

Choose Your Plan

Love your smile



Delta Dental PPOSM & DeltaCare[®] USA*

Norwalk-La Mirada USD, Group #07026, DCUSA #71986-00215

Your company lets you choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks, affordable preventive care and a healthy smile that you'll love to show. Your options are:

Delta Dental PPO¹

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DeltaCare USA

Under this HMO-type plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.² Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles for covered services.³

*See the inside back page of this brochure for the underwriters and administrators of these plans in your state.

Newly covered?

Visit deltadentalins.com/welcome.

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

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

³ Refer to your plan booklet for more information about covered services, deductibles and maximums.



We keep you smiling[®]
deltadentalins.com/enrollees

Delta Dental PPOSM

Maximize your savings

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³

Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a PPO dentist⁴ and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you?

Simply sign in to Online Services, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁵ You can find this date by logging in to Online Services.

Save with a PPO dentist



¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

⁴ We recommend that before each appointment you verify online that your dentist is a PPO dentist.

⁵ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Norwalk-La Mirada Unified School District (Active and COBRA)

Group No: 07026 – 06211 & 06214

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26		
Deductibles	None		
Maximums D & P counts toward maximum?	\$1,500 per person each calendar year Yes		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %
Basic Services Fillings and sealants	90 %	90 %
Endodontics (root canals)	90 %	90 %
Periodontics (gum treatment)	90 %	90 %
Oral Surgery	90 %	90 %
Major Services Crowns, inlays, onlays and cast restorations	90 %	90 %
Prosthodontics Bridges, dentures and implants	70 %	50 %
Dental Accident Benefits	100 % (separate \$1,000 maximum per person each calendar year)	

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

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

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

Customer Service
866-499-3001

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

deltadentalins.com

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

DeltaCare[®] USA

Dental benefits made easy

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

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.

- 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 know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

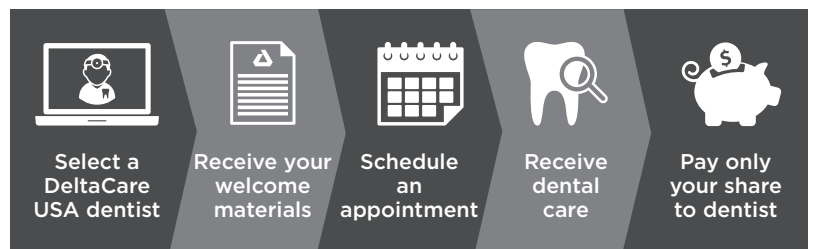
- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Set up an online account

Sign up for an Online Services account at **deltadentalins.com**. Available once your coverage kicks in, this free service lets you:

- Access plan information online
- Change your primary care dentist online — and more

Simple steps to get started



¹ See the inside back page of this brochure for the underwriter of this plan in your state.

² We recommend that you verify online that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in *italics* below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as CDT-2017 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 D1110, D1120 or D4346 per 6 month period</i>	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 D1110, D1120 or D4346 per 6 month period</i>	No Cost
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost

D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1354	Interim caries arresting medicament application - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	No Cost
D1550	Re-cement or re-bond space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost
D1575	Distal shoe space maintainer - fixed - unilateral - <i>child to age 9</i>	No Cost

