DELTA DENTAL®

Benefit highlights

DeltaCare® USA

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

Comprehensive coverage

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

Budget-friendly

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

Large network of quality dentists

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

Convenient services

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

LEGAL NOTICES: Access federal and state legal notices related to your plan: **deltadentalins.com/about/legal/index-enrollee.html**

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

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

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

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

[4] State-specific exceptions may apply.

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

deltadentalins.com/members

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

How DeltaCare USA works

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

What your plan covers

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

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

Getting started

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

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

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

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

General plan information

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

There are no exclusions for most pre-existing conditions, except work in progress.[4] Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

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

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

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

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

© 2026 Delta Dental. All rights reserved.
DCU_USA_STD #975400.03 (03/26)

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

© 2026 Delta Dental. All rights reserved.
DCU_USA_STD #975400.03 (03/26)

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2026 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	YOU PAY
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - comprehensive series of radiographic images - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted.*	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted*	No Cost
D0396	3D printing of a 3D dental surface scan	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0461	Testing for cracked tooth	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - *1 every 12 months*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 12 months*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 12 months*	No Cost
D0701	Panoramic radiographic image - image capture only	No Cost

D0702	2-D cephalometric radiographic image - image capture only	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only	No Cost
D0707	Intraoral - periapical radiographic image - image capture only	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only	No Cost
D0709	Intraoral - comprehensive series of radiographic images - image capture only	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis *cleaning* - adult - *1 D1110, D1120 or D4346 per 6 month period*	No Cost
D1110	*Additional prophylaxis cleaning - adult (within the 6 month period)*	$45.00
D1120	Prophylaxis *cleaning* - child - *1 D1110, D1120 or D4346 per 6 month period*	No Cost
D1120	*Additional prophylaxis cleaning - child (within the 6 month period)*	$35.00
D1206	Topical application of fluoride varnish - *child to age 19; 1 D1206 or D1208 per 6 month period*	No Cost
D1208	Topical application of fluoride - excluding varnish - *child to age 19; 1 D1206 or D1208 per 6 month period*	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$10.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$10.00
D1354	Application of caries arresting medicament - per tooth - *child to age 19; 1 per 6 month period*	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	$25.00
D1516	Space maintainer - fixed - bilateral, maxillary	$25.00
D1517	Space maintainer - fixed - bilateral, mandibular	$25.00
D1520	Space maintainer - removable - unilateral - per quadrant	$25.00
D1526	Space maintainer - removable - bilateral, maxillary	$25.00
D1527	Space maintainer - removable - bilateral, mandibular	$25.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - *child to age 9*	$25.00

D2000-D2999 III. RESTORATIVE

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

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces (anterior)	No Cost
D2390	Resin-based composite crown, anterior	$35.00
D2391	Resin-based composite - one surface, posterior	$55.00
D2392	Resin-based composite - two surfaces, posterior	$65.00
D2393	Resin-based composite - three surfaces, posterior	$75.00
D2394	Resin-based composite - four or more surfaces, posterior	$85.00
D2510	Inlay - metallic - one surface	No Cost
D2520	Inlay - metallic - two surfaces	No Cost
D2530	Inlay - metallic - three or more surfaces	No Cost

