

Keep Smiling

DeltaCare[®] USA

provided by
Delta Dental Insurance Company



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/ITDR

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

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

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

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

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

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

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

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

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

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

Choosing a dentist

5. How do I select my primary care dentist?

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

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

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

7. Can I change my primary care dentist?

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

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

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

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

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

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

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

General plan information

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

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

11. Can I access my plan online?

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

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

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. Does my plan cover teeth whitening?

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

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

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

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

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

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

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a
DeltaCare USA
dentist



Receive your
welcome materials



Schedule an
appointment



Receive
dental care



Pay only your
share to dentist

SCHEDULE A

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-2021 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 | No Cost |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$33.00 |
| 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 36 months, or more frequently if medically necessary</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 2 series every 12 months, or more frequently if medically necessary</i> | No Cost |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Cost |
| D0330 | Panoramic radiographic image - <i>limited to 1 every 36 months, or more frequently if medically necessary</i> | No Cost |
| D0364 | Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | \$110.00 |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | \$110.00 |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | \$110.00 |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | \$150.00 |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures - <i>limited to 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i> | \$145.00 |
| 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 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$25.00 |
| D0460 | Pulp vitality tests | \$14.00 |
| D0470 | Diagnostic casts | No Cost |

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|-------|--|---------|
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> | No Cost |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> | 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 - <i>available only when performed in conjunction with a covered biopsy</i> | 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**

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|-------|--|----------|
| D1110 | Prophylaxis <i>cleaning</i> - adult - <i>2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary</i> | No Cost |
| D1110 | <i>Additional prophylaxis cleaning</i> - adult (<i>within the calendar year</i>) | \$45.00 |
| D1120 | Prophylaxis <i>cleaning</i> - child - <i>2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary</i> | No Cost |
| D1120 | <i>Additional prophylaxis cleaning</i> - child (<i>within the calendar year</i>) | \$30.00 |
| D1206 | Topical application of fluoride varnish - <i>2 D1206 or D1208 per calendar year, or more frequently if medically necessary</i> | No Cost |
| D1206 | <i>Additional topical application of fluoride varnish</i> - (<i>within the calendar year</i>) | \$15.00 |
| D1208 | Topical application of fluoride - excluding varnish - <i>2 D1206 or D1208 per calendar year, or more frequently if medically necessary</i> | No Cost |
| D1208 | <i>Additional topical application of fluoride - excluding varnish</i> (<i>within the calendar year</i>) | \$15.00 |
| D1310 | Nutritional counseling for control of dental disease | No Cost |
| D1320 | Tobacco counseling for the control and prevention of oral disease | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth | \$12.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | \$12.00 |
| D1353 | Sealant repair - per tooth | \$12.00 |
| D1354 | Interim caries arresting medicament application - per tooth - <i>2 per 12 month period, or more frequently if medically necessary</i> | No Cost |
| D1510 | Space maintainer - fixed - unilateral - per quadrant | \$110.00 |
| D1516 | Space maintainer - fixed - bilateral, maxillary | \$170.00 |
| D1517 | Space maintainer - fixed - bilateral, mandibular | \$170.00 |
| D1520 | Space maintainer - removable - unilateral - per quadrant | \$120.00 |
| D1526 | Space maintainer - removable - bilateral, maxillary | \$180.00 |
| D1527 | Space maintainer - removable - bilateral, mandibular | \$180.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | No Cost |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | No Cost |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | No Cost |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | No Cost |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | No Cost |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | No Cost |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant | \$110.00 |

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, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.
- * Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations and Exclusions of Benefits for additional information.

