	$150.00
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

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. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

Accident Injury Benefit - this Program provides coverage for dental accident injuries up to 100 percent of the Dentist's usual fee, less any applicable Enrollee Copayments, to a maximum of $1,600.00 per Enrollee, in any 12-month period. The Benefit is subject to the limitations and exclusions of the Program.

FOOTNOTES

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

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

3 *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*

4 *Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee not to exceed $125.00 applies.*

5 *Base or noble metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to $100.00 per tooth will be charged for the upgrade.*

6 *In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of $25.00 will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*

7 *A Benefit for permanent teeth only.*

8 *Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee), and D8680 (Orthodontic retention). Beyond 24 months, an additional monthly fee not to exceed $125.00 applies.*

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

10 *Limited to 1 per denture during any 12 consecutive months.*

SCHEDULE B

Limitations of Benefits

1. A full mouth x-ray series (including any combination of periapicals or bitewings with a panoramic film) or a series of seven or more vertical bitewings is limited to one series every 24 months.
2. Bitewing x-rays are limited to not more than one series of four films in any six month period.
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits.
4. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
5. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.
6. Amalgams and composites are benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration.
7. The placement of a crown, inlay or onlay is a benefit when there is insufficient tooth structure to support a filling. Replacement of an existing crown, inlay or onlay that is non-functional or non-restorable is a benefit when the existing restoration is five+ years old.
8. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is $75.00.
9. A covered metallic inlay, onlay, or indirectly fabricated post and core using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is $100.00 per tooth.
10. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth.
11. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth with pathology.
12. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
13. Clinical crown lengthening - hard tissue is limited to one per tooth per lifetime.
14. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
15. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
16. Coverage for the placement of a fixed partial denture ("bridge") is limited to:
    a. The initial placement of a bridge when all the following conditions are present:
        - a single permanent tooth requires prosthetic replacement.
        - the abutment teeth can adequately support and retain a new bridge.
        - the missing tooth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture.
        - no other missing teeth in the same arch require prosthetic replacement with a new removable partial denture; and (*for a bridge replacing a posterior tooth*) one or more of the abutment teeth meet Limitation #7.
    b. The replacement of an existing bridge that is not serviceable due to decay, fracture or other non-cosmetic defect, if:
        - the existing bridge is at least five years old; **and**
        - the same abutment teeth can adequately support and retain a new bridge; **and**
        - no other missing teeth in the same arch require prosthetic replacement.
17. Coverage for a new removable partial or complete denture is limited to:
    a. The initial placement of removable partial or complete denture in an arch when:
        - one or more permanent teeth require prosthetic replacement; **and**
        - the missing tooth/teeth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture; **and**
        - (for partial dentures only) there are suitable abutment teeth to retain and support a removable partial denture.
    b. The replacement of an existing removable partial or complete denture with non-cosmetic defect(s) that cause the denture to be non-serviceable if:
        - the existing removable denture is at least five years old; **and**
        - the existing removable denture cannot be made serviceable by adjustment, repair, relining or rebasing.

18. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.

19. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
    - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture **or**
    - The replacement of permanent tooth/teeth for children under 16 years of age.

20. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

21. Retained primary teeth shall be covered as primary teeth.

22. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.

23. 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).

24. External bleaching is limited to fabrication of one bleaching tray per arch; bleaching gel for two weeks of patient self treatment; and no more than one treatment per arch, per 36 months.

25. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

26. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.

27. Emergency Services - The Contract Dentist is responsible for providing covered emergency dental care while an Enrollee is within 35 miles of the Contract Dentist's facility. If an Enrollee requires emergency dental care and is more than 35 miles from the Contract Dentist's facility, then Delta Dental will reimburse the Enrollee for the cost of covered emergency dental care, less any applicable Enrollee copayments, to a maximum of $100.00 per Enrollee, per emergency. Emergency dental care is limited to listed procedures required to alleviate severe pain, swelling and/or bleeding or to avoid placing the Enrollee's health in serious jeopardy. Any further treatment of the cause of such emergency dental care must be preauthorized by Delta Dental or provided by the assigned Contract Dentist. All services are subject to the limitations and exclusions of the program.

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

    Delta Dental will pay up to 100 percent of the Dentist's usual fee, for expenses an Enrollee incurs for an accident injury, less any applicable Copayment(s), up to a maximum of $1,600.00 in any 12-month period.

    Accident injury benefits include the following procedure in addition to those listed in *Schedule A, Description of Benefits and Copayments*: D7270 tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus - includes splinting and/or stabilization.