D2542	Onlay - metallic - two surfaces	No Cost
D2543	Onlay - metallic - three surfaces	No Cost
D2544	Onlay - metallic - four or more surfaces	No Cost
D2610	Inlay - porcelain/ceramic - one surface	$165.00
D2620	Inlay - porcelain/ceramic - two surfaces	$190.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	$200.00
D2642	Onlay - porcelain/ceramic - two surfaces	$185.00
D2643	Onlay - porcelain/ceramic - three surfaces	$205.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	$220.00
D2650	Inlay - resin-based composite - one surface	$105.00
D2651	Inlay - resin-based composite - two surfaces	$120.00
D2652	Inlay - resin-based composite - three or more surfaces	$145.00
D2662	Onlay - resin-based composite - two surfaces	$140.00
D2663	Onlay - resin-based composite - three surfaces	$155.00
D2664	Onlay - resin-based composite - four or more surfaces	$185.00
D2710	Crown - resin-based composite (indirect)	$50.00
D2712	Crown - 3/4 resin-based composite (indirect)	$50.00
D2720	Crown - resin with high noble metal	$195.00
D2721	Crown - resin with predominantly base metal	$95.00
D2722	Crown - resin with noble metal	$135.00
D2740	Crown - porcelain/ceramic	$240.00
D2750	Crown - porcelain fused to high noble metal	$240.00
D2751	Crown - porcelain fused to predominantly base metal	$140.00
D2752	Crown - porcelain fused to noble metal	$180.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$240.00
D2780	Crown - 3/4 cast high noble metal	$210.00
D2781	Crown - 3/4 cast predominantly base metal	$110.00
D2782	Crown - 3/4 cast noble metal	$150.00
D2783	Crown - 3/4 porcelain/ceramic	$240.00
D2790	Crown - full cast high noble metal	$210.00
D2791	Crown - full cast predominantly base metal	$110.00
D2792	Crown - full cast noble metal	$150.00
D2794	Crown - titanium and titanium alloys	$240.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	$15.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	$20.00
D2930	Prefabricated stainless steel crown - primary tooth	$15.00
D2931	Prefabricated stainless steel crown - permanent tooth	$15.00
D2932	Prefabricated resin crown - *anterior primary tooth*	$25.00
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	$20.00
D2940	Placement of interim direct restoration	$5.00
D2949	Restorative foundation for an indirect restoration	$15.00
D2950	Core buildup, including any pins when required	$15.00
D2951	Pin retention - per tooth, in addition to restoration	$10.00
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	$35.00
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	$25.00
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	$20.00
D2956	Removal of an indirect restoration on a natural tooth	No Cost
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	$15.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	$28.00
D2976	Band stabilization - per tooth - *limited to once in a lifetime per tooth*	No Cost
D2980	Crown repair necessitated by restorative material failure	$15.00
D2981	Inlay repair necessitated by restorative material failure	$15.00

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

D3000-D3999 IV. ENDODONTICS

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

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$80.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$130.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$80.00
D4245	Apically positioned flap	$125.00
D4249	Clinical crown lengthening - hard tissue	$125.00

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

D5000-D5899 VI. PROSTHODONTICS (removable)

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

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

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

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

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

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

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

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

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

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

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

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

D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$70.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7509	Marsupialization of odontogenic cyst	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7961	Buccal/labial frenectomy (frenulectomy)	No Cost
D7962	Lingual frenectomy (frenulectomy)	No Cost
D7970	Excision of hyperplastic tissue - per arch	$55.00
D7971	Excision of pericoronal gingiva	$55.00

D8000-D8999 XI. ORTHODONTICS

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

Pre and post orthodontic records include:

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

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative treatment of dental pain - per visit	$5.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	$80.00
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	$80.00
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	$80.00
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	$80.00
D9239	Administration of moderate sedation intravenous - first 15 minute increment, or any portion thereof	$80.00
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$10.00
D9311	Consultation with a medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$5.00
D9440	Office visit - after regularly scheduled hours	$25.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	No Cost
D9912	Pre-visit patient screening	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9936	Cleaning and inspection of occlusal guard - per appliance - *limited to 1 D9944, D9945 or D9946 in 3 years*	$10.00
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$100.00
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$100.00
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 3 years*	$100.00
D9951	Occlusal adjustment, limited	$35.00
D9952	Occlusal adjustment, complete	$55.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	$125.00
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of $40.00*	$10.00
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of $40.00*	$10.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

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

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

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

SCHEDULE B

Limitations and Exclusions of Benefits

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

Limitations

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

- Image capture procedures are not separately billable services.

Exclusions

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
   * has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
   * is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch).
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Procedures that may include:
   * precious metal for removable appliances;
   * metallic or permanent soft bases for complete dentures;
   * porcelain denture teeth;
   * precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
   * personalization and characterization of complete and partial dentures.
8. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
9. Consultations for non-covered Benefits.
10. Dental services received from any dental facility other than the Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before You are eligible with the DeltaCare USA Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies with the exception of procedures D9944 (Occlusal guard, hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch), and D9946 (Occlusal guard-hard appliance, partial arch).
17. Treatment or appliances that are provided by a Contract Dentist whose practice specializes in prosthodontic services.

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

More helpful tips for using your plan

Find a network dentist near you

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

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

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

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

Enjoy the perks of Delta Dental coverage

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

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

Contact us

Need help? Let us know.

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

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

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

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

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

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

© 2026 Delta Dental. All rights reserved.
#975400 (03/26)