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| D2140 | Amalgam - one surface, primary or permanent | No Cost |
| D2150 | Amalgam - two surfaces, primary or permanent | No Cost |
| D2160 | Amalgam - three surfaces, primary or permanent | No Cost |
| D2161 | Amalgam - four or more surfaces, primary or permanent | No Cost |
| D2330 | Resin-based composite - one surface, anterior | No Cost |
| D2331 | Resin-based composite - two surfaces, anterior | No Cost |
| D2332 | Resin-based composite - three surfaces, anterior | No Cost |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$88.00 |
| D2390 | Resin-based composite crown, anterior | \$88.00 |
| D2391 | Resin-based composite - one surface, posterior | \$47.00 |
| D2392 | Resin-based composite - two surfaces, posterior | \$59.00 |
| D2393 | Resin-based composite - three surfaces, posterior | \$82.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$115.00 |
| D2510 | Inlay - metallic - one surface | \$240.00 |
| D2520 | Inlay - metallic - two surfaces | \$290.00 |
| D2530 | Inlay - metallic - three or more surfaces | \$340.00 |
| D2542 | Onlay - metallic - two surfaces | \$470.00 |
| D2543 | Onlay - metallic - three surfaces | \$470.00 |
| D2544 | Onlay - metallic - four or more surfaces | \$470.00 |
| D2610 | Inlay - porcelain/ceramic - one surface | \$325.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$350.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$395.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$445.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$480.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$500.00 |
| D2650 | Inlay - resin-based composite - one surface | \$205.00 |
| D2651 | Inlay - resin-based composite - two surfaces | \$240.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | \$260.00 |
| D2662 | Onlay - resin-based composite - two surfaces | \$370.00 |
| D2663 | Onlay - resin-based composite - three surfaces | \$395.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | \$440.00 |
| D2710 | Crown - resin-based composite (indirect) | \$290.00 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | \$290.00 |
| D2720 | Crown - resin with high noble metal | \$440.00 |
| D2721 | Crown - resin with predominantly base metal | \$340.00 |
| D2722 | Crown - resin with noble metal | \$380.00 |
| D2740 | Crown - porcelain/ceramic | \$490.00 |
| D2750 | Crown - porcelain fused to high noble metal | \$450.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | \$400.00 |
| D2752 | Crown - porcelain fused to noble metal | \$425.00 |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | \$450.00 |
| D2780 | Crown - 3/4 cast high noble metal | \$460.00 |
| D2781 | Crown - 3/4 cast predominantly base metal | \$400.00 |
| D2782 | Crown - 3/4 cast noble metal | \$435.00 |
| D2783 | Crown - 3/4 porcelain/ceramic | \$460.00 |
| D2790 | Crown - full cast high noble metal | \$460.00 |
| D2791 | Crown - full cast predominantly base metal | \$410.00 |
| D2792 | Crown - full cast noble metal | \$435.00 |

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|-------|---|----------|
| D2794 | Crown - titanium and titanium alloys | \$460.00 |
| D2799 | Provisional crown - further treatment or completion of diagnosis necessary prior to final impression | \$95.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$43.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$43.00 |
| D2920 | Re-cement or re-bond crown | \$43.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>) | \$88.00 |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth | \$105.00 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> | \$165.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$105.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$105.00 |
| D2932 | Prefabricated resin crown - <i>anterior primary tooth</i> | \$135.00 |
| D2933 | Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> | \$165.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | \$165.00 |
| D2940 | Protective restoration | \$13.00 |
| D2941 | Interim therapeutic restoration - primary dentition | \$13.00 |
| D2949 | Restorative foundation for an indirect restoration | \$92.00 |
| D2950 | Core buildup, including any pins when required | \$125.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$13.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> | \$165.00 |
| D2953 | Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> | \$110.00 |
| D2954 | Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> | \$135.00 |
| D2957 | Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> | \$80.00 |
| D2960 | Labial veneer (resin laminate) - direct - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> | \$94.00 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | \$83.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$40.00 |
| D2981 | Inlay repair necessitated by restorative material failure | \$40.00 |
| D2982 | Onlay repair necessitated by restorative material failure | \$40.00 |
| D2983 | Veneer repair necessitated by restorative material failure | \$40.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions | \$12.00 |

D3000-D3999 IV. ENDODONTICS

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|-------|---|----------|
| D3110 | Pulp cap - direct (excluding final restoration) | \$14.00 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$14.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$72.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$72.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$72.00 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$85.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$85.00 |
| D3310 | <i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) | \$210.00 |
| D3320 | <i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) | \$245.00 |
| D3330 | <i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) | \$335.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$97.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$97.00 |
| D3333 | Internal root repair of perforation defects | \$97.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$300.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | \$345.00 |
| D3348 | Retreatment of previous root canal therapy - molar | \$430.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$97.00 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | \$77.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | \$77.00 |
| D3410 | Apicoectomy - anterior | \$275.00 |
| D3421 | Apicoectomy - premolar (first root) | \$305.00 |