D2000-D2999**III. RESTORATIVE**

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

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior (<i>tooth colored</i>)	No Cost
D2331	Resin-based composite - two surfaces, anterior (<i>tooth colored</i>)	No Cost
D2332	Resin-based composite - three surfaces, anterior (<i>tooth colored</i>)	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) (<i>tooth colored</i>)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior (<i>tooth colored</i>)	\$65.00
D2392	Resin-based composite - two surfaces, posterior (<i>tooth colored</i>)	\$75.00
D2393	Resin-based composite - three surfaces, posterior (<i>tooth colored</i>)	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior (<i>tooth colored</i>)	\$95.00
D2510	Inlay - metallic - one surface ^{5, 8}	No Cost
D2520	Inlay - metallic - two surfaces ^{5, 8}	No Cost
D2530	Inlay - metallic - three or more surfaces ^{5, 8}	No Cost
D2542	Onlay - metallic - two surfaces ^{5, 8}	No Cost
D2543	Onlay - metallic - three surfaces ^{5, 8}	No Cost
D2544	Onlay - metallic - four or more surfaces ^{5, 8}	No Cost
D2610	Inlay - porcelain/ceramic - one surface ⁸	\$250.00
D2620	Inlay - porcelain/ceramic - two surfaces ⁸	\$300.00
D2630	Inlay - porcelain/ceramic - three or more surfaces ⁸	\$350.00
D2642	Onlay - porcelain/ceramic - two surfaces ⁸	\$320.00
D2643	Onlay - porcelain/ceramic - three surfaces ⁸	\$390.00
D2644	Onlay - porcelain/ceramic - four or more surfaces ⁸	\$420.00
D2650	Inlay - resin-based composite - one surface (<i>tooth colored</i>) ⁸	\$150.00
D2651	Inlay - resin-based composite - two surfaces (<i>tooth colored</i>) ⁸	\$200.00
D2652	Inlay - resin-based composite - three or more surfaces (<i>tooth colored</i>) ⁸	\$250.00
D2662	Onlay - resin-based composite - two surfaces (<i>tooth colored</i>) ⁸	\$200.00
D2663	Onlay - resin-based composite - three surfaces (<i>tooth colored</i>) ⁸	\$250.00
D2664	Onlay - resin-based composite - four or more surfaces (<i>tooth colored</i>) ⁸	\$300.00
D2710	Crown - resin-based composite (indirect) ⁸	No Cost
D2710	Crown - resin-based composite (indirect) - (<i>molars</i>) ⁸	\$150.00
D2712	Crown - 3/4 resin-based composite (indirect) ⁸	No Cost
D2712	Crown - 3/4 resin-based composite (indirect) - (<i>molars</i>) ⁸	\$150.00
D2720	Crown - resin with high noble metal ⁸	\$100.00
D2720	Crown - resin with high noble metal - (<i>molars</i>) ⁸	\$250.00
D2721	Crown - resin with predominantly base metal ⁸	No Cost

D2721	Crown - resin with predominantly base metal - (<i>molars</i>) ⁸	\$150.00
D2722	Crown - resin with noble metal ⁸	No Cost
D2722	Crown - resin with noble metal - (<i>molars</i>) ⁸	\$150.00
D2740	Crown - porcelain/ceramic substrate ⁸	No Cost
D2740	Crown - porcelain/ceramic substrate - (<i>molars</i>) ⁸	\$150.00
D2750	Crown - porcelain fused to high noble metal ⁸	\$100.00
D2750	Crown - porcelain fused to high noble metal - (<i>molars</i>) ⁸	\$250.00
D2751	Crown - porcelain fused to predominantly base metal ⁸	No Cost
D2751	Crown - porcelain fused to predominantly base metal - (<i>molars</i>) ⁸	\$150.00
D2752	Crown - porcelain fused to noble metal ⁸	No Cost
D2752	Crown - porcelain fused to noble metal - (<i>molars</i>) ⁸	\$150.00
D2780	Crown - 3/4 cast high noble metal ⁸	\$100.00
D2781	Crown - 3/4 cast predominantly base metal ⁸	No Cost
D2782	Crown - 3/4 cast noble metal ⁸	No Cost
D2783	Crown - 3/4 porcelain/ceramic ⁸	No Cost
D2783	Crown - 3/4 porcelain/ceramic - (<i>molars</i>) ⁸	\$150.00
D2790	Crown - full cast high noble metal ⁸	\$100.00
D2791	Crown - full cast predominantly base metal ⁸	No Cost
D2792	Crown - full cast noble metal ⁸	No Cost
D2794	Crown - titanium ⁸	\$100.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>) (<i>tooth colored</i>)	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	No Cost
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated ⁵	No Cost
D2953	Each additional indirectly fabricated post - same tooth ⁵	No Cost
D2954	Prefabricated post and core in addition to crown	No Cost
D2957	Each additional prefabricated post - same tooth	No Cost
D2971	Additional procedures to construct new crown under existing partial denture framework	No Cost
D2980	Crown repair necessitated by restorative material failure	No Cost
D2981	Inlay repair necessitated by restorative material failure	No Cost
D2982	Onlay repair necessitated by restorative material failure	No Cost
D2983	Veneer repair necessitated by restorative material failure	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	No Cost

