

**APPENDIX A
SCHEDULE OF DENTAL BENEFITS**

If the co-payment percentage shown is "N/A", that procedure is not covered under this group dental plan. See Appendix B for exclusions.

Procedure	Co-Payment Percentage			Deductible Applies		
	Delta Dental PPO	Delta Dental Premier	Out-of-network	Delta Dental PPO	Delta Dental Premier	Out-of-network
DIAGNOSTIC SERVICES						
Oral evaluations (includes limited – problem focused and re-evaluation – limited, problem focused)	100%	100%	90%	N	N	N
Comprehensive oral evaluation – new or established patient: <i>once per Dentist.</i>	100%	100%	90%	N	N	N
Detailed and extensive oral evaluation – problem focused, by report: <i>once per Dentist.</i>	100%	100%	90%	N	N	N
Comprehensive periodontal evaluation – new or established patient: <i>once per Dentist.</i>	100%	100%	90%	N	N	N
Periodic oral evaluations: <i>twice per benefit year</i>	100%	100%	90%	N	N	N
Intra-oral – periapical radiographs	100%	100%	90%	N	N	N
Bitewing x-rays (not including vertical bitewings): <i>twice per benefit year</i>	100%	100%	90%	N	N	N
Complete full mouth x-rays: <i>once in a 36-month interval.</i> <i>A full mouth x-ray includes bitewing x-rays. Panoramic x-ray in conjunction with any other x-ray, or any combination of intraoral x-rays on the same date for which the total approved amount equals or exceeds the approved amount for a full-mouth x-ray, is considered a full mouth x-ray. One full-mouth x-ray, one set of vertical bitewings, or one panoramic x-ray is a covered benefit in a 36-month interval.</i>	100%	100%	90%	N	N	N
Diagnostic casts: <i>when rendered more than 30 days prior to definitive treatment.</i>	100%	100%	90%	N	N	N
Pulp vitality tests: <i>once per visit</i>	100%	100%	90%	N	N	N

If additional detailed or comprehensive oral evaluations are billed by the same Dentist, the level of benefits will be limited to that of a periodic oral evaluation.

Detailed or comprehensive oral evaluations count toward the benefit year maximum of two oral evaluations.

Procedure	Co-Payment Percentage			Deductible Applies		
	Delta Dental PPO	Delta Dental Premier	Out-of-network	Delta Dental PPO	Delta Dental Premier	Out-of-network

PREVENTIVE SERVICES						
Dental prophylaxis (cleaning): <i>twice per benefit year*</i>	100%	100%	90%	N	N	N
Topical fluoride applications: <i>once per benefit year, for dependent children under age 19</i>	100%	100%	90%	N	N	N
Space maintainers: <i>once per lifetime for dependent children under age 14.</i>	100%	100%	90%	N	N	N
Recementation of space maintainers: <i>once per benefit year.</i>	100%	100%	90%	N	N	N
Sealants: <i>applied once per tooth to first and second permanent molars which are free of caries (cavities) and restorations; for dependent children under age 16</i>	80%	80%	70%	Y	Y	Y

**With an indicator for diabetes, high risk cardiac conditions, or kidney failure or dialysis conditions, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year.*

**With an indicator for periodontal disease, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.*

**With an indicator for suppressed immune system conditions or cancer-related chemotherapy and/or radiation, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.*

**With an indicator for pregnancy, the enrollee will be eligible for one additional cleaning (prophylaxis or periodontal maintenance) during the time of pregnancy.*

RESTORATIVE SERVICES						
Amalgam and resin-based composite fillings <i>once per surface in a 12-month interval.</i>	80%	80%	70%	Y	Y	Y
Onlays (permanent teeth only)**	50%	50%	40%	Y	Y	Y
Crowns and ceramic restorations (permanent teeth only)**	50%	50%	40%	Y	Y	Y
Recementation of inlays, onlays, partial coverage restorations, cast or prefabricated posts and cores and crowns**	50%	50%	40%	Y	Y	Y
Prefabricated stainless steel crowns**	50%	50%	40%	Y	Y	Y
Sedative filling**	50%	50%	40%	Y	Y	Y
Pin retention**	50%	50%	40%	Y	Y	Y
Cast or prefabricated post and core; core build-up**	50%	50%	40%	Y	Y	Y
Additional procedures to construct new crown under existing partial denture framework**	50%	50%	40%	Y	Y	Y

When an inlay is requested or placed, the level of benefits will be limited to that of an amalgam filling.