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|-------|---|----------|
| D3425 | Apicoectomy - molar (first root) | \$340.00 |
| D3426 | Apicoectomy (each additional root) | \$110.00 |
| D3430 | Retrograde filling - per root | \$72.00 |
| D3450 | Root amputation - per root | \$95.00 |
| D3471 | Surgical repair of root resorption - anterior | \$225.00 |
| D3472 | Surgical repair of root resorption - premolar | \$225.00 |
| D3473 | Surgical repair of root resorption - molar | \$225.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | \$225.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | \$225.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar | \$225.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$85.00 |

D4000-D4999 V. PERIODONTICS

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

- Periodontal regenerative procedures, D4263 D4264, D4266 and D4267, are limited to 1 per site (or per tooth, if applicable).

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|-------|---|----------|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$180.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$91.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$91.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$235.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$125.00 |
| D4245 | Apically positioned flap | \$235.00 |
| D4249 | Clinical crown lengthening - hard tissue | \$255.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$400.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$240.00 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | \$280.00 |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | \$225.00 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | \$305.00 |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | \$283.00 |
| D4270 | Pedicle soft tissue graft procedure | \$300.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$650.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$225.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | \$310.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | \$310.00 |
| 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 | \$155.00 |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$410.00 |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$155.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> | \$83.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> | \$42.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary .. | 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> | \$65.00 |

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| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i> | \$45.00 |
| D4910 | Periodontal maintenance - <i>following active periodontal therapy, limited to 4 treatments per calendar year</i> | \$53.00 |
| 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 | \$625.00 |
| D5120 | Complete denture - mandibular | \$625.00 |
| D5130 | Immediate denture - maxillary | \$680.00 |
| D5140 | Immediate denture - mandibular | \$680.00 |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$525.00 |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$525.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$715.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$715.00 |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | \$525.00 |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | \$525.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$715.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$715.00 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | \$605.00 |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) . | \$605.00 |
| D5410 | Adjust complete denture - maxillary | \$43.00 |
| D5411 | Adjust complete denture - mandibular | \$43.00 |
| D5421 | Adjust partial denture - maxillary | \$46.00 |
| D5422 | Adjust partial denture - mandibular | \$46.00 |
| D5511 | Repair broken complete denture base, mandibular | \$88.00 |
| D5512 | Repair broken complete denture base, maxillary | \$88.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$76.00 |
| D5611 | Repair resin partial denture base, mandibular | \$88.00 |
| D5612 | Repair resin partial denture base, maxillary | \$88.00 |
| D5621 | Repair cast partial framework, mandibular | \$88.00 |
| D5622 | Repair cast partial framework, maxillary | \$88.00 |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth | \$110.00 |
| D5640 | Replace broken teeth - per tooth | \$81.00 |
| D5650 | Add tooth to existing partial denture | \$88.00 |
| D5660 | Add clasp to existing partial denture - per tooth | \$110.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$190.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$190.00 |
| D5710 | Rebase complete maxillary denture | \$250.00 |
| D5711 | Rebase complete mandibular denture | \$250.00 |
| D5720 | Rebase maxillary partial denture | \$250.00 |
| D5721 | Rebase mandibular partial denture | \$250.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$145.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$145.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$145.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$145.00 |

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| D5750 | Reline complete maxillary denture (laboratory) | \$210.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$210.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$210.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$210.00 |
| D5810 | Interim complete denture (maxillary) | \$315.00 |
| D5811 | Interim complete denture (mandibular) | \$315.00 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i> | \$280.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> | \$280.00 |
| D5850 | Tissue conditioning, maxillary | \$40.00 |
| D5851 | Tissue conditioning, mandibular | \$40.00 |

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

- The following are limited to no more than two (2) each per calendar year: Implants, Implant supported prosthetics and Implant abutments.

- Replacement of crowns, bridges and implant supported dentures requires the existing restoration to be 5+ years old.

* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations and Exclusions of Benefits for additional information.

