



# Plan highlights

## Welcome to DeltaCare USA

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

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

### **Quality**

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

### **Convenience**

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

### **Cost savings**

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



### **“What if I have questions about my DeltaCare USA Program?”**

#### **Eligibility**

If you meet your group’s eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. Contact your benefits administrator if you have any questions.

#### **Easy enrollment**

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities). Include the name of your group.

#### **How your DeltaCare USA program works**

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a Delta Dental membership packet that includes an identification card and an Evidence of Coverage booklet that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the “Description of Benefits and Copayments” for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by Delta Dental to be covered by your DeltaCare USA program.

#### **Provisions for emergency care**

Under your DeltaCare USA program, you are covered for out-of-network dental emergencies. Your program pays up to \$100 for out-of-network emergency dental expenses per emergency.

#### **Accident injury benefit**

The DeltaCare USA program provides coverage for accidental injury (caused by external forces) at 100% of the contract dentist’s “filed fees” for benefits (less any applicable copayments). The enrollee must be eligible under the DeltaCare USA program when the accident occurs. Accident injury benefits are subject to a \$1600 maximum, per 12 months, per person.

#### **My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?**

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists. With more than 3,800 general and specialist dentists, the DeltaCare USA network is one of the largest dental networks in California.

## Highlights of your DeltaCare USA Program

### **Can I change my contract dentist?**

You may change contract dentists by notifying us either by phone or in writing, or by visiting our web site ([www.deltadentalins.com](http://www.deltadentalins.com)). If you contact us by the 21st of the month, the change will become effective the first of the following month.

### **How long does it take to get an appointment with a DeltaCare USA dentist?**

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

### **Are pre-existing dental conditions and work in progress covered?**

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures).

### **How does the DeltaCare USA program encourage preventive care?**

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

### **Does my DeltaCare USA program cover specialists' services?**

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics or periodontics with an approved contract specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment. If you are assigned to a dental school clinic for specialty services, those services may be provided by a dentist, a dental student, a clinician or a dental instructor.

### **What if I have questions about my DeltaCare USA program?**

Call Delta Dental Customer Service at 800-422-4234. We have multilingual representatives available from 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

**"Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals."**

**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-2007 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.**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
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
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 36 months</i> .....	No Cost
D0220	Intraoral - periapical first film.....	No Cost
D0230	Intraoral - periapical each additional film.....	No Cost
D0240	Intraoral - occlusal film .....	No Cost
D0270	Bitewing <i>radiograph</i> - single film .....	No Cost
D0272	Bitewings <i>radiographs</i> - two films.....	No Cost
D0273	Bitewings <i>radiographs</i> - three films .....	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i> .....	No Cost
D0330	Panoramic film - <i>limited to 1 each 36 month period</i> .....	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
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	\$5.00

**D1000-D1999 II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - 1 per 6 month period.....	\$15.00
D1310	Nutritional counseling for control of dental disease .....	No Cost
D1330	Oral hygiene instructions.....	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 .....	\$27.00
D2150	Amalgam - two surfaces, primary or permanent.....	\$32.00
D2160	Amalgam - three surfaces, primary or permanent .....	\$37.00
D2161	Amalgam - four or more surfaces, primary or permanent .....	\$50.00
D2330	Resin-based composite - one surface, anterior.....	\$55.00
D2331	Resin-based composite - two surfaces, anterior .....	\$65.00
D2332	Resin-based composite - three surfaces, anterior.....	\$75.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	\$85.00
D2391	Resin-based composite - one surface, posterior.....	\$75.00
D2392	Resin-based composite - two surfaces, posterior .....	\$80.00
D2393	Resin-based composite - three surfaces, posterior.....	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$85.00
D2510	Inlay - metallic - one surface <sup>1,2</sup> .....	\$260.00
D2520	Inlay - metallic - two surfaces <sup>1,2</sup> .....	\$270.00
D2530	Inlay - metallic - three or more surfaces <sup>1,2</sup> .....	\$280.00
D2542	Onlay - metallic - two surfaces <sup>1,2</sup> .....	\$278.00
D2543	Onlay - metallic - three surfaces <sup>1,2</sup> .....	\$290.00
D2544	Onlay - metallic - four or more surfaces <sup>1,2</sup> .....	\$300.00
D2610	Inlay - porcelain/ceramic - one surface <sup>2,3</sup> .....	Optional
D2620	Inlay - porcelain/ceramic - two surfaces <sup>2,3</sup> .....	Optional
D2630	Inlay - porcelain/ceramic - three or more surfaces <sup>2,3</sup> .....	Optional
D2642	Onlay - porcelain/ceramic - two surfaces <sup>2,3</sup> .....	Optional