    Payment of accident injury benefits are subject to *Schedule B, Limitations and Exclusions of Benefits*, excluding Limitations #7, 16, and 17. Benefits are limited to services provided as a result of an accident that occurred:

    a. while the Enrollee was covered under the DeltaCare USA program, **or**
    b. while the Enrollee was covered under another DeltaCare USA program, provided benefits for the expenses incurred would have been paid had the Enrollee continued to be eligible under that program.

29. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure.

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

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.

2. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
3. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
7. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the benefit for other covered services.
8. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
9. Extraction/removal of an erupted, partially erupted or impacted tooth:
   a. Solely for orthodontic purposes.
   b. When the tooth exhibits no signs or symptoms of infection, cystic degeneration, fracture, caries and/or having caused damage to an adjacent tooth; **or**
   c. When the extraction or removal would be inconsistent with generally accepted professional standards.
10. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.
11. Consultations for non-covered benefits.
12. Replacement of restorations, crowns, bridges, dentures or prosthetic teeth to enhance cosmetics and/or better match bleached teeth.
13. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of a dental specialist, unless expressly authorized in writing by Delta Dental or as cited under *Emergency Services*. To obtain written authorization, the Enrollee should call Delta Dental's Customer Service department at 800-422-4234.
14. 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.
15. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
16. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities.
17. Dispensing of drugs not normally utilized in the delivery of dental services.
18. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics (unless qualified for the orthodontic treatment in progress provision).
19. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
20. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.

Orthodontic Limitations

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

1. Orthodontic treatment must be provided by the selected Contract Orthodontist.
2. Orthodontic Copayments are listed on *Schedule A, Description of Benefits and Copayments* for both interceptive and comprehensive orthodontic treatment. Additional fees will be charged for start-up and retention.
3. Benefits cover 24 months of active interceptive orthodontic treatment.
4. Benefits cover 24 months of active comprehensive orthodontic treatment, including initial banding, de-banding and any commonly used appliances such as headgear.
5. Following benefited interceptive or comprehensive orthodontic treatment, retention is covered up to a maximum of 24 months. Retention includes the initial construction, placement and adjustment to removable retainers and office visits.
6. Treatment plans extending beyond 24 months of active interceptive or comprehensive orthodontic treatment, or 24 months of retention, will be subject to a monthly office visit fee to the Enrollee not to exceed $125.00 per month.
7. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination the Enrollee is receiving orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination. In this event the Enrollee's obligation shall increase to a maximum of $2,800.00 for Enrollees and covered dependents to age 19 and $3,000.00 for Enrollees and covered dependents over age 19. The Contract Orthodontist will prorate the amount over the number of months remaining in the initial 24 months of treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.
8. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation have been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of $25.00 in addition to diagnostic record fees.
9. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual fee.
10. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, the Enrollee:
    a. will not be entitled to a refund of any amounts previously paid; **and**
    b. will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.
11. Coverage and treatment under this Program are conditioned on patients following the treatment plan recommended by their Contract Orthodontist. Failure to follow the instructions of the Contract Orthodontist can compromise the health of teeth and/or gums, which may necessitate discontinuation of treatment. Patients who are required to restart their orthodontic treatment because of non-compliance with the treatment plan will be subject again to all applicable Copayments.
12. 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.

Orthodontic Exclusions

1. Pre-, mid- and post-treatment records that include cephalometric x-rays, tracings, photographs and study models.
2. Lost, stolen or broken orthodontic appliances.
3. Changes in treatment necessitated by accident of any kind.
4. Surgical procedures incidental to orthodontic treatment.
5. Myofunctional therapy.
6. Surgical procedures related to cleft palate, micrognathia or macrognathia.
7. Treatment related to temporomandibular joint disturbances.

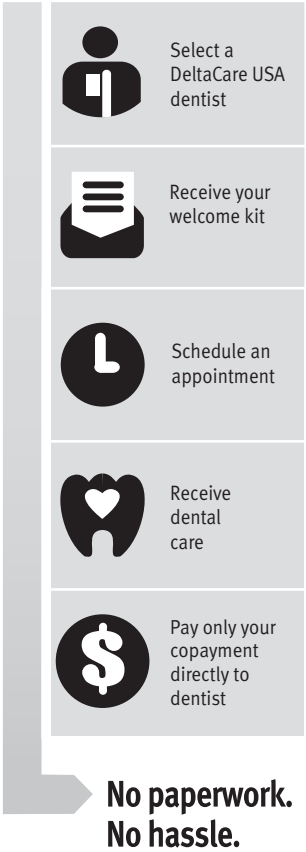
8. Supplemental appliances not routinely used in comprehensive orthodontics, including, but not limited to: palatal expander, habit control appliance, pendulum, quad helix or herbst.
9. Restorative work caused by orthodontic treatment.
10. Treatment in progress at inception of eligibility, unless qualified for the orthodontic treatment in progress provision.
11. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

Getting the most from your plan

DELTACARE® USA

Quality
Convenience
Predictable
Costs

With DeltaCare USA, there are no claim forms to submit.