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| D6010 | Surgical placement of implant body: endosteal implant | \$1,005.00 |
| D6011 | Surgical access to an implant body (second stage implant surgery) | \$145.00 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$390.00 |
| D6013 | Surgical placement of mini implant | \$340.00 |
| D6040 | Surgical placement: eposteal implant | \$940.00 |
| D6050 | Surgical placement: transosteal implant | \$920.00 |
| D6055 | Connecting bar - implant supported or abutment supported | \$345.00 |
| D6056 | Prefabricated abutment - includes modification and placement - <i>limited to 1 per calendar year</i> | \$330.00 |
| D6057 | Custom fabricated abutment - includes placement - <i>limited to 1 per calendar year</i> | \$425.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$740.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$750.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$610.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$710.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$720.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$545.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$690.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$780.00 |
| D6066 | Implant supported crown - porcelain fused to high noble alloys | \$750.00 |
| D6067 | Implant supported crown - high noble alloys | \$730.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | \$725.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$750.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | \$485.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$660.00 |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | \$750.00 |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | \$415.00 |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | \$425.00 |
| D6075 | Implant supported retainer for ceramic FPD | \$780.00 |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys | \$750.00 |
| D6077 | Implant supported retainer for metal FPD - high noble alloys | \$750.00 |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments - <i>limited to 1 per calendar year</i> | \$65.00 |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure - <i>limited to 1 per 24 months</i> | \$65.00 |
| D6082 | Implant supported crown - porcelain fused to predominantly base alloys | \$610.00 |
| D6083 | Implant supported crown - porcelain fused to noble alloys | \$710.00 |

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| D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys | \$655.00 |
| D6086 | Implant supported crown - predominantly base alloys | \$545.00 |
| D6087 | Implant supported crown - noble alloys | \$690.00 |
| D6088 | Implant supported crown - titanium and titanium alloys | \$655.00 |
| D6090 | Repair implant supported prosthesis, by report - <i>limited to 1 per calendar year</i> | \$130.00 |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment- <i>limited to 1 per calendar year</i> | \$60.00 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$72.00 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$95.00 |
| D6094 | Abutment supported crown - titanium and titanium alloys | \$655.00 |
| D6095 | Repair implant abutment, by report - <i>limited to 1 per calendar year</i> | \$130.00 |
| D6096 | Remove broken implant retaining screw - <i>limited to 1 per calendar year</i> | \$50.00 |
| D6097 | Abutment supported crown - porcelain fused to titanium and titanium alloys | \$655.00 |
| D6098 | Implant supported retainer - porcelain fused to predominantly base alloys | \$485.00 |
| D6099 | Implant supported retainer for FPD - porcelain fused to noble alloys | \$660.00 |
| D6100 | Implant removal, by report - <i>limited to 1 per calendar year</i> | \$245.00 |
| D6101 | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure - <i>limited to 1 per calendar year</i> | \$125.00 |
| D6102 | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure - <i>limited to 1 per calendar year</i> | \$240.00 |
| D6103 | Bone graft for repair of peri-implant defect - does not include flap entry and closure - <i>limited to 1 per calendar year</i> | \$290.00 |
| D6104 | Bone graft at time of implant placement - <i>limited to 1 per calendar year</i> | \$290.00 |
| D6110 | Implant/abutment supported removable denture for edentulous arch - maxillary | \$925.00 |
| D6111 | Implant/abutment supported removable denture for edentulous arch - mandibular | \$925.00 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch - maxillary | \$1,015.00 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch - mandibular | \$1,015.00 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch - maxillary | \$925.00 |
| D6115 | Implant/abutment supported fixed denture for edentulous arch - mandibular | \$925.00 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch - maxillary | \$1,015.00 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch - mandibular | \$1,015.00 |
| D6120 | Implant supported retainer - porcelain fused to titanium and titanium alloys | \$415.00 |
| D6121 | Implant supported retainer for metal FPD - predominantly base alloys | \$415.00 |
| D6122 | Implant supported retainer for metal FPD - noble alloys | \$425.00 |
| D6123 | Implant supported retainer for metal FPD - titanium and titanium alloys | \$620.00 |
| D6190 | Radiographic/surgical implant index, by report - <i>limited to 1 per calendar year</i> | \$165.00 |
| D6194 | Abutment supported retainer crown for FPD - titanium and titanium alloys | \$620.00 |
| D6195 | Abutment supported retainer - porcelain fused to titanium and titanium alloys | \$750.00 |

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

- When there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered unit.