D2643	Onlay - porcelain/ceramic - three surfaces <sup>2, 3</sup>	Optional
D2644	Onlay - porcelain/ceramic - four or more surfaces <sup>2, 3</sup>	Optional
D2650	Inlay - resin-based composite - one surface <sup>2, 3</sup>	Optional
D2651	Inlay - resin-based composite - two surfaces <sup>2, 3</sup>	Optional
D2652	Inlay - resin-based composite - three or more surfaces <sup>2, 3</sup>	Optional
D2662	Onlay - resin-based composite - two surfaces <sup>2, 3</sup>	Optional
D2663	Onlay - resin-based composite - three surfaces <sup>2, 3</sup>	Optional
D2664	Onlay - resin-based composite - four or more surfaces <sup>2, 3</sup>	Optional
D2710	Crown - resin-based composite (indirect) <sup>2, 4</sup> .....	\$125.00
D2712	Crown - 3/4 resin-based composite (indirect) <sup>2, 4</sup> .....	\$125.00
D2720	Crown - resin with high noble metal <sup>2, 4</sup> .....	\$395.00
D2721	Crown - resin with predominantly base metal <sup>2, 4</sup> .....	\$315.00
D2722	Crown - resin with noble metal <sup>2, 4</sup> .....	\$350.00
D2740	Crown - porcelain/ceramic substrate <sup>2, 4</sup> .....	\$300.00
D2750	Crown - porcelain fused to high noble metal <sup>2, 4</sup> .....	\$395.00
D2751	Crown - porcelain fused to predominantly base metal <sup>2, 4</sup> .....	\$315.00
D2752	Crown - porcelain fused to noble metal <sup>2, 4</sup> .....	\$350.00
D2780	Crown - 3/4 cast high noble metal <sup>2</sup> .....	\$335.00
D2781	Crown - 3/4 cast predominantly base metal <sup>2</sup> .....	\$300.00
D2782	Crown - 3/4 cast noble metal <sup>2</sup> .....	\$335.00
D2790	Crown - full cast high noble metal <sup>2</sup> .....	\$365.00
D2791	Crown - full cast predominantly base metal <sup>2</sup> .....	\$300.00
D2792	Crown - full cast noble metal <sup>2</sup> .....	\$335.00
D2794	Crown - titanium <sup>2</sup> .....	\$365.00
D2910	Recement inlay, onlay or partial coverage restoration .....	\$20.00
D2915	Recement cast or prefabricated post and core .....	\$20.00
D2920	Recement crown .....	\$20.00
D2932	Prefabricated resin crown .....	\$60.00
D2940	Sedative filling .....	No Cost
D2950	Core buildup, including any pins.....	\$50.00
D2951	Pin retention - per tooth, in addition to restoration.....	\$25.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> <sup>1</sup>	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>1</sup> ..	\$95.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$70.00

D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$70.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i> .....	\$35.00
D2980	Crown repair, by report .....	\$45.00

**D3000-D3999 IV. ENDODONTICS**

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 .....	\$35.00
D3310	<i>Root canal</i> - anterior (excluding final restoration) <sup>5</sup> .....	\$180.00
D3320	<i>Root canal</i> - bicuspid (excluding final restoration) <sup>5</sup> .....	\$230.00
D3330	<i>Root canal</i> - molar (excluding final restoration) <sup>5</sup> .....	\$375.00
D3346	Retreatment of previous root canal therapy - anterior <sup>5</sup> .....	\$280.00
D3347	Retreatment of previous root canal therapy - bicuspid <sup>5</sup> .....	\$330.00
D3348	Retreatment of previous root canal therapy - molar <sup>5</sup> .....	\$475.00
D3410	Apicoectomy/periradicular surgery - anterior <sup>5</sup> .....	\$270.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) <sup>5</sup> .....	\$335.00
D3425	Apicoectomy/periradicular surgery - molar (first root) <sup>5</sup> .....	\$380.00
D3426	Apicoectomy/periradicular surgery (each additional root) <sup>5</sup> .....	\$105.00
D3430	Retrograde filling - per root <sup>5</sup> .....	\$25.00
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i> <sup>5</sup> .....	\$75.00

**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 bounded teeth spaces per quadrant.....	\$300.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.....	\$50.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$300.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$300.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$450.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$450.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$55.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$55.00