D3000-D3999**IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) ⁹	No Cost
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration) ⁹	No Cost

D3330	Root canal - endodontic therapy, molar (excluding final restoration) ⁹	No Cost
D3331	Treatment of root canal obstruction; non-surgical access ⁹	No Cost
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth ⁹	No Cost
D3346	Retreatment of previous root canal therapy - anterior ⁹	No Cost
D3347	Retreatment of previous root canal therapy - bicuspid ⁹	No Cost
D3348	Retreatment of previous root canal therapy - molar ⁹	No Cost
D3410	Apicoectomy - anterior ⁹	No Cost
D3421	Apicoectomy - bicuspid (first root) ⁹	No Cost
D3425	Apicoectomy - molar (first root) ⁹	No Cost
D3426	Apicoectomy (each additional root) ⁹	No Cost
D3427	Periradicular surgery without apicoectomy	No Cost
D3430	Retrograde filling - per root ⁹	No Cost
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i> ⁹	No Cost

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4249	Clinical crown lengthening - hard tissue	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 per 6 month period</i>	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	No Cost
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary ^{2, 3}	No Cost
D5120	Complete denture - mandibular ^{2, 3}	No Cost
D5130	Immediate denture - maxillary ^{2, 3}	No Cost
D5140	Immediate denture - mandibular ^{2, 3}	No Cost
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) ^{2, 3}	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) ^{2, 3}	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{2, 3}	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{2, 3}	No Cost
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost

D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) ^{2, 3}	\$50.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) ^{2, 3}	\$50.00
D5410	Adjust complete denture - maxillary ²	No Cost
D5411	Adjust complete denture - mandibular ²	No Cost
D5421	Adjust partial denture - maxillary ²	No Cost
D5422	Adjust partial denture - mandibular ²	No Cost
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5610	Repair resin denture base	No Cost
D5620	Repair cast framework	No Cost
D5630	Repair or replace broken clasp - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	No Cost
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	No Cost
D5710	Rebase complete maxillary denture ¹⁰	No Cost
D5711	Rebase complete mandibular denture ¹⁰	No Cost
D5720	Rebase maxillary partial denture ¹⁰	No Cost
D5721	Rebase mandibular partial denture ¹⁰	No Cost
D5730	Reline complete maxillary denture (chairside) ¹⁰	No Cost
D5731	Reline complete mandibular denture (chairside) ¹⁰	No Cost
D5740	Reline maxillary partial denture (chairside) ¹⁰	No Cost
D5741	Reline mandibular partial denture (chairside) ¹⁰	No Cost
D5750	Reline complete maxillary denture (laboratory) ¹⁰	No Cost
D5751	Reline complete mandibular denture (laboratory) ¹⁰	No Cost
D5760	Reline maxillary partial denture (laboratory) ¹⁰	No Cost
D5761	Reline mandibular partial denture (laboratory) ¹⁰	No Cost
D5820	Interim partial denture (maxillary) ²	No Cost
D5821	Interim partial denture (mandibular) ²	No Cost
D5850	Tissue conditioning, maxillary ^{2, 10}	No Cost
D5851	Tissue conditioning, mandibular ^{2, 10}	No Cost

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

D6210	Pontic - cast high noble metal ⁴	\$100.00
D6211	Pontic - cast predominantly base metal ⁴	No Cost
D6212	Pontic - cast noble metal ⁴	No Cost
D6240	Pontic - porcelain fused to high noble metal ⁴	\$100.00
D6240	Pontic - porcelain fused to high noble metal - (<i>molars</i>) ⁴	\$250.00
D6241	Pontic - porcelain fused to predominantly base metal ⁴	No Cost
D6241	Pontic - porcelain fused to predominantly base metal - (<i>molars</i>) ⁴	\$150.00
D6242	Pontic - porcelain fused to noble metal ⁴	No Cost
D6242	Pontic - porcelain fused to noble metal - (<i>molars</i>) ⁴	\$150.00
D6245	Pontic - porcelain/ceramic ⁴	No Cost
D6245	Pontic - porcelain/ceramic - (<i>molars</i>) ⁴	\$150.00
D6250	Pontic - resin with high noble metal ⁴	\$100.00
D6250	Pontic - resin with high noble metal - (<i>molars</i>) ⁴	\$250.00
D6251	Pontic - resin with predominantly base metal ⁴	No Cost

D6251	Pontic - resin with predominantly base metal - (<i>molars</i>) ⁴	\$150.00
D6252	Pontic - resin with noble metal ⁴	No Cost
D6252	Pontic - resin with noble metal - (<i>molars</i>) ⁴	\$150.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces ⁴	\$300.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces ⁴	\$350.00
D6602	Retainer inlay - cast high noble metal, two surfaces ⁴	\$100.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces ⁴	\$100.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces ⁴	No Cost
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces ⁴	No Cost
D6606	Retainer inlay - cast noble metal, two surfaces ⁴	No Cost
D6607	Retainer inlay - cast noble metal, three or more surfaces ⁴	No Cost
D6608	Retainer onlay - porcelain/ceramic, two surfaces ⁴	\$320.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces ⁴	\$390.00
D6610	Retainer onlay - cast high noble metal, two surfaces ⁴	\$100.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces ⁴	\$100.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces ⁴	No Cost
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces ⁴	No Cost
D6614	Retainer onlay - cast noble metal, two surfaces ⁴	No Cost
D6615	Retainer onlay - cast noble metal, three or more surfaces ⁴	No Cost
D6720	Retainer crown - resin with high noble metal ⁴	\$100.00
D6720	Retainer crown - resin with high noble metal - (<i>molars</i>) ⁴	\$250.00
D6721	Retainer crown - resin with predominantly base metal ⁴	No Cost
D6721	Retainer crown - resin with predominantly base metal - (<i>molars</i>) ⁴	\$150.00
D6722	Retainer crown - resin with noble metal ⁴	No Cost
D6722	Retainer crown - resin with noble metal - (<i>molars</i>) ⁴	\$150.00
D6740	Retainer crown - porcelain/ceramic ⁴	No Cost
D6740	Retainer crown - porcelain/ceramic - (<i>molars</i>) ⁴	\$150.00
D6750	Retainer crown - porcelain fused to high noble metal ⁴	\$100.00
D6750	Retainer crown - porcelain fused to high noble metal - (<i>molars</i>) ⁴	\$250.00
D6751	Retainer crown - porcelain fused to predominantly base metal ⁴	No Cost
D6751	Retainer crown - porcelain fused to predominantly base metal - (<i>molars</i>) ⁴	\$150.00
D6752	Retainer crown - porcelain fused to noble metal ⁴	No Cost
D6752	Retainer crown - porcelain fused to noble metal - (<i>molars</i>) ⁴	\$150.00
D6780	Retainer crown - 3/4 cast high noble metal ⁴	\$100.00
D6781	Retainer crown - 3/4 cast predominantly base metal ⁴	No Cost
D6782	Retainer crown - 3/4 cast noble metal ⁴	No Cost
D6783	Retainer crown - 3/4 porcelain/ceramic ⁴	No Cost
D6783	Retainer crown - 3/4 porcelain/ceramic - (<i>molars</i>) ⁴	\$150.00
D6790	Retainer crown - full cast high noble metal ⁴	\$100.00
D6791	Retainer crown - full cast predominantly base metal ⁴	No Cost
D6792	Retainer crown - full cast noble metal ⁴	No Cost
D6930	Re-cement or re-bond fixed partial denture	No Cost
D6940	Stress breaker ⁴	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

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

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

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost

D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7251	Coronectomy - intentional partial tooth removal	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

D8000-D8999 XI. ORTHODONTICS

D8050	Interceptive orthodontic treatment of the primary dentition ⁶	\$1,000.00
D8060	Interceptive orthodontic treatment of the transitional dentition ⁶	\$1,000.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> ⁶	\$1,000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> ⁶	\$1,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> ⁶	\$1,000.00
D8660	Pre-orthodontic treatment examination to monitor growth and development - <i>not to be charged with any other consultation procedure(s)</i> ⁷	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) ⁷	\$250.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes the START-UP FEE, which includes initial examination, diagnosis, consultation and initial banding</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$100.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$100.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with 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	\$20.00
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
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>	\$150.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$10.00
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost

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

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

FOOTNOTES

- ¹ *In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of \$25.00 will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*
- ² *Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*
- ³ *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*
- ⁴ *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*
- ⁵ *Base or noble metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgrade.*
- ⁶ *Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee), and D8680 (Orthodontic retention). Beyond 24 months, an additional monthly fee not to exceed \$125.00 applies.*
- ⁷ *Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee not to exceed \$125.00 applies.*
- ⁸ *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*
- ⁹ *A Benefit for permanent teeth only.*
- ¹⁰ *Limited to 1 per denture during any 12 consecutive months.*

SCHEDULE B

Limitations of Benefits

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

18. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
19. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
 - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture **or**
 - The replacement of permanent tooth/teeth for children under 16 years of age.
20. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
21. Retained primary teeth shall be covered as primary teeth.
22. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.
23. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
24. External bleaching is limited to fabrication of one bleaching tray per arch; bleaching gel for two weeks of patient self treatment; and no more than one treatment per arch, per 36 months.
25. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
26. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.
27. Emergency Services - The Contract Dentist is responsible for providing covered emergency dental care while an Enrollee is within 35 miles of the Contract Dentist's facility. If an Enrollee requires emergency dental care and is more than 35 miles from the Contract Dentist's facility, then Delta Dental will reimburse the Enrollee for the cost of covered emergency dental care, less any applicable Enrollee copayments, to a maximum of \$100.00 per Enrollee, per emergency. Emergency dental care is limited to listed procedures required to alleviate severe pain, swelling and/or bleeding or to avoid placing the Enrollee's health in serious jeopardy. Any further treatment of the cause of such emergency dental care must be preauthorized by Delta Dental or provided by the assigned Contract Dentist. All services are subject to the limitations and exclusions of the program.
28. Accident Injury Benefit - An accident injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under *Schedule A, Description of Benefits and Copayments*.

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

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

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

- a. while the Enrollee was covered under the DeltaCare USA program, **or**
 - b. while the Enrollee was covered under another DeltaCare USA program, provided benefits for the expenses incurred would have been paid had the Enrollee continued to be eligible under that program.
29. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure.

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

Exclusions of Benefits

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

Limitations and Exclusions of Benefits

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

Orthodontic Limitations

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

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

Orthodontic Exclusions

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

Limitations and Exclusions of Benefits

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

Compare Plan Features¹

	Delta Dental PPO	DeltaCare USA
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. ²
What procedures are covered?	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments.
Are there deductibles and maximums?	Yes, most plans have an annual deductible and maximum.	No, there are no annual deductibles or maximums. ³
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. ⁴ Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. ⁵
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone. ⁶
Do I need to fill out claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. ⁷

¹ This comparison is based on the coverage of a typical plan. Please refer to your plan booklet for specific benefits, limitations, exclusions, waiting periods and other coverage details.

² In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

³ In AK, CT, ND and SD, you have an out-of-network calendar year maximum of \$500 when you visit an out-of-network dentist.

⁴ Except in Texas; please refer to your plan booklet for details.

⁵ Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

⁶ In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

⁷ You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

Useful information once you're enrolled

Check out our SmileWay® Wellness program

Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at mysmileway.com.

Find a network dentist near you

Use our convenient "Find a Dentist" tool and select your network.

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

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure Online Services account.

- Review your plan benefits
- Access your ID card

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NOTE: THIS IS ONLY A BRIEF SUMMARY OF YOUR PLAN. This brochure provides highlights about both dental plans to help you choose the best option for your needs. This brochure is not intended to replace your legally required plan booklet. Your Group Dental Service Contract or Evidence/Certificate of Coverage determines the exact terms and conditions of your coverage. Please refer to your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions. Your Evidence/Certificate of Coverage 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 the Customer Service number for each plan listed on the back page of this brochure.

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