Procedure	Co-Payment Percentage			Deductible Applies		
	Delta Dental PPO	Delta Dental Premier	Out-of-network	Delta Dental PPO	Delta Dental Premier	Out-of-network

When multiple pins are requested or placed, the level of benefits will be limited to one pin per tooth.

Sedative fillings are a covered Dental Benefit once per tooth per lifetime.

ENDODONTIC SERVICES						
Pulpal and root canal therapy	80%	80%	70%	Y	Y	Y

When endodontic therapy is performed on primary teeth, the level of benefits will be limited to that of a pulpotomy, except where radiographs indicate there is no permanent successor tooth and the primary tooth demonstrates sufficient intact root structure.

Retreatment of root canal therapy within 24 months of initial treatment is not a covered benefit.

When incomplete endodontic therapy is billed because the patient has been referred to an endodontist for completion of endodontic treatment, the level of benefits will be limited to that of a pulpal debridement.

Pulpal therapy (resorbable filling) is a covered Dental Benefit once per tooth per lifetime.

SURGICAL PERIODONTIC SERVICES						
Gingivectomy or gingivoplasty; gingival flap procedure**	50%	50%	40%	Y	Y	Y
Clinical crown lengthening - hard tissue**	50%	50%	40%	Y	Y	Y
Osseous surgery (including flap entry and closure)**	50%	50%	40%	Y	Y	Y
Guided tissue regeneration, per site: <i>only when performed in association with natural teeth</i> **	50%	50%	40%	Y	Y	Y
Bone replacement and soft tissue grafts**	50%	50%	40%	Y	Y	Y

NON-SURGICAL PERIODONTIC SERVICES						
Periodontal scaling and root planing	80%	80%	70%	Y	Y	Y
Full mouth debridement to enable comprehensive evaluation and diagnosis: <i>once per lifetime</i>	80%	80%	70%	Y	Y	Y
Periodontal maintenance: <i>twice per benefit year*</i>	80%	80%	70%	Y	Y	Y

Periodontal therapy includes treatment for diseases of the gums and bone supporting the teeth once per quadrant in any 24-month interval.

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*With an indicator for periodontal disease, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.

*With an indicator for suppressed immune system conditions or cancer-related chemotherapy and/or radiation, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.

*With an indicator for pregnancy, the enrollee will be eligible for one additional cleaning (prophylaxis or periodontal maintenance) during the time of pregnancy.

Procedure	Co-Payment Percentage			Deductible Applies		
	Delta Dental PPO	Delta Dental Premier	Out-of-network	Delta Dental PPO	Delta Dental Premier	Out-of-network

REMOVABLE PROSTHODONTIC SERVICES						
Complete and partial dentures**	50%	50%	40%	Y	Y	Y
Adjustments to complete and partial dentures**	50%	50%	40%	Y	Y	Y
Repairs to complete and partial dentures**	50%	50%	40%	Y	Y	Y
Replace missing or broken teeth**	50%	50%	40%	Y	Y	Y
Add tooth or clasp to existing partial denture**	50%	50%	40%	Y	Y	Y
Replace all teeth and acrylic on cast metal framework**	50%	50%	40%	Y	Y	Y
Denture rebase: <i>once in a 24-month interval.</i> **	50%	50%	40%	Y	Y	Y
Denture relines: <i>once in a 24-month interval.</i> **	50%	50%	40%	Y	Y	Y

FIXED PROSTHODONTIC SERVICES (BRIDGES)						
Pontics**	50%	50%	40%	Y	Y	Y
Fixed partial denture retainers - inlays/onlays (inlays/onlays placed as abutments, i.e., to retain or support fixed partial dentures)**	50%	50%	40%	Y	Y	Y
Fixed partial denture retainers – crowns (crowns placed as abutments, i.e., to retain or support fixed partial dentures)**	50%	50%	40%	Y	Y	Y
Recement fixed partial denture**	50%	50%	40%	Y	Y	Y
Cast or prefabricated post and core; core build-up**	50%	50%	40%	Y	Y	Y

When a fixed partial denture is requested or placed and three or more teeth are missing in a dental arch, the level of benefits will be limited to that of a removable partial denture. The placement of any additional appliance in the same arch within 60 months following placement of the initial appliance is not a covered benefit.