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

* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations and Exclusions of Benefits for additional information.

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|-------|--|----------|
| D6210 | Pontic - cast high noble metal | \$450.00 |
| D6211 | Pontic - cast predominantly base metal | \$410.00 |
| D6212 | Pontic - cast noble metal | \$435.00 |
| D6214 | Pontic - titanium and titanium alloys | \$460.00 |
| D6240 | Pontic - porcelain fused to high noble metal | \$450.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$410.00 |
| D6242 | Pontic - porcelain fused to noble metal | \$435.00 |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | \$435.00 |

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| D6245 | Pontic - porcelain/ceramic | \$455.00 |
| D6250 | Pontic - resin with high noble metal | \$390.00 |
| D6251 | Pontic - resin with predominantly base metal | \$350.00 |
| D6252 | Pontic - resin with noble metal | \$375.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | \$395.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | \$460.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | \$425.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | \$460.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | \$350.00 |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | \$400.00 |
| D6606 | Retainer inlay - cast noble metal, two surfaces | \$415.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | \$425.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | \$460.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | \$470.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | \$440.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | \$460.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | \$325.00 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | \$400.00 |
| D6614 | Retainer onlay - cast noble metal, two surfaces | \$350.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | \$435.00 |
| D6624 | Retainer inlay - titanium | \$450.00 |
| D6634 | Retainer onlay - titanium | \$450.00 |
| D6720 | Retainer crown - resin with high noble metal | \$385.00 |
| D6721 | Retainer crown - resin with predominantly base metal | \$335.00 |
| D6722 | Retainer crown - resin with noble metal | \$360.00 |
| D6740 | Retainer crown - porcelain/ceramic | \$500.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | \$460.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | \$410.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | \$435.00 |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | \$460.00 |
| D6780 | Retainer crown - 3/4 cast high noble metal | \$460.00 |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | \$410.00 |
| D6782 | Retainer crown - 3/4 cast noble metal | \$435.00 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | \$460.00 |
| D6784 | Retainer crown - titanium and titanium alloys | \$460.00 |
| D6790 | Retainer crown - full cast high noble metal | \$460.00 |
| D6791 | Retainer crown - full cast predominantly base metal | \$410.00 |
| D6792 | Retainer crown - full cast noble metal | \$435.00 |
| D6794 | Retainer crown - titanium and titanium alloys | \$460.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$61.00 |
| D6940 | Stress breaker | \$60.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$80.00 |

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

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

| | | |
|-------|---|----------|
| D7111 | Extraction, coronal remnants - primary tooth | \$12.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$12.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$53.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$46.00 |
| D7230 | Removal of impacted tooth - partially bony | \$91.00 |
| D7240 | Removal of impacted tooth - completely bony | \$115.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$125.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$53.00 |
| D7251 | Coronectomy - intentional partial tooth removal | \$91.00 |
| D7260 | Oroantral fistula closure | \$125.00 |
| D7261 | Primary closure of a sinus perforation | \$125.00 |

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|-------|--|----------|
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$14.00 |
| D7280 | Exposure of an unerupted tooth | \$14.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$14.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$8.00 |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$78.00 |
| D7286 | Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> | \$65.00 |
| D7287 | Exfoliative cytological sample collection | \$20.00 |
| D7288 | Brush biopsy - transepithelial sample collection | \$78.00 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ... | \$58.00 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ... | \$33.00 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$78.00 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$40.00 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$14.00 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$14.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$14.00 |
| D7472 | Removal of torus palatinus | \$14.00 |
| D7473 | Removal of torus mandibularis | \$14.00 |
| D7485 | Reduction of osseous tuberosity | \$78.00 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$14.00 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$20.00 |
| D7880 | Occlusal orthotic device, by report - <i>limited to 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i> | \$330.00 |
| D7881 | Occlusal orthotic device adjustment | \$43.00 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | No Cost |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach - <i>limited to 1 per calendar year; only covered in conjunction with the surgical placement of implant</i> | \$850.00 |
| D7952 | Sinus augmentation via a vertical approach - <i>limited to 1 per calendar year; only covered in conjunction with the surgical placement of implant</i> | \$640.00 |
| D7953 | Bone replacement graft for ridge preservation - per site - <i>limited to 1 per lifetime; only covered in conjunction with the surgical placement of implant</i> | \$100.00 |
| D7961 | Buccal/labial frenectomy (frenulectomy) | No Cost |
| D7962 | Lingual frenectomy (frenulectomy) | No Cost |
| D7963 | Frenuloplasty | \$20.00 |
| D7970 | Excision of hyperplastic tissue - per arch | \$90.00 |
| D7971 | Excision of pericoronal gingiva | \$90.00 |