D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$55.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$45.00
<b>D5000-D5899 VI. PROSTHODONTICS (removable)</b>		
D5110	Complete denture - maxillary <sup>6,7</sup> .....	\$395.00
D5120	Complete denture - mandibular <sup>6,7</sup> .....	\$395.00
D5130	Immediate denture - maxillary <sup>6,7</sup> .....	\$495.00
D5140	Immediate denture - mandibular <sup>6,7</sup> .....	\$495.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) <sup>6,7</sup> .....	\$300.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) <sup>6,7</sup> .....	\$300.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>6,7</sup> .....	\$395.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>6,7</sup> .....	\$395.00
D5410	Adjust complete denture - maxillary <sup>7</sup> .....	\$20.00
D5411	Adjust complete denture - mandibular <sup>7</sup> .....	\$20.00
D5421	Adjust partial denture - maxillary <sup>7</sup> .....	\$20.00
D5422	Adjust partial denture - mandibular <sup>7</sup> .....	\$20.00
D5510	Repair broken complete denture base.....	\$50.00
D5520	Replace missing or broken teeth - complete denture (each tooth).....	\$25.00
D5610	Repair resin denture base.....	\$50.00
D5620	Repair cast framework .....	\$90.00
D5630	Repair or replace broken clasp.....	\$45.00
D5640	Replace broken teeth - per tooth.....	\$25.00
D5650	Add tooth to existing partial denture.....	\$45.00
D5660	Add clasp to existing partial denture.....	\$45.00
D5710	Rebase complete maxillary denture <sup>8</sup> .....	\$130.00
D5711	Rebase complete mandibular denture <sup>8</sup> .....	\$130.00
D5720	Rebase maxillary partial denture <sup>8</sup> .....	\$130.00
D5721	Rebase mandibular partial denture <sup>8</sup> .....	\$130.00
D5730	Reline complete maxillary denture (chairside) <sup>8</sup> .....	\$50.00
D5731	Reline complete mandibular denture (chairside) <sup>8</sup> .....	\$50.00
D5740	Reline maxillary partial denture (chairside) <sup>8</sup> .....	\$50.00
D5741	Reline mandibular partial denture (chairside) <sup>8</sup> .....	\$50.00
D5750	Reline complete maxillary denture (laboratory) <sup>8</sup> .....	\$150.00

D5751	Reline complete mandibular denture (laboratory) <sup>8</sup> .....	\$150.00
D5760	Reline maxillary partial denture (laboratory) <sup>8</sup> .....	\$150.00
D5761	Reline mandibular partial denture (laboratory) <sup>8</sup> .....	\$150.00
D5820	Interim partial denture (maxillary) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>7</sup> .....	\$55.00
D5821	Interim partial denture (mandibular) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>7</sup> .....	\$55.00
D5850	Tissue conditioning, maxillary <sup>7,8</sup> .....	\$30.00
D5851	Tissue conditioning, mandibular <sup>7,8</sup> .....	\$30.00
D5860	Overdenture - complete, by report <sup>3,6,7</sup> .....	Optional
D5861	Overdenture - partial, by report .....	Optional
<b>D5900-D5999</b>	<b>VII. MAXILLOFACIAL PROSTHETICS - Not Covered</b>	
<b>D6000-D6199</b>	<b>VIII. IMPLANT SERVICES - Not Covered</b>	
<b>D6200-D6999</b>	<b>IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])</b>	
D6210	Pontic - cast high noble metal <sup>9</sup> .....	\$365.00
D6211	Pontic - cast predominantly base metal <sup>9</sup> .....	\$300.00
D6212	Pontic - cast noble metal <sup>9</sup> .....	\$300.00
D6240	Pontic - porcelain fused to high noble metal <sup>4,9</sup> .....	\$395.00
D6241	Pontic - porcelain fused to predominantly base metal <sup>4,9</sup> .....	\$315.00
D6242	Pontic - porcelain fused to noble metal <sup>4,9</sup> .....	\$350.00
D6245	Pontic - porcelain/ceramic <sup>3,9</sup> .....	Optional
D6250	Pontic - resin with high noble metal <sup>4,9</sup> .....	\$395.00
D6251	Pontic - resin with predominantly base metal <sup>4,9</sup> .....	\$315.00
D6252	Pontic - resin with noble metal <sup>4,9</sup> .....	\$350.00
D6600	Inlay - porcelain/ceramic, two surfaces <sup>3,9</sup> .....	Optional
D6601	Inlay - porcelain/ceramic, three or more surfaces <sup>3,9</sup> .....	Optional
D6602	Inlay - cast high noble metal, two surfaces <sup>1,9</sup> .....	\$270.00
D6603	Inlay - cast high noble metal, three or more surfaces <sup>1,9</sup> .....	\$280.00
D6604	Inlay - cast predominantly base metal, two surfaces <sup>9</sup> .....	\$270.00
D6605	Inlay - cast predominantly base metal, three or more surfaces <sup>9</sup> .....	\$280.00
D6606	Inlay - cast noble metal, two surfaces <sup>9</sup> .....	\$270.00
D6607	Inlay - cast noble metal, three or more surfaces <sup>9</sup> .....	\$280.00
D6608	Onlay - porcelain/ceramic, two surfaces <sup>3,9</sup> .....	Optional
D6609	Onlay - porcelain/ceramic, three or more surfaces <sup>3,9</sup> .....	Optional
D6610	Onlay - cast high noble metal, two surfaces <sup>1,9</sup> .....	\$290.00