When the edentulous space between teeth exceeds 100% of the size of the original tooth, the level of benefits will be limited to that of one pontic per missing tooth.

When a fixed partial denture and a removable partial denture are requested or placed in the same arch, the level of benefits will be limited to that of a removable partial denture.

If, in the construction of a prosthodontic appliance, personalized or special techniques including, but not limited to, tooth supported dentures, precision attachments or stress breakers, are elected, the level of benefits will be limited to that of a conventional prosthodontic appliance.

When a porcelain/ceramic inlay is requested or placed as an abutment (i.e., to retain or support a fixed partial denture), the level of benefits will be limited to that of a cast metal inlay.

Procedure	Co-Payment Percentage			Deductible Applies		
	Delta Dental PPO	Delta Dental Premier	Out-of-network	Delta Dental PPO	Delta Dental Premier	Out-of-network

ORAL SURGERY						
Simple extractions	80%	80%	70%	Y	Y	Y
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	80%	80%	70%	Y	Y	Y
Removal of impacted tooth – soft tissue	80%	80%	70%	Y	Y	Y
Removal of impacted tooth – partially bony	80%	80%	70%	Y	Y	Y
Removal of impacted tooth – completely bony	80%	80%	70%	Y	Y	Y
Tooth reimplantation/stabilization of accidentally evulsed or displaced tooth and/or alveolus	80%	80%	70%	Y	Y	Y
Surgical access of an unerupted tooth	80%	80%	70%	Y	Y	Y
Biopsy of oral tissue; brush biopsy	80%	80%	70%	Y	Y	Y
Alveoloplasty - per quadrant	80%	80%	70%	Y	Y	Y
Vestibuloplasty - ridge extension	80%	80%	70%	Y	Y	Y
Surgical excision of soft tissue lesions	80%	80%	70%	Y	Y	Y
Surgical excision of intra-osseous lesions	80%	80%	70%	Y	Y	Y
Other covered surgical/repair procedures: removal of exostosis, torus palatinus or torus mandibularis; incision and drainage of abscess - intraoral soft tissue; frenulectomy or frenuloplasty; excision of hyperplastic tissue or pericoronal gingiva; surgical reduction of osseous or fibrous tuberosity.	80%	80%	70%	Y	Y	Y

Oral Surgery includes extractions and other listed oral surgery procedures (including pre- and post-operative care) only when provided in a dentist's office.

ADJUNCTIVE GENERAL SERVICES						
Palliative (emergency) treatment of dental pain - minor procedure	100%	100%	90%	N	N	N
Deep sedation/general anesthesia: when provided by a dentist in conjunction with Oral Surgery (surgical procedures) other than simple extractions.	80%	80%	70%	Y	Y	Y
Intravenous conscious sedation/analgesia: when provided in conjunction with Oral Surgery (surgical procedures) other than simple extractions.	N/A	N/A	N/A	N/A	N/A	N/A
Consultations	100%	100%	90%	N	N	N

OTHER						
Implants	50%	50%	40%	Y	Y	Y

Procedure	Co-Payment Percentage			Deductible Applies		
	Delta Dental PPO	Delta Dental Premier	Out-of-network	Delta Dental PPO	Delta Dental Premier	Out-of-network

ORTHODONTIC SERVICES						
Treatment necessary for the proper alignment of teeth, <i>for dependent children under age 19.**</i>	50%	50%	50%	N	N	N

If specialized techniques (for example, clear or "Invisalign" braces) are elected, a Delta Dental PPO dentist is not obligated to accept the scheduled fee as full payment and may charge the patient any difference in cost between the optional method and a conventional appliance in addition to scheduled copayment amounts.