D8000-D8999**XI. ORTHODONTICS**

- The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

- Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's submitted fee.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$575.00

D0210 Intraoral - complete series of radiographic images

D0322 Tomographic survey

D0330 Panoramic radiographic image

D0340 2D cephalometric radiographic image

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

D0351 3D photographic image

D0470 Diagnostic casts

The benefit for post-treatment records includes: \$140.00

D0210 Intraoral - complete series of radiographic images

D0470 Diagnostic casts

| | | |
|-------|--|------------|
| D8010 | Limited orthodontic treatment of the primary dentition | \$950.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> | \$950.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> | \$950.00 |
| D8040 | Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> | \$985.00 |
| D8050 | Interceptive orthodontic treatment of the primary dentition | \$985.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | \$1,200.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> . | \$1,530.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> | \$1,530.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> | \$1,730.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$80.00 |
| D8670 | Periodic orthodontic treatment visit - <i>included in comprehensive case fee</i> | No Cost |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) | \$220.00 |
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> | \$400.00 |

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

| | | |
|-------|--|----------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | No Cost |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | No Cost |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | \$84.00 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | \$84.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | \$73.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | \$73.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | No Cost |
| D9311 | Consultation with a medical health care professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | No Cost |
| D9440 | Office visit - after regularly scheduled hours | \$55.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No Cost |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No Cost |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No Cost |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | No Cost |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | No Cost |
| D9941 | Fabrication of athletic mouthguard - <i>limited to 1 per 12 month period</i> | \$110.00 |
| D9943 | Occlusal guard adjustment | \$10.00 |
| D9944 | Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i> | \$205.00 |
| D9945 | Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i> | \$205.00 |
| D9946 | Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i> . | \$205.00 |
| D9951 | Occlusal adjustment, limited | \$40.00 |
| D9952 | Occlusal adjustment, complete | \$210.00 |
| 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</i> | \$10.00 |
| D9987 | Canceled appointment - <i>without 24 hour notice</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 Us. 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 \$135.00 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. When recommending covered crown(s), bridge pontic(s) and/or bridge retainers, which are supported either by a natural tooth or dental implant, Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec), the Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.
5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
8. Fabrication of athletic mouthguard is limited to once every 12 months.
9. If any existing fixed bridge or removable denture that already replaces the tooth or teeth, which would be replaced by a new implant-supported prosthesis, that existing appliance must be eligible for replacement under the terms of the Contract.
10. Replacement of implant and implant-supported prosthesis requires the existing implants and implant-supported prosthesis to be 5+ years old.
11. Implants and implant supported crowns and prosthesis are covered to replace one or more natural permanent teeth lost due to accidental trauma or removal.
12. Implant removal is limited to one (1) for each implant during the Enrollee's lifetime.

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:
 - a. cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch); or
 - b. 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. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and implant abutments, and fixed partial dentures (bridges) whether supported by a natural tooth or dental implant..
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. Procedures that may include:
 - a. precious metal for removable appliances;
 - b. metallic or permanent soft bases for complete dentures;
 - c. porcelain denture teeth;
 - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
 - e. personalization and characterization of complete and partial dentures.
7. Consultations for non-covered benefits.
8. 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.
9. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
10. Prescription drugs.
11. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
12. Lost, stolen or broken orthodontic appliances.
13. Changes in orthodontic treatment necessitated by accident of any kind.
14. Myofunctional and parafunctional appliances and/or therapies.
15. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
16. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
17. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
18. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.
19. An implant-supported prosthesis with one abutment supported by a natural tooth and the second supported by an implant are not covered.
20. Implant and implant-supported crowns and appliances are not covered benefits for Enrollees under 19 years of age.
21. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment.

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Write to:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

Call toll-free: 855-370-4069

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 3000

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.