D6611	Onlay - cast high noble metal, three or more surfaces <sup>1,9</sup> .....	\$290.00
D6612	Onlay - cast predominantly base metal, two surfaces <sup>9</sup> .....	\$290.00
D6613	Onlay - cast predominantly base metal, three or more surfaces <sup>9</sup> .....	\$290.00
D6614	Onlay - cast noble metal, two surfaces <sup>9</sup> .....	\$290.00
D6615	Onlay - cast noble metal, three or more surfaces <sup>9</sup> .....	\$290.00
D6720	Crown - resin with high noble metal <sup>4,9</sup> .....	\$395.00
D6721	Crown - resin with predominantly base metal <sup>4,9</sup> .....	\$315.00
D6722	Crown - resin with noble metal <sup>4,9</sup> .....	\$350.00
D6740	Crown - porcelain/ceramic <sup>3,9</sup> .....	Optional
D6750	Crown - porcelain fused to high noble metal <sup>4,9</sup> .....	\$395.00
D6751	Crown - porcelain fused to predominantly base metal <sup>4,9</sup> .....	\$315.00
D6752	Crown - porcelain fused to noble metal <sup>4,9</sup> .....	\$350.00
D6780	Crown - <sup>3</sup> / <sub>4</sub> cast high noble metal <sup>9</sup> .....	\$335.00
D6781	Crown - <sup>3</sup> / <sub>4</sub> cast predominantly base metal <sup>9</sup> .....	\$300.00
D6782	Crown - <sup>3</sup> / <sub>4</sub> cast noble metal <sup>9</sup> .....	\$335.00
D6790	Crown - full cast high noble metal <sup>9</sup> .....	\$365.00
D6791	Crown - full cast predominantly base metal <sup>9</sup> .....	\$300.00
D6792	Crown - full cast noble metal <sup>9</sup> .....	\$335.00
D6930	Recement fixed partial denture .....	\$30.00
D6940	Stress breaker <sup>9</sup> .....	\$50.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i> <sup>1</sup> .....	\$95.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i> .....	\$85.00
D6973	Core buildup for retainer, including any pins .....	\$50.00
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> ....	\$95.00
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$85.00
D6980	Fixed partial denture repair, by report .....	\$45.00

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

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

D7111	Extraction, coronal remnants - deciduous tooth .....	\$35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$35.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$65.00
D7220	Removal of impacted tooth - soft tissue .....	\$75.00

D7230	Removal of impacted tooth - partially bony .....	\$100.00
D7240	Removal of impacted tooth - completely bony.....	\$140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications...	\$160.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	\$65.00
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$60.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$50.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$50.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$105.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$105.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$200.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	\$35.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure .....	\$75.00
<b>D8000-D8999</b>	<b>XI. ORTHODONTICS - Not Covered</b>	
<b>D9000-D9999</b>	<b>XII. ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$35.00
D9211	Regional block anesthesia .....	No Cost
D9212	Trigeminal division block anesthesia .....	No Cost
D9215	Local anesthesia .....	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	\$35.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	\$5.00
D9440	Office visit - after regularly scheduled hours.....	\$50.00
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees."