Save money with a DeltaCare® USA dentist

DeltaCare USA plans feature:

- Set copayments.
- No annual deductibles and no maximums for covered benefits.
- Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams).

Choosing your DeltaCare USA dentist

When you enroll, you choose from many conveniently located DeltaCare USA contracted general dentists to receive benefits under your plan. To find the most current listing of DeltaCare USA network dental offices:

- Visit our website and click on "Find a Dentist" on our home page.
- Select "DeltaCare USA" as your plan network.

You can also call Customer Service for help in finding a dentist.

Visit your DeltaCare USA dentist

You must visit your selected DeltaCare USA dentist to receive benefits under your plan.

- If you do not select a dentist, we will select a dentist for you.
- Family members may select a different dentist for treatment within the covered service area. Refer to your plan booklet for details.
- You can change your selected network dentist by telephone or through our website.
- Changes received by the 21st of the month will be effective the first day of the following month.

Easy to use

- We will notify your DeltaCare USA dentist about your enrollment in the plan and other important details about your coverage such as dependent information, group number and enrollee ID number.
- No ID card is required to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number.
- With DeltaCare USA, there are no claim forms to submit. And, since you are responsible only for the copayment at the time of treatment, you will not receive a claims statement.
- Predictable costs: you'll find a complete list of covered procedures, copayments, plan limitations and exclusions in your plan booklet.

Specialty care and authorizations

If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate any referrals for you.

In some states, Delta Dental must pre-authorize any dental services, with the exception of emergency treatment, that are not performed by your DeltaCare USA general dentist. Please refer to your plan booklet for specific details about your plan.

Dual coverage/Coordination of benefits

If your spouse has coverage with another dental plan, you or your family members may be covered by both dental plans.*

- We do not coordinate benefits with the other plan when you receive treatment from your DeltaCare USA general dentist. However, if you receive authorized treatment from a specialist (such as an oral surgeon), we will coordinate benefits with the other carrier.
- Ask your specialist to submit the other plan's explanation of benefits with the DeltaCare USA claim form and we'll take it from there.

Orthodontic treatment in progress

DeltaCare USA has an orthodontic treatment-in-progress provision that allows new enrollees to continue treatment with their current orthodontist, as long as the enrollee is in active treatment started under his or her previous employer-sponsored dental plan. Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan.**

Transitioning from another plan?

Your DeltaCare USA plan covers treatment started and completed only after your plan's effective date of coverage. If you have any dental treatment in progress when your coverage begins — root canals in progress, teeth prepared for crowns and dentures for which an impression has been taken — those expenses are not covered by your DeltaCare USA plan. However, DeltaCare USA plans have no exclusion for pre-existing dental conditions or missing teeth.

Visit our website: deltadentalins.com

On our website, you can:

- Find a dentist in our online directory
- Review benefits
- Verify eligibility
- Print an ID card and much more

To access some services, you'll need to log in: simply enter your username and password in the designated boxes and submit. If you are visiting our website for the first time, you'll need to complete a quick one-time registration process by clicking the "Register Today" link.

Questions about your plan?

If you have questions, you can check your benefits and eligibility information on our website or on our interactive voice response telephone line. For more information, you may also contact us through our website or call one of our helpful multilingual Customer Service representatives toll-free during business hours.

DELTACARE® USA

With DeltaCare USA, you and your family will enjoy many new features including:

Expanded business hours/ toll-free customer service

Out-of-area emergency coverage

Orthodontic treatment in progress provision

* Group-specific exceptions may apply. Please review your plan booklet for specific details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

** This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

SmileWay℠ Wellnes

Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free newsletter subscription, at: **mysmileway.com**.

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

DeltaCare® USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; CA — Delta Dental of California; AR, CO, IA, MI, OR, RI, SC, WA, WI, WY — Dentegra Insurance Company; DE, FL, GA, KS, TN, WV and Washington, D.C. — Delta Dental Insurance Company; HI, ID, IN, KY, MD, MO, NJ, TX — Alpha Dental Programs, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

We Keep You Smiling
Advancing dental health and access through exceptional dental benefits service, technology and professional support.

Delta Dental Customer Service

Delta Dental PPO
Call 800-765-6003
100 First Street
San Francisco, CA 94105

DeltaCare USA
Call 800-422-4234
P.O. Box 1803
Alpharetta, GA 30023

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