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

## FOOTNOTES

- <sup>1</sup> *Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If an 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. This charge also applies to a titanium crown.*
- <sup>2</sup> *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*
- <sup>3</sup> *Optional 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 the DeltaCare USA program should be directed to Delta Dental's Customer Service department at 800-422-4234.*
- <sup>4</sup> *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00.*
- <sup>5</sup> *A benefit for permanent teeth only.*
- <sup>6</sup> *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*
- <sup>7</sup> *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.*
- <sup>8</sup> *Limited to 1 per denture during any 12 consecutive months.*
- <sup>9</sup> *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*

**SCHEDULE B****Limitations of Benefits**

1. Full mouth x-rays are limited to one set every 36 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.
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. If a biopsy is preauthorized by Delta Dental for an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost.
5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
6. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
7. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five year limitation (Limitation #11).
8. A covered metallic inlay or onlay 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. For an indirectly fabricated post and core, the benefit is for base or noble metal. If the Enrollee elects to have a high noble metal indirectly fabricated post and core instead, the maximum additional cost of this material upgrade is \$100.00 per tooth.
9. For molars, a covered crown or unit of a fixed partial denture (bridge) is a full cast metal restoration without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is \$75.00 per molar.
10. 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.
11. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
  - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and**
  - b. Either of the following:
    - The existing non-functional restoration/bridge/denture was placed five or more years prior to its replacement, **or**
    - If an existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
12. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
13. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
14. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
15. The benefit for the replacement of a missing posterior tooth (or teeth) is a removable partial denture. Coverage for the placement

of a fixed partial denture (bridge) is optional except in the following cases:

- The sole tooth to be replaced in the arch is a permanent anterior tooth, provided that it is not in conjunction with a partial denture on the same arch. A cantilever bridge is a benefit at the professional discretion of the Contract Dentist for the replacement of one missing permanent anterior tooth only; **or**
  - The new bridge would replace an existing, non-functional bridge utilizing the same abutment teeth, with no additional abutments or pontics with the exception of posterior cantilever bridges (see Limitation #11).
  - The abutment teeth are not being crowned solely for the purpose of supporting a pontic (each abutment tooth to be crowned must meet Limitation #7).
16. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
  17. 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.
  18. 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.
  19. In cases of accidental injury, benefits available are described in *Schedule B, Accident Injury Benefit*. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function, exclusive attrition and normal wear, will be covered as described in *Schedules A, Description of Benefits and Copayments; and B, Limitations and Exclusions of Benefits*.
  20. Soft tissue management programs include, but are not limited to, periodontal pocket charting, root planing, scaling, curettage, oral hygiene instruction, periodontal maintenance and/or prophylaxis. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter the benefit for covered services.
  21. 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.
  22. 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 fees" for the Optional procedure and the "filed fees" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. Optional procedures include:
    - The use of a tooth-colored material when restoring a posterior tooth with a filling, inlay or onlay; and
    - Units in a fixed partial denture (bridge) made of porcelain/ceramic, which is not fused to and supported by underlying cast metal.
- "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to Delta Dental's Customer Service department at 800-422-4234.

**Exclusions of Benefits**

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
2. 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.
3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
6. 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.
7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.).
8. Dispensing of drugs not normally utilized in the delivery of dental services.
9. 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.
10. 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.
11. Consultations for non-covered benefits.
12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
13. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth or the anticipation of future fractures.
14. 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).
15. 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.
16. 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.



17. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
18. Treatment or extraction of primary teeth.
19. A Maryland bridge is considered a specialized technique and is not a Benefit. Recementation, repair or replacement of an existing Maryland bridge is not a Benefit.

### Accident Injury Benefit

An accidental 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 Contract Dentist's "filed fees," 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.

#### CODE

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 is subject to Schedule B, Limitations and Exclusions of Benefits, in addition to the following provisions:

#### MAXIMUM

Accident injury benefits will be provided for each Enrollee up to a maximum of \$1,600.00 in any 12 month period.

#### LIMITATION

Accident injury benefits are limited to services provided as a result of an accident which occurred (a) while the Enrollee was covered under the DeltaCare USA program, or (b) while the Enrollee was covered under another DeltaCare USA program, and if the benefits for the expenses incurred would have been paid if the Enrollee had remained covered under that program.

#### EXCLUSIONS

In addition to Schedule B, limitations #12, #17, and #19 and exclusions #1-9, #11-14 and #17-19, the following exclusions apply:

1. Prophylaxis.
2. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
3. Replacement of existing restorations due to decay.
4. Orthodontic services (treatment of malalignment of teeth and/or jaws).
5. Replacement of existing restorations, crowns, bridges, dentures and other dental or orthodontic appliances damaged by accident injury.

"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.

**NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.**

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment. **If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Customer Service department at 800-422-4234.**

*In California, DeltaCare USA is underwritten and administered by Delta Dental of California.*

**Customer Service**

800-422-4234

Monday through Friday

5 a.m. to 6 p.m., Pacific time

Provided and Administered by:

**Delta Dental of California**

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Cerritos, CA 90703